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FULL-LENGTH RESEARCH ARTICLE

Economic Strain, Marital Conflict, and Mental Well-Being among Wives of Drug Addicts from Low-Income Households: The Roles of Coping and Social Support

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Abstract

This study examines the relationship between stressors such as economic strain, marital conflict, perceived social support, and coping with mental well-being among wives of drug addicts in Malaysian B40 households. Based on a theoretical foundation that integrates family stress processes and psychosocial resources, this research analyses the stress and resource-related pathways via partial least squares structural equation modelling (PLS-SEM). Empirical data were obtained through 132 respondents and analysed using bootstrapping with 5,000 resamples. Although economic strain is found to predict marital conflict, neither one exerts a direct effect on mental well-being. Perceived social support is a significant predictor of coping and mental well-being, with coping positively linked to mental well-being. Coping partially mediates the relationship between perceived social support and mental well-being. Regardless, the pathway from economic strain through marital conflict is unsupported. Based on these results, the mental well-being of the wives of drug addicts is less influenced by stress exposure, and more by access to resources that facilitate stress management. This study contributes contextual evidence by showing how established stress- and resource-related pathways operate among wives of drug addicts in low-income Malaysian households, where financial hardship, addiction-related family strain, caregiving responsibilities, and psychosocial resources intersect. The findings call for enhancing social support and coping mechanisms in interventions tailored for vulnerable family settings.

Keywords: economic strain; marital conflict; perceived social support; coping; mental well-being

Sustainable Development Goals (SDGs): SDG 3: Good Health and Well-Being; SDG 1: No Poverty

1. Introduction

Mental well-being is becoming more widely acknowledged as a core component of human functioning and quality of life. Individuals who experience good mental well-being tend to demonstrate robust stress coping abilities, increased social involvement, and effective task execution (Sirgy, 2021). Conversely, poor mental well-being may contribute to emotional instability, impaired decision-making, and reduced social competence. As per the World Health Organization, mental well-being entails the absence of mental illness,

positive psychological functioning, and the ability to navigate the stressors of life (World Health Organization, 2022). The factors influencing mental well-being have become an increasingly important area of research.

The mental well-being of socioeconomically vulnerable Malaysian populations is a key concern that warrants further examination. As per the National Strategic Plan for Mental Health (2020-2025), it proves crucial to enhance mental health and improve psychological well-being across the population (Ministry of Health Malaysia, 2020). Poverty, socioeconomic inequality, family conflict, and substance abuse are the social factors of mental health outcomes highlighted by this plan. Diverse stressors impose a significant burden on individuals' psychological resources, which can jeopardise psychological well-being.

Women from financially deprived families constitute a group that is especially vulnerable to psychological strain. Low household income does not only indicate limited material resources; it also reflects restricted access to health services, reduced financial security, and heightened exposure to daily stressors. Recent evidence among low-income women has shown that poor mental health is associated with lower social support, coping difficulties, and dissatisfaction with life (Roberts et al., 2023). In Malaysia, B40 income households represent the bottom segment of the national household income distribution and remain more exposed to financial insecurity than households in higher income categories (Department of Statistics Malaysia, 2023). Such conditions may adversely affect family relationships and emotional well-being. As women in low-income households frequently carry a substantial share of caregiving, domestic, and emotional labour, financial deprivation may intensify their psychological burden, especially when household resources are already insufficient to meet daily needs.

When substance abuse is a part of the husband's life, these difficulties can be exacerbated. Drug addiction remains an ongoing social concern across the world, including Malaysia, with implications that go beyond the individual user. Following past research, addiction can negatively influence family functioning while heightening emotional distress, financial challenges, and relationship issues among family members (Orford et al., 2013). The spouses of those suffering from substance use disorders often experience significant psychological strain from behavioural, emotional and economic perspectives.

The Malaysian context is particularly relevant because drug abuse continues to represent a major public health and family welfare concern. National drug statistics show that stimulant-type substances, particularly amphetamine-type stimulants, accounted for a substantial proportion of recorded drug cases in Malaysia in 2023 (Agensi Antidadah Kebangsaan, 2024). Recent Malaysian evidence also shows that family caregivers of individuals with methamphetamine use disorder experience considerable burden, with caregiving strain linked to the patient's clinical and sociodemographic characteristics (Mohamad Kutty et al., 2026). Qualitative work on Malaysian wives of drug addicts further indicates that women may experience physical violence, fear for personal safety, dual household responsibilities, inadequate provision of basic needs, and pressure to seek external support when husbands are involved in drug abuse (Zakaria & Ibrahim, 2021). These local findings suggest that addiction-related family burden is not merely a general international concern but is also empirically observable within Malaysian family settings.

In this context, the wives of drug addicts are susceptible to high stress levels. They are often required to face multiple stressors, which include financial pressure, marital tension, social stigma, and caregiving responsibilities, at the same time. Economic strain, which involves perceptions regarding financial difficulties and challenges of fulfilling financial obligations or day-to-day needs, further increases the pressure experienced (Mills et al., 1992). Such a strain can originate from low income, unstable employment, or mounting financial pressures. Empirically, financial strain was found to correlate with poor mental health outcomes and high psychological distress (Sivertsen et al., 2025; Hori et al., 2025).

For wives of husbands with substance abuse problems, economic strain, marital conflict, coping, and perceived social support are not abstract psychosocial constructs. Economic strain may be intensified when household income is diverted, reduced, or made unstable because of the husband's substance use, unemployment, treatment placement, or related legal and behavioural problems. Marital conflict may also be heightened when addiction produces mistrust, inconsistent family roles, aggression, or disputes over money and caregiving responsibilities. Coping is therefore central because these wives often need to manage persistent and recurring stressors rather than isolated life events. Similarly, perceived social support may become a critical protective resource because family members, friends, and community networks can provide emotional reassurance, practical help, information, and temporary relief from caregiving demands.

In this population, the relevance of these variables lies in how chronic addiction-related adversity is experienced within everyday marital and family life.

Financial pressures can also lead to marital stress. Economic hardships tend to exacerbate stress in such a way that it impacts communication patterns, emotional interaction, and the quality of marital relationships. As evidenced by research on family stress, economic hardship leads to marital discordance, which then devalues the quality of the relationship (Conger et al., 2010). Money-related conflicts emerged as a common and persistent source of friction in intimate relationships (Peetz et al., 2023). Financial concerns can also influence how partners interpret each other's behaviours during arguments, leading to increased relationship strain (Peetz et al., 2024). Financial difficulties are compounded for families suffering from the implications of substance abuse, especially when money is used to purchase drugs or the addicted member struggles to remain employed.

Marital conflict, which describes arguments or negative interactions between spouses, strongly predicts mental health. This phenomenon can undermine the stability and quality of marital relationships (Braiker & Kelley, 1979). Prolonged friction could emotionally overwhelm a person and compromise their mental well-being. When acutely affected by marital conflict, individuals are bound to report lower psychological well-being and higher emotional distress.

Regardless, individuals could develop coping mechanisms for dealing with stressful scenarios. Coping implies the cognitive and behavioural measures used to handle unfavourable events (Roy et al., 2016). According to Jin et al. (2025), identifying solutions for difficult problems, regulating one's emotions, and seeking support are adaptive coping strategies that can help those experiencing adverse psychological impacts.

Another resource that impacts mental health comes in the form of social support, which implies the emotional, informational, or practical assistance received from social networks: family members, friends, or significant others (Zimet et al., 1988). People with stronger social support demonstrate an increase in resilience and positive mental health outcomes (Acoba, 2024; Vicary et al., 2025). Even during periods of stress, social support can reinforce coping abilities through reassurance, guidance, and assistance (He et al., 2025; Loureiro et al., 2025).

Several theoretical perspectives support the proposed relationships among economic strain, marital conflict, perceived social support, coping, and mental well-being. Family ecology theory explains that individual and family outcomes are shaped by the interaction between personal resources, family processes, and broader socioeconomic environments (Bubolz & Sontag, 2009). Within this perspective, low income and addiction-related instability represent environmental pressures that may disrupt family functioning. The stress-strain-coping-support model further explains that having a close relative with a substance abuse problem may constitute a longstanding stressful life circumstance, which places affected family members at risk of psychological strain while also highlighting the protective roles of coping and social support (Orford et al., 2010). Positive balance theory complements these views by suggesting that mental well-being depends on the balance between adverse experiences and facilitative resources that help individuals sustain psychological functioning despite hardship (Sirgy, 2019).

These theoretical perspectives justify the proposed mediation pathways. First, coping is expected to mediate the relationship between perceived social support and mental well-being because support from family members, friends, or significant others may enhance the wife's ability to reinterpret stressors, regulate emotions, seek help, and respond adaptively to ongoing family difficulties. In this sense, social support contributes to mental well-being partly by being translated into coping capacity. Second, marital conflict is expected to mediate the relationship between economic strain and mental well-being because financial hardship may increase frustration, disputes over limited resources, and negative marital exchanges, which in turn may undermine psychological functioning. Third, these mechanisms are especially relevant among wives of drug addicts because financial strain, addiction-related marital instability, stigma, and caregiving responsibilities may occur simultaneously. The proposed model therefore does not treat stressors and resources as separate experiences, but as interconnected processes shaping mental well-being in a vulnerable family context.

Although the relationships between economic strain, marital conflict, social support, coping, and mental well-being have been examined in prior family and mental health literature, their combined operation among

wives of drug addicts from low-income Malaysian households remains insufficiently understood. Therefore, the contribution of this study is not based on claiming that these relationships are conceptually new. Rather, the contribution lies in examining established stress- and resource-related pathways within a specific population that is shaped by Malaysian sociocultural dynamics, gendered caregiving expectations, collectivistic support structures, and stigma surrounding addiction.

The current work responds to these contextual gaps by examining the interplay of economic strain, marital conflict, perceived social support, coping, and mental well-being among wives of drug addicts from Malaysia's B40 income category. By integrating risk factors and protective psychosocial resources in a single empirical model, this study clarifies whether mental well-being in this group is more strongly shaped by stress exposure, relational strain, or resource-based adaptive mechanisms. This focus is important because wives of drug addicts may continue to perform caregiving and household responsibilities despite limited financial resources, marital instability, and social stigma.

2. Methods

2.1 Research Design

A quantitative cross-sectional survey design was used in this study to examine the connections between economic strain, marital conflict, coping, perceived social support, and mental well-being among wives of drug addicts from B40 households in Malaysia. Cross-sectional survey designs are prevalent in social and family-oriented works to study the correlations among psychosocial variables measured at a single point in time (Creswell & Creswell, 2018).

An integrated theoretical framework was developed following the family ecology theory, stress-strain-coping-support model, and positive balance theory. Collectively, these perspectives view mental well-being as driven by financial situations, family dynamics, coping mechanisms, and access to social support.

2.2 Research Objectives

The main objective of this study is to examine how economic strain, marital conflict, perceived social support, and coping are associated with mental well-being among wives of drug addicts from B40 households in Malaysia (Figure 1). Specifically, this study aims to: (1) determine the direct relationship between economic strain and marital conflict; (2) examine the direct effects of economic strain, marital conflict, perceived social support, and coping on mental well-being; (3) assess the relationship between perceived social support and coping; (4) test whether marital conflict mediates the relationship between economic strain and mental well-being; and (5) test whether coping mediates the relationship between perceived social support and mental well-being. These objectives are aligned with the stress-strain-coping-support model and the broader family stress perspective, which emphasise both risk exposure and adaptive resources in shaping psychological outcomes.

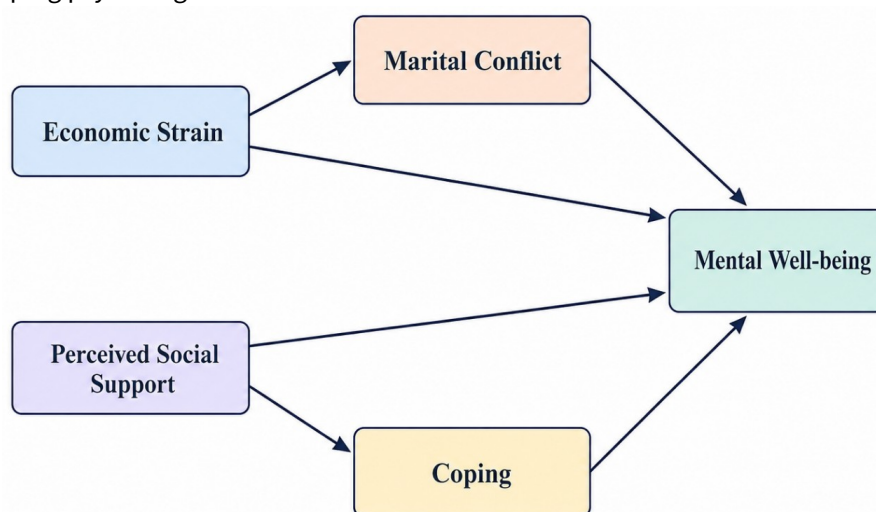


Figure 1. Conceptual framework of the relationships among economic strain, marital conflict, perceived social support, coping, and mental well-being among wives of drug addicts from low-income households. Arrows indicate hypothesised relationships among constructs.

2.3 Participants and Sampling Procedure

The wives of drug addicts from Malaysia's B40 group, whose husbands were undergoing treatment at Narcotics Addiction Rehabilitation Centres (PUSPEN), were purposively chosen as the study sample. This sampling strategy proved suitable for selecting respondents with attributes that align with the research objectives (Etikan et al., 2016).

A total of 132 women legally married to husbands who were (1) identified as drug addicts and who were (2) receiving treatment at PUSPEN at the time of data collection were recruited for this research. They must also belong to the B40 income group, as documented by the Department of Statistics Malaysia (2023).

The sample size proved suitable for the current examination. Krejcie and Morgan (1970) recommended using larger samples for general population research. Nonetheless, lower samples are more appropriate when using PLS-SEM, as it is applicable to a relatively small sample and complex research designs (Hair et al., 2017). The number of respondents in the present investigation was thus deemed sufficient.

2.4 Measures and Instruments

Survey data were collected using a structured questionnaire with five Likert-type scales representing the core constructs in the conceptual model: economic strain, marital conflict, coping, perceived social support, and mental well-being. The instruments were derived from well-validated scales, proven to be reliable and valid in psychosocial research. The questionnaire was prepared in Malay to ensure respondents could clearly understand the items. The items were translated from English into Malay and then back-translated into English by bilingual researchers to ensure semantic clarity and conceptual equivalence with the original scales.

Economic strain

Mills et al.'s (1992) four-item Economic Strain Scale (Cronbach's $\alpha = .89$) was employed to assess the respondents' perception of financial stress or worries amidst persistent financial difficulties that impede daily life or compromise relationships.

Respondents scored their level of agreement using a 4-point Likert scale: 1 (strongly disagree), 4 (strongly agree). Essentially, the scores were obtained by summing the responses across four items, with higher scores representing an increase in perceived financial strain.

Marital conflict

The marital conflict subscale of the Braiker-Kelley Partnership Questionnaire (Braiker & Kelley, 1979) (Cronbach's $\alpha = .89$) was employed to measure marital conflict. In particular, the five items encompassing the subscale serve to assess tension and disagreement between married couples, such as the efforts made to change a partner's behaviour, the seriousness of the arguments, articulation of negative emotions, and the frequency of disagreements. The responses were scored on a 5-point Likert-type scale, ranging between 1 (not very much/never) and 5 (very much/very often). Higher scores were indicative of increased levels of marital conflict.

Coping

Coping capacity was assessed based on Roy et al.'s (2016) Coping and Adaptation Processing-Short Form (CAPS-SF) (Cronbach's $\alpha = .79$). It is the abbreviated version of the original 47-item scale, with acceptable psychometric properties retained. Specifically, the 15 items encompassing CAPS-SF served to measure the cognitive-behavioural responses to stressful and/or challenging circumstances.

The respondents scored the frequency with which they applied each coping behaviour on a 4-point Likert scale from 1 (never) to 4 (always). Three items were reverse-scored. Furthermore, the overall coping score was obtained by summing the item responses. Higher scores were found to indicate greater ability to cope and adapt.

Perceived social support

This study measured perceived social support via Zimet et al.'s (1988) Multidimensional Scale of Perceived Social Support (MSPSS) (Cronbach's $\alpha = .82$). The 12 items of this scale pertain to individuals' view of the emotional and interpersonal support available from family, friends, and significant others. Responses were scored on a 7-point Likert scale from 1 (very strongly disagree) to 7 (very strongly agree). The overall scores

were calculated by summing all item responses. Higher scores implied an increase in perceived social support.

Mental well-being

The seven-item Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS), developed from the original Warwick-Edinburgh Mental Well-being Scale (Tennant et al., 2007) and validated through Rasch analysis by Stewart-Brown et al. (2009), was utilised to measure mental well-being (Cronbach's $\alpha = .83$). The scale assesses positive aspects of psychological functioning, including optimism, clear thinking, and the ability to deal with problems.

Respondents were asked to use a 5-point Likert scale, ranging from 1 (none of the time) to 5 (all of the time), to score the frequency of experiencing each state in the past two weeks. Responses were summed and converted following the SWEMWBS metric scoring procedure, with higher scores indicating better overall mental well-being.

2.5 Data Collection Procedure

Empirical data were obtained using online questionnaires, which were made available in the rehabilitation centres where these respondents' husbands were receiving treatment. Notably, respondents were briefed about the purpose of the study. Informed consent was obtained digitally before conducting the study. The questionnaire was used to measure respondent demographics, economic strain, marital conflict, coping strategies, social support, and mental well-being. Participation was voluntary. The respondents could withdraw from the study at any time. In order to ensure the privacy of the respondents, survey answers were anonymised and analysed in aggregate.

2.6 Ethical Considerations

This study received formal ethical approval from Universiti Putra Malaysia's Ethics Committee for Research Involving Human Subjects with the approval reference number JKEUPM-2020-406. The study involved human participants and was conducted in accordance with relevant ethical principles for social and behavioural research. Participation was voluntary, and no coercion was used. Respondents were informed about the purpose of the study, the confidentiality of the information provided, and their right to withdraw at any point without penalty. Informed consent was obtained before respondents completed the questionnaire. Survey responses were collected anonymously and analysed in aggregate form to protect respondents' privacy and confidentiality.

2.7 Data Analysis

The Statistical Package for the Social Sciences (SPSS) and PLS-SEM (via SmartPLS) were used for data evaluation. Initially, descriptive statistics were calculated to summarise respondents' demographic characteristics and variable distributions. Mean scores were also standardised to a five-point scale to allow comparison across constructs with different measurement ranges (see Table 2).

The measurement model was then assessed to establish construct reliability and validity via composite reliability (CR), average variance extracted (AVE), and discriminant validity. Upon validating the adequacy of the measurement model, the structural model was examined to gauge the hypothesised relationships. In PLS-SEM, the significance of path coefficients was evaluated using bootstrapping procedures that establish reliable estimates for hypothesis testing (Hair et al., 2017). This approach was chosen for its suitability in examining exploratory and prediction-oriented models underpinned by complex relationships between constructs.

3. Results

3.1 Demographic Characteristics of Respondents

This study included 132 respondents, who were the wives of individuals receiving drug rehabilitation treatment. All of them fell under the B40 income group. Following Table 1, most respondents were between 31 and 40 years old (44.7%), followed by those aged 21–30 years (28.0%) and 41–50 years (24.2%). Only a small number of respondents were aged 20 years and below (0.8%) or 51 years and above (2.3%).

Regarding the level of education, almost half of the respondents had attended upper secondary school (48.5%), followed by lower secondary school (26.5%). Smaller proportions had graduated with a Certificate (7.6%), Diploma (9.8%) and Bachelor's degree (4.5%). In terms of employment status, 30.3% of the respondents were unemployed, while 35.6% of them were self-employed. About 24.2% and 9.8% were employed in the private and government sectors, respectively. Most of these individuals (92.4%) earned a monthly household income of under RM2500, which is representative of the B40 classification.

Table 1. Demographic profile of respondents ($N = 132$)

Variable	Category	<i>n</i>	%
Age			
	20 and below	1	0.8
	21–30	37	28.0
	31–40	59	44.7
	41–50	32	24.2
	51 and above	3	2.3
Education			
	Primary school	3	2.3
	Lower secondary	35	26.5
	Upper secondary	64	48.5
	Certificate	10	7.6
	Diploma	13	9.8
	Bachelor's degree	6	4.5
	Master's degree	1	0.8
Employment			
	Not employed	40	30.3
	Self-employed	47	35.6
	Government sector	13	9.8
	Private sector	32	24.2
Household Income			
	Below RM2500	122	92.4
	RM2500–RM3169	8	6.1
	RM3170–RM3969	0	0.0
	RM3970–RM4849	2	1.5

Note. Percentages may not total 100 due to rounding.

3.2 Descriptive Statistics of Study Variables

Table 2 presents the descriptive statistics for the study variables. All observed values fell within their respective theoretical ranges. The mean scores were standardised to a 5-point scale to facilitate cross-construct comparisons across different measurement scales. Economic strain ($M = 11.14$, $SD = 2.43$; standardised mean = 3.48), marital conflict ($M = 17.56$, $SD = 4.56$; standardised mean = 3.51), and coping ($M = 42.92$, $SD = 7.10$; standardised mean = 3.58) were at moderately high levels. Perceived social support ($M = 55.95$, $SD = 11.73$; standardised mean = 3.33) and mental well-being ($M = 22.42$, $SD = 4.15$; standardised mean = 3.20), however, were at moderate levels.

Table 2. Descriptive statistics of study variables ($N = 132$)

Variable	Items	Possible Range	Observed Min	Observed Max	Mean	Median	SD	Standardised Mean (1–5)	Interpretation
Economic Strain	4	4–16	4.00	16.00	11.14	11.00	2.43	3.48	Moderately High
Marital Conflict	5	5–25	5.00	25.00	17.56	18.00	4.56	3.51	Moderately High
Coping	15	15–60	24.00	58.00	42.92	43.00	7.10	3.58	Moderately High
Perceived Social Support	12	12–84	31.00	81.00	55.95	56.00	11.73	3.33	Moderate
Mental Well-being	7	7–35	12.40	35.00	22.42	22.40	4.15	3.20	Moderate

Note. Standardised mean values were calculated by converting the observed mean scores into a five-point scale to allow comparison across constructs with different measurement ranges.

3.3 Correlation Analysis

The correlation matrix among the study variables is highlighted in Table 3. Economic strain was positively related to marital conflict ($r = .42, p < .01$) and inversely associated with coping ($r = -.18, p < .05$), perceived social support ($r = -.29, p < .01$) and mental well-being ($r = -.34, p < .01$). Furthermore, marital conflict was negatively linked to coping ($r = -.21, p < .05$), perceived social support ($r = -.25, p < .01$), and mental well-being ($r = -.41, p < .01$).

Perceived social support was positively associated with coping ($r = .38, p < .01$) and mental well-being ($r = .45, p < .01$), and coping was positively related to mental well-being ($r = .36, p < .01$). These correlations were found to be within the expected directions, offering initial support for the relationships proposed in this study.

Table 3. Correlation matrix of study variables ($N = 132$)

Variable	1	2	3	4	5
1 Economic Strain	—				
2 Marital Conflict	.42**	—			
3 Coping	-.18*	-.21*	—		
4 Perceived Social Support	-.29**	-.25**	.38**	—	
5 Mental Well-being	-.34**	-.41**	.36**	.45**	—

Note. * $p < .05$, ** $p < .01$.

3.4 Measurement Model Assessment

The measurement model was assessed for indicator reliability, internal consistency reliability, convergent validity, and discriminant validity. Reliability of indicators was evaluated with the aid of outer loadings. Consequently, the retained indicators showed acceptable loadings on their constructs. Reliability in the internal consistency was examined using CR. In this study, all the construct values were above the recommended value of 0.70. Convergent validity was assessed using AVE. Resultantly, the constructs demonstrated AVE values exceeding the cut-off value of 0.50 (see Table 4). These constructs adequately explained the variance of their indicators.

Based on the initial examination of the higher-order measurement model, specific dimensions failed to satisfy the recommended thresholds for convergent validity. The loading of the physical and fixed dimension of coping ($\beta = 0.192$) was especially low. Observably, this dimension does not accurately reflect the coping domain. The AVE value for coping also proved to be lower than the suggested threshold of 0.50 (AVE = 0.480). Based on perceived social support, the significant other dimension demonstrated weak loading ($\beta = 0.309$), indicating poor alignment with the overall construct. This dimension also decreased the AVE value of perceived social support to 0.416, suggesting lower convergent validity. Following the general practice in PLS-SEM, both dimensions were omitted from the final model. The AVE estimates increased to levels suitable for coping (AVE = 0.690) and perceived social support (AVE = 0.576) post-deletion. In this vein, a more robust model had satisfactory convergent validity and a more reliable representation of the underlying constructs.

Table 4. Measurement model: Construct reliability and convergent validity (final model)

Construct	Indicator / Dimension	Loading	Composite Reliability (CR)	AVE
Economic Strain				
	ES1	0.902	0.926	0.757
	ES2	0.911	0.926	0.757
	ES3	0.881	0.926	0.757
	ES4	0.780	0.926	0.757
Marital Conflict				
	MC1	0.726	0.921	0.702
	MC2	0.900	0.921	0.702
	MC3	0.821	0.921	0.702
	MC4	0.874	0.921	0.702
	MC5	0.857	0.921	0.702

Table 4 (continued)

Construct	Indicator / Dimension	Loading	Composite Reliability (CR)	AVE
Coping				
	Alert Processing	0.729	0.869	0.690
	Positive and Knowing-Based	0.848	0.869	0.690
	Resourceful and Focused	0.905	0.869	0.690
Perceived Social Support				
	Friends	0.821	0.729	0.576
	Family	0.691	0.729	0.576
Mental Well-being				
	MW1	0.627	0.878	0.510
	MW2	0.772	0.878	0.510
	MW3	0.686	0.878	0.510
	MW4	0.759	0.878	0.510
	MW5	0.784	0.878	0.510
	MW6	0.571	0.878	0.510
	MW7	0.768	0.878	0.510

Discriminant validity was established based on heterotrait–monotrait ratio (HTMT), whose values were under the threshold of 0.90 (Henseler et al., 2015) (see Table 5). Tables A1, A2, A3, and A4 (see Appendix A) present the complete measurement model results, which entail lower-order components and model refinement procedures.

Table 5. Discriminant validity (HTMT criterion: Final model)

Construct	Coping	Mental Well-being	Marital Conflict	Perceived Social Support	Economic Strain
Coping	—				
Mental Well-being	0.351	—			
Marital Conflict	0.183	0.135	—		
Perceived Social Support	0.623	0.641	0.226	—	
Economic Strain	0.170	0.089	0.243	0.129	—

Note. All HTMT values are below the threshold of 0.90, indicating adequate discriminant validity.

3.5 Structural Model Assessment

This study examined the structural model to analyse the hypothesised relationships among the study variables. Based on 5,000 resamples, path coefficients (β), t -values, and p -values were calculated via bootstrapping. Figure A1 in Appendix A presents the structure of the final PLS-SEM model; estimated path coefficients are reported in Table 6.

Economic strain was positively and significantly associated with marital conflict ($\beta = 0.237$, $t = 3.055$, $p = 0.002$) (see Table 6). As such, respondents experiencing greater perceived financial strain reported an increase in marital conflict. The finding coincides with theoretical assumptions, in which financial strains potentially exacerbate friction in intimate relationships.

Perceived social support was positively and significantly associated with coping ($\beta = 0.305$, $t = 3.898$, $p < 0.001$). People who received more social network support were more likely to utilise adaptive coping mechanisms. This shows how social resources reinforce the capacity of people to manage stress.

Coping revealed a positive and significant effect on mental well-being ($\beta = 0.262$, $t = 2.829$, $p = 0.005$). Hence, respondents who coped better were more likely to experience improved psychological functioning. Perceived social support also exerted a direct positive effect on mental well-being ($\beta = 0.238$, $t = 2.201$, $p = 0.028$). As a result, social support was directly and indirectly related to mental well-being. Economic strain did not exert a significant direct effect on mental well-being ($\beta = -0.031$, $t = 0.296$, $p = 0.767$). Likewise, marital conflict ($\beta = -0.101$, $t = 0.878$, $p = 0.380$) was not significantly associated with mental well-being. Despite these variables' significant, negative relationships with mental well-being (economic strain $r = -0.34$, $p < .01$; marital conflict $r = -0.41$, $p < .01$), these associations were insignificant in the structural model (see Tables 3 and 6).

Even though economic strain contributed to marital conflict, neither one could directly predict mental well-being after controlling for other factors.

Table 6. Structural model results (path coefficients)

Hypothesised Path	β	t-value	p-value	Decision
Coping → Mental Well-being	0.262	2.829	0.005	Supported
Economic Strain → Marital Conflict	0.237	3.055	0.002	Supported
Economic Strain → Mental Well-being	-0.031	0.296	0.767	Not Supported
Marital Conflict → Mental Well-being	-0.101	0.878	0.380	Not Supported
Perceived Social Support → Coping	0.305	3.898	< 0.001	Supported
Perceived Social Support → Mental Well-being	0.238	2.201	0.028	Supported

Note. Significance was assessed using bootstrapping with 5,000 resamples in PLS-SEM.

Overall, psychosocial resources, particularly perceived social support and coping, appeared to exert stronger explanatory relevance for mental well-being than the direct stress-related pathways examined in the model. The effect of economic strain may be indirect or dependent on other mechanisms not covered in the direct model paths.

3.6 Explanatory Power and Predictive Relevance

The model's explanatory power was evaluated based on the coefficient of determination (R^2). It accounted for 5.6% of the variance in marital conflict, 9.3% in coping, and 16.4% in mental well-being (see Table 7). These values indicated modest explanatory power, which is suitable for social and behavioural studies examining complex human experiences.

Effect sizes (f^2) ranged from 0.001 to 0.102 across the model (Table 7). The absence of large effect sizes implied the distribution of model relationships across various factors. Predictive relevance was gauged via Stone-Geisser Q^2 values derived from blindfolding. All the endogenous constructs, documenting Q^2 values greater than zero, revealed the model's adequate predictive relevance.

Table 7. Explanatory power, effect size, and predictive relevance

Endogenous Construct	R^2	Predictor	f^2	Q^2
Marital Conflict				
	0.056	Economic Strain	0.060	0.031
Coping				
	0.093	Perceived Social Support	0.102	0.069
Mental Well-being				
	0.164	Economic Strain	0.001	0.046
	0.164	Marital Conflict	0.011	0.046
	0.164	Perceived Social Support	0.061	0.046
	0.164	Coping	0.071	0.046

Note. R^2 = coefficient of determination; f^2 = effect size; Q^2 = predictive relevance (blindfolding procedure). Significance testing was based on bootstrapping with 5,000 resamples.

3.7 Mediation Analysis

Mediation analysis was performed to investigate the indirect variable effects through bootstrapping via 5,000 resamples. Perceived social support was found to have a positive and statistically significant indirect effect on mental well-being via coping ($\beta = 0.080$, $t = 2.198$, $p = 0.028$) (see Table 8). Based on this outcome, coping partially mediated the relationship between perceived social support and mental well-being. An individual's perception of high social support could lead to the implementation of adaptive coping techniques, which positively influence their mental well-being.

Given the presence of a significant direct effect (social support → mental well-being) and indirect effect (social support → coping → mental well-being), partial mediation was suggested. Coping proved to be an important pathway through which social support further enhanced psychological functioning. On another note, social support wielded an independent, direct influence.

Meanwhile, the indirect effect of economic strain on mental well-being via marital conflict proved insignificant ($\beta = -0.024$, $t = 0.764$, $p = 0.445$). Marital conflict did not mediate the relationship between economic strain and mental well-being. While economic strain significantly predicted marital conflict, the absence of a significant relationship between marital conflict and mental well-being did not allow for a meaningful mediation pathway. Based on the mediation results, coping was found to be important for connecting social support with mental well-being. However, marital conflict did not mediate the relationship between economic strain and mental well-being.

Table 8. Mediation analysis (indirect effects)

Indirect Path	β	t-value	p-value	Decision
Economic Strain → Marital Conflict → Mental Well-being	-0.024	0.764	0.445	Not Supported
Perceived Social Support → Coping → Mental Well-being	0.080	2.198	0.028	Supported

Note. Indirect effects were tested using bootstrapping with 5,000 resamples in PLS-SEM.

4. Discussion

This study examined economic strain, marital conflict, perceived social support, coping, and mental well-being among wives of drug addicts from the B40 income group. The findings suggest that mental well-being in this population is shaped less by direct exposure to economic and relational stressors, and more by access to psychosocial resources that support adaptive functioning. This does not mean that economic strain and marital conflict are unimportant. Rather, the results indicate that their influence may be more complex in families where hardship is chronic, recurrent, and closely embedded within addiction-related caregiving, stigma, and household instability. In this context, social support and coping appear to function as central resources that help wives sustain psychological functioning despite ongoing stress.

4.1 Economic Strain Matters, but Not in a Direct Psychological Sense

Economic strain was identified as a significant predictor of marital conflict, which is consistent with family stress perspectives and recent relationship research showing that financial pressure can intensify relational uncertainty, negative interactions, and conflict between partners (Conger et al., 2010; Gajos et al., 2022; Peetz et al., 2023). In low-income households affected by drug addiction, financial strain may be especially destabilising because limited income must be managed alongside treatment-related concerns, inconsistent spousal functioning, possible employment instability, and unmet household needs. Malaysian evidence also suggests that families affected by substance abuse may experience economic hardship as part of wider caregiver burden (Mohamad Kutty et al., 2026).

However, economic strain did not significantly predict mental well-being directly in the structural model. This finding should not be interpreted as evidence that financial hardship is psychologically harmless. Instead, it suggests that among wives who live under chronic adversity, financial strain may become part of the background condition of daily life, while variation in mental well-being depends more strongly on the resources available to manage that strain. This interpretation is compatible with the stress-strain-coping-support model, which recognises that the psychological impact of addiction-related stressors depends partly on coping responses and support resources (Orford et al., 2010). Thus, economic strain appears to matter primarily as a stressor that contributes to marital conflict, rather than as an immediate determinant of mental well-being after psychosocial resources are considered.

4.2 Marital Conflict Is Present but Not Decisive for Well-Being

Marital conflict was negatively correlated with mental well-being, but its direct effect became non-significant in the structural model. This pattern indicates that marital conflict remains relevant, although it may not independently explain mental well-being once coping and social support are included. In families affected by addiction, conflict may be frequent and emotionally demanding, but wives may also develop ways of adjusting to, managing, or distancing themselves from conflict in order to continue fulfilling caregiving and household responsibilities. Malaysian qualitative evidence on wives of drug addicts shows that women may face violence, safety concerns, lack of provision, and dual responsibilities, suggesting that marital difficulties

are embedded in broader family adversity rather than existing as isolated relationship problems (Zakaria & Ibrahim, 2021).

Therefore, the non-significant direct effect should be interpreted carefully. It does not imply that marital conflict is unimportant. Rather, it suggests that in this model, marital conflict did not operate as the most decisive pathway to mental well-being when compared with coping and perceived social support. This may reflect the chronic nature of addiction-related family conflict, where psychological functioning is influenced not only by the presence of conflict but also by the wife's perceived capacity to cope and the availability of supportive relationships. Such an interpretation strengthens the argument that mental well-being among wives of drug addicts is better understood through a resource-based lens in addition to a stress-exposure lens.

4.3 Social Support Operates as a Central Stabilising Force

Perceived social support was a consistent predictor of both coping and mental well-being. This finding supports the stress-strain-coping-support model, which positions support as a key protective resource for affected family members of individuals with substance abuse problems (Orford et al., 2010). In the present study, social support appears to operate not only as emotional reassurance, but also as a practical and relational resource that helps wives manage chronic family stress. In a collectivistic setting such as Malaysia, support from family members, friends, and community networks may be especially important because women may rely on close social ties for advice, childcare assistance, financial help, emotional validation, and access to services.

The significance of social support is also consistent with recent evidence showing that stronger support is associated with better psychological outcomes, while lower support can intensify the mental health effects of economic deterioration (Hori et al., 2025). For wives of drug addicts, support may reduce feelings of isolation and shame associated with addiction-related stigma. It may also provide an alternative source of stability when the marital relationship itself is affected by mistrust, conflict, or inconsistent spousal functioning. The finding therefore suggests that interventions should not focus only on reducing stressors, but should also strengthen the support networks that help wives maintain psychological functioning.

4.4 Mediation Reveals How Adaptation Operates

The mediation findings clarify how adaptation operates in this population. Coping significantly mediated the relationship between perceived social support and mental well-being, while the direct effect of perceived social support on mental well-being also remained significant. This indicates partial mediation. In practical terms, wives who perceive stronger support may be more likely to use adaptive coping strategies, and these coping strategies subsequently contribute to better mental well-being. This pathway is theoretically consistent with the stress-strain-coping-support model, where support and coping are not separate protective factors but interrelated resources that influence how affected family members respond to stress (Orford et al., 2010).

By contrast, marital conflict did not mediate the relationship between economic strain and mental well-being. Although economic strain significantly predicted marital conflict, marital conflict did not significantly predict mental well-being in the structural model. This unsupported mediation pathway suggests that the psychological consequences of economic strain may not flow primarily through marital conflict in this sample. Other mechanisms, such as emotional exhaustion, perceived control, stigma, uncertainty about the husband's recovery, or cumulative caregiving burden, may better explain how financial hardship affects psychological functioning. This distinction is important because it prevents the findings from being interpreted too simplistically. Economic strain contributes to marital conflict, but resource-based pathways appear to be more influential in explaining mental well-being.

4.5 Rethinking Resilience Under Chronic Strain

The current results suggest a nuanced understanding of resilience among wives of drug addicts from low-income households. Resilience in this context should not be understood as the absence of hardship, nor should it be romanticised as an individual ability to endure adversity without support. Rather, resilience appears to reflect the capacity to sustain psychological functioning despite ongoing pressure, and this

capacity is closely linked to the availability of social support and the ability to convert support into coping. This interpretation aligns with positive balance theory, which views mental well-being as dependent on the balance between adverse conditions and positive resources (Sirgy, 2019).

The findings also suggest that chronic strain may alter the way stressors operate. When financial hardship, marital conflict, stigma, and caregiving responsibilities are persistent, their direct psychological effects may become less visible in a multivariate model. In contrast, resources such as perceived social support and coping may become more important because they determine whether women can continue to function under continuing stress. This reinforces the need for culturally sensitive interventions that recognise wives of drug addicts not only as spouses of substance users, but also as caregivers, household managers, and women navigating social stigma within low-income family environments.

4.6 Practical Implications

The elicited findings call for designing interventions that focus on bolstering social support and coping strategies. Despite the need to mitigate economic strain and marital conflict, these aspects alone are insufficient for promoting mental well-being.

Peer support groups, community networks, and counselling services are some examples of support-related interventions that can reduce individuals' feelings of isolation. Concurrently, coping interventions should be realistic and relevant to high-stress contexts shaped by time and resource constraints. These interventions can only be effective when they assist people in managing their current conditions, rather than assuming that these situations can be promptly changed.

In the Malaysian context, intervention programmes should also be sensitive to gendered caregiving expectations and stigma surrounding addiction. Support services should not be directed only at the individual undergoing treatment, but should include spouses and family members who carry the emotional, financial, and caregiving consequences of addiction. Psychoeducation, family-based counselling, peer support groups, and referral pathways to welfare and mental health services may help wives strengthen coping capacity and reduce isolation. Such interventions are particularly important for B40 households, where limited financial resources may restrict access to private counselling, paid caregiving support, or alternative living arrangements.

4.7 Limitations and Future Directions

Several limitations were encountered by this study. Given its cross-sectional nature, this study solely focused on a single population, which limits the broader applicability of the elicited outcomes. The proposed model accounts for 16.4% of the variance in mental well-being. This implies the exclusion of additional elements that are relevant. Future research could consider analysing predictors that are inextricably linked to psychological functioning, namely stigma, emotional exhaustion, perceived control, and uncertainty. These factors can effectively delineate the ways in which mental well-being can be sustained in the midst of enduring stress.

Future studies may also examine whether stigma, perceived control, emotional exhaustion, and uncertainty regarding the husband's recovery mediate or moderate the relationship between economic strain and mental well-being. Longitudinal research would be useful to determine whether coping and social support continue to protect mental well-being over time, particularly as wives move through different stages of the husband's treatment, relapse, or recovery.

5. Conclusion

This study has added depth to the current body of knowledge by examining how mental well-being is shaped among wives of drug addicts living in low-income B40 households. Resultantly, economic strain did not exert a direct effect on mental well-being. Even though this variable led to marital conflict, it was not direct enough to determine mental well-being. Likewise, marital conflict was not a key determinant of psychological functioning.

The current findings reiterate the significance of perceived social support and coping in sustaining mental well-being under chronic family stress. These factors do more than reduce stress; they help wives maintain psychological functioning when economic hardship, marital tension, caregiving responsibilities, and stigma

are difficult to remove immediately. In this population, mental well-being appears to be shaped more strongly by adaptive capacity and supportive resources than by direct exposure to stressors alone.

This study contributes contextual evidence on how established stress- and resource-related pathways operate among wives of drug addicts in low-income Malaysian households. Rather than positioning the model as theoretically novel, the study highlights the importance of applying and testing these pathways within a vulnerable and under-examined population. In practice, support-based interventions should be designed to strengthen coping strategies among wives of drug addicts. Addressing stressors remains important, but it may be insufficient unless women are also equipped with the psychosocial resources needed to manage ongoing constraints.

Declarations

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Appendix A

Table A1. Indicator loadings, composite reliability (CR), and average variance extracted (AVE) for lower order components (initial model)

Construct	Indicator	Loading	CR	AVE
Economic Strain				
	ES1	0.902	0.926	0.757
	ES2	0.911	0.926	0.757
	ES3	0.882	0.926	0.757
	ES4	0.779	0.926	0.757
Marital Conflict				
	MC1	0.724	0.921	0.702
	MC2	0.900	0.921	0.702
	MC3	0.822	0.921	0.702
	MC4	0.874	0.921	0.702
	MC5	0.857	0.921	0.702
Alert Processing (Coping)				
	C1	0.902	0.778	0.641
	C8	0.684	0.778	0.641
Positive and Knowing-Based (Coping)				
	C7	0.750	0.831	0.621
	C9	0.795	0.831	0.621
	C10	0.817	0.831	0.621
Resourceful and Focused (Coping)				
	C2	0.791	0.879	0.511
	C3	0.777	0.879	0.511
	C4	0.701	0.879	0.511
	C6	0.732	0.879	0.511
	C11	0.654	0.879	0.511
	C12	0.588	0.879	0.511
	C15	0.739	0.879	0.511
Physical and Fixed (Coping)				
	C5	0.680	0.859	0.673
	C13	0.849	0.859	0.673
	C14	0.913	0.859	0.673
Significant Other (Social Support)				
	SS1	0.827	0.922	0.747
	SS2	0.814	0.922	0.747
	SS5	0.903	0.922	0.747
	SS10	0.909	0.922	0.747
Friends (Social Support)				
	SS6	0.870	0.887	0.664
	SS7	0.849	0.887	0.664
	SS9	0.801	0.887	0.664
	SS12	0.733	0.887	0.664
Family (Social Support)				
	SS3	0.913	0.911	0.719
	SS4	0.861	0.911	0.719
	SS8	0.761	0.911	0.719
	SS11	0.848	0.911	0.719
Mental Well-being				
	MW1	0.609	0.879	0.513
	MW2	0.770	0.879	0.513
	MW3	0.706	0.879	0.513
	MW4	0.765	0.879	0.513
	MW5	0.797	0.879	0.513
	MW6	0.562	0.879	0.513
	MW7	0.769	0.879	0.513

Table A2. Discriminant validity (HTMT) for lower order components (initial model)

Construct	1	2	3	4	5	6	7	8	9	10
(1) Economic Strain	—									
(2) Marital Conflict	0.243	—								
(3) Alert Processing	0.127	0.114	—							
(4) Positive & Knowing-Based	0.201	0.148	0.753	—						
(5) Resourceful & Focused	0.158	0.218	0.830	0.813	—					
(6) Physical & Fixed	0.434	0.601	0.228	0.160	0.271	—				
(7) Significant Other	0.147	0.075	0.259	0.119	0.127	0.125	—			
(8) Friends	0.057	0.122	0.272	0.276	0.324	0.084	0.234	—		
(9) Family	0.086	0.122	0.222	0.214	0.186	0.234	0.246	0.175	—	
(10) Mental Well-being	0.089	0.135	0.277	0.325	0.317	0.324	0.181	0.277	0.286	—

Note. HTMT values below 0.90 indicate acceptable discriminant validity.

Table A3. Higher order measurement model (before refinement)

Construct	Dimension	Loading	Composite Reliability (CR)	AVE
Economic Strain				
	Economic Strain	0.926	0.926	0.757
Marital Conflict				
	Marital Conflict	0.921	0.921	0.702
Coping				
	Alert Processing	0.694	0.759	0.480
	Positive and Knowing-Based	0.823	0.759	0.480
	Resourceful and Focused	0.846	0.759	0.480
	Physical and Fixed	0.192	0.759	0.480
Perceived Social Support				
	Significant Other	0.309	0.656	0.416
	Friends	0.772	0.656	0.416
	Family	0.746	0.656	0.416
Mental Well-being				
	Mental Well-being	0.879	0.879	0.512

Table A4. Final higher order measurement model (after removal of weak dimensions)

Construct	Dimension	Loading	Composite Reliability (CR)	AVE
Economic Strain				
	Economic Strain	0.926	0.926	0.757
Marital Conflict				
	Marital Conflict	0.921	0.921	0.702
Coping				
	Alert Processing	0.729	0.869	0.690
	Positive and Knowing-Based	0.848	0.869	0.690
	Resourceful and Focused	0.905	0.869	0.690
Perceived Social Support				
	Friends	0.821	0.729	0.576
	Family	0.691	0.729	0.576
Mental Well-being				
	Mental Well-being	0.878	0.878	0.510

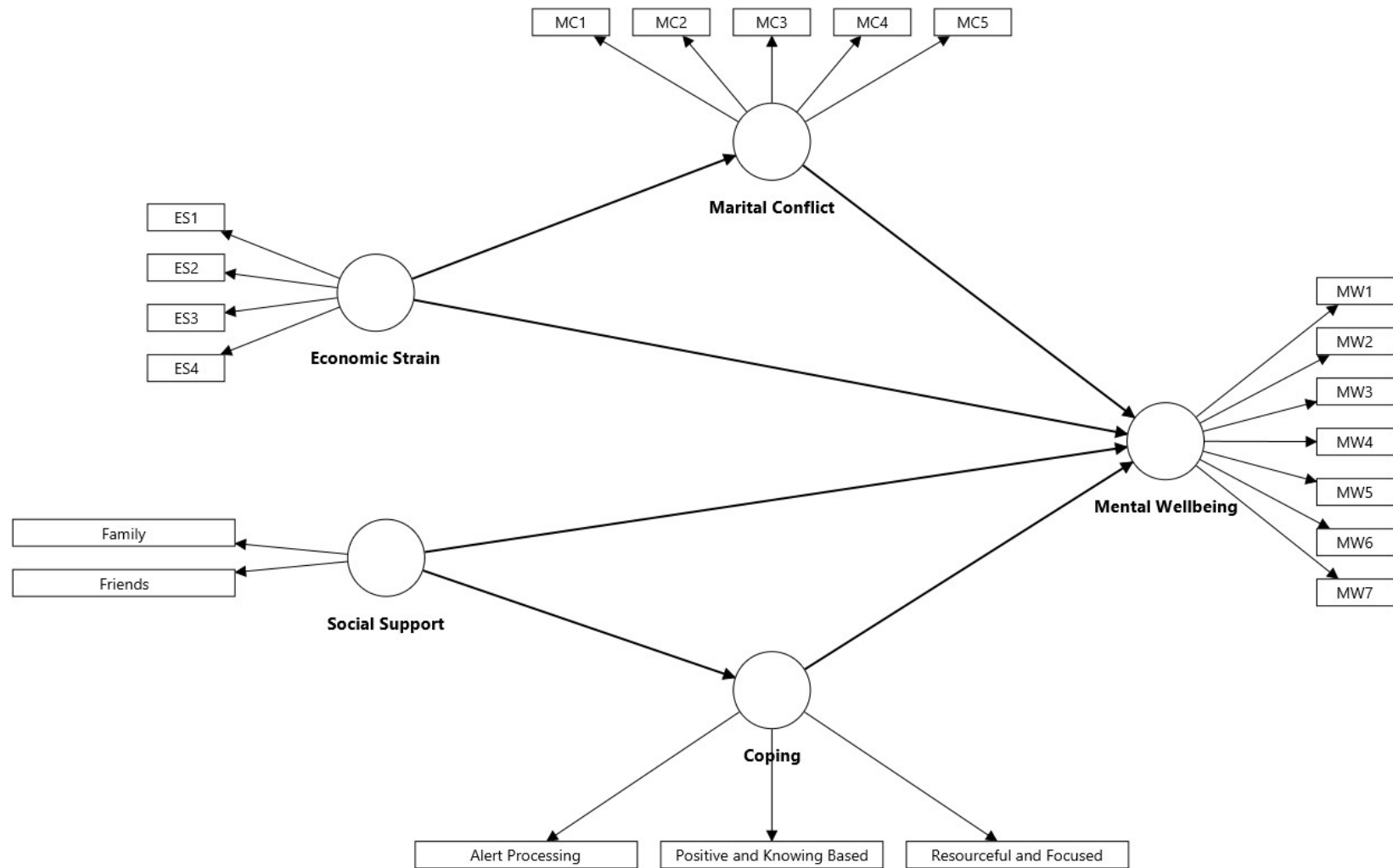


Figure A1. Final PLS-SEM model structure showing retained indicators, dimensions, and relationships among study constructs.

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