

A Study of Well-Being Status Among Family Members of Male Prisoners in a Metropolitan City in India

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Abstract

Background: The impacts of imprisonment on families are significant and wide-ranging, including emotional, social, psychological, financial, relational, physical, and developmental effects and the impact varies according to the nature of the offense, relational dynamics, and care arrangements. Thus, the purpose of this study was to increase awareness of the issues experienced by families of prisoners. **Material and Methods:** Community-based cross-sectional study was conducted in a Hotspot i.e., the Central Prison, in Mumbai, where many family members came to meet the prisoners. The sample of 85 participants was taken from the community by the 'Random sampling' method of family member of prisoners aged 20 to 50 years. **Results:** On overall life evaluation, [79% of participants experienced suboptimal well-being (64% struggling and 15% suffering)], while only 21% were thriving. **Conclusion:** Significant well-being effects due to imprisonment on family members that ultimately lead to poor health. To promote population-level health, a collective effort by policymakers, community members, law enforcement, and leaders from the penal and healthcare systems are necessary.

Keywords: Well-Being, Family Members, Prisoners, Imprisonment.

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INTRODUCTION

According to a report published by the Institute of Criminal Policy Research based on the data at the end of October 2015, the world's prison population has increased by "almost 20%", slightly higher than the 18% increase in the world's general population, since 2000. But emerging evidence suggests that negative health consequences of incarceration are felt not only by those who have experienced it but also by their families and individuals in their communities.^[1]

With the rapid expansion of the imprisonment rate over the past four decades, examination of the broader consequences of imprisonment has been a matter of social and public health significance.^[2]

The emerging literature on the family and community effects of mass imprisonment points to negative health impacts on the family and children of incarcerated men, and raises concerns that excessive imprisonment could harm entire communities.^[3] Although several studies have documented the psychological and social consequences of incarceration on prisoners' families, limited evidence exists regarding the overall well-being status of family members of male prisoners in India. Most available studies focus on mental health outcomes rather than a multidimensional assessment of well-being.

Prisoners and their families experience a tremendous sense of loss when imprisonment occurs. Couples are unable to engage in the day-to-day interactions, experiences and sharing which sustain marital and adult relationships. Difficulties in adjusting to separation and loss has led to

depression and other mental health problems among prisoners and their families.

Research on prisoners' family roles and relationships and family matters in the criminal justice system must be conducted and the findings incorporated in policy and program development and implementation.^[4]

Understanding the well-being status of family members of prisoners is essential for developing community-based support systems and informing correctional and public health policies.

Knowledge of the impact of major human services and corrections policies, e.g., community reentry legislation, and welfare reform, on prisoner' families was also limited and the true outcomes of policy directives and reforms for families must be inferred.

A social investment in prisoners' families will require the adoption of more positive views and better understanding of family needs and societal responses, and dedicated attention to changing the prevailing system response.^[5]

This study addressed the evidence of well-being effects of imprisonment in the family members of prisoners.

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Therefore, the present study was conducted to assess the well-being status among family members of male prisoners and identify socio-demographic factors associated with well-being.

Aim:

To assess the well-being status among family members of male prisoners in Mumbai.

Objectives:

1. To determine the prevalence of thriving, struggling and suffering well-being status among family members of male prisoners.
2. To assess the association between socio-demographic variables and well-being status.
3. To identify factors associated with poor well-being.

MATERIALS AND METHODS

This was an epidemiological cross-sectional descriptive study conducted over a period of 6 months, from September 2022 to March 2023, in a metropolitan city in India. The study site was the waiting area in front of Arthur Road Jail, Mumbai Central Prison, which served as a hotspot for recruitment because many family members visited the prison to meet incarcerated relatives.

The study population included family members of male prisoners aged 20 to 50 years whose relatives had been imprisoned for more than 3 months and who provided written informed consent to participate. Individuals who did not meet the definition of a family member as used in this study were excluded. For the purpose of this study, family members included parents, spouses, minor children, unmarried daughters, dependent children with special needs, dependent siblings, unmarried dependent sisters, and specially abled dependent siblings who were blood-related and living under the same roof.

The sample size was calculated using the formula for estimating a proportion, taking the expected prevalence as 69% based on a previous study, with a 95% confidence level and 10% precision. The minimum required sample size was 82, and a total of 85 participants were ultimately enrolled in the study.

Participants were selected by random sampling using a random number table at the study site. Eligible family members were approached before they met the prisoners,

the purpose of the study was explained to them in a language they understood, and written informed consent was obtained before data collection. Confidentiality was maintained throughout the study.

Data were collected using a preformed interview record form. The tool included a participant information sheet, informed consent form, and sections for socio-demographic details and assessment of well-being status.

Well-being was measured using the 100 Million Healthier Lives Adult Wellbeing Assessment scale, which is a free-to-use validated instrument.^[6-9] The scale includes 12 items covering physical health, mental health, physical functioning, current and future life evaluation, financial well-being, purpose, relationships, community and social support, and affect. The scale was translated into Hindi and Marathi, back-translated by a bilingual language expert, and validated by a team of bilingual experts in psychiatry and community medicine. Overall life evaluation was assessed using the two-item Cantril's Ladder Self-Anchoring Scale, and participants were categorized as thriving, struggling, or suffering based on the composite score.

Data entry was done in Microsoft Excel (Office 365), and statistical analysis was performed using SPSS version 1.6.2. Descriptive data were presented as frequency and percentage for qualitative variables and as mean with standard deviation or median with interquartile range for quantitative variables. Associations between categorical variables were assessed using the chi-square test. A p-value of less than 0.05 was considered statistically significant. Graphs were prepared in Microsoft Excel.

Ethical approval was obtained from the Institutional Ethics Committee, ECARP/2022/192.

RESULTS

A total of 85 participants were enrolled in the study. The mean age was 35.49 ± 9.61 years. Most participants were female (56.5%), literate (78.8%), and employed (62.4%). The majority belonged to nuclear families (64.7%) and were self-earning (62.4%). Most participants had no current addiction (71.8%). Brothers formed the largest group of respondents (32.9%), followed by mothers (24.7%) and wives (21.2%). Most participants had a family member imprisoned for the first time (88.2%), and the duration of imprisonment was less than 2 years in 87.1% of cases.

Table 1: Socio-demographic profile of Participants

Factors		Frequency (n=85)	Percent
Age categories in years	20-29	28	33.0%
	30-39	20	23.5%
	40-49	37	43.5%
Gender	Female	48	56.5%
	Male	37	43.5%
Religion	Muslim	47	55.3%
	Hindu	35	41.2%
	Other	3	03.5%
Education	Illiterate	18	21.2%
	Literate	67	78.8%
Occupation	Unemployed	32	37.6%
	Employed	53	62.4%
Type of Family	Nuclear	55	64.7%
	Joint	17	20.0%
	Extended	13	15.3%

Earning source	self	53	62.4%
	Other	32	37.6%
Addiction	No	61	71.8%
	Past	21	24.7%
	Recent	3	03.5%
Relation to prisoner	Mother	21	24.7%
	Father	8	09.4%
	Wife	18	21.2%
	Son	4	04.7%
	Sister	6	07.1%
	Brother	28	32.9%
1st imprisonment	Yes	75	88.2%
	No	10	11.8%
Duration of imprisonment	Less than 2 years	74	87.1%
	More than 2 years	11	12.9%

Overall life evaluation showed that 18 participants (21%) were thriving, 54 (64%) were struggling, and 13 (15%) were suffering. This indicates that most family members of male prisoners experienced suboptimal well-being.

On bivariate analysis, well-being status was significantly associated with gender ($p < 0.0001$), education ($p = 0.043$), occupation ($p = 0.001$), earning source ($p = 0.001$), relation to prisoner ($p < 0.0001$), and duration of imprisonment ($p = 0.011$). No statistically significant association was found with age ($p = 0.538$), religion ($p = 0.355$), type of family ($p = 0.653$), or first imprisonment status ($p = 0.908$).

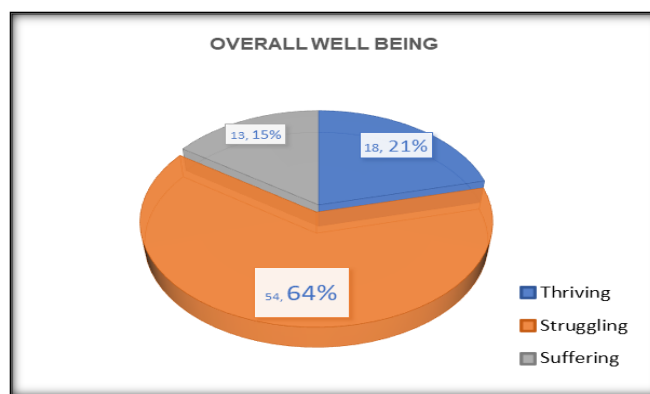


Figure 1: Distribution of Overall well-being of participants (Frequency and percentage)

Table 2: Association among the participants between Well-being status and various factors using chi-square test

Factors	Well-being Status (N =85)			Chi Square	P-value	
	Thriving	Struggling	Suffering			
Age categories in years	20-29	5(17.9%)	17(60.7%)	6(21.4%)	3.117	0.538 (NS)
	30-39	6(30%)	13(65%)	1(5%)		
	40-49	7(18.9%)	24(64%)	6(16.2%)		
Gender	Female	3 (6.3%)	33 (68.2%)	12 (25%)	18.867	<0.0001 (S)
	Male	15 (40.5%)	21 (56.5%)	1 (2.7%)		
Religion	Muslim	13(27.7%)	26(55.3%)	8(17%)	4.397	0.355 (NS)
	Hindu	5(14.3%)	25(71.4%)	5(14.3%)		
	Other	0	3(100%)	0		
Education	Illiterate	0	14(77.8%)	4(22.2%)	6.282	0.043 (S)
	Literate	18(26.9%)	40(59.7%)	9(13.4%)		
Occupation	Unemployed	0	26(81.3%)	6(18.7%)	13.805	0.001 (S)
	Employed	18(34%)	28(52.8%)	7(13.2%)		
Type of Family	Nuclear	10(18.2%)	35(63.6%)	10(18.2%)	2.452	0.653 (NS)
	Joint	4(23.5%)	12(70.6%)	1(5.9%)		
	Extended	4(30.8%)	7(53.8%)	15.4%)		
Earning source	self	18(34%)	27(50.9%)	8(15.1%)	14.382	0.001 (S)
	Other	0	27(84.4%)	5(15.6%)		
Relation to prisoner	Mother	1 (4.8%)	15 (71.4%)	5 (23.8%)	34.203	<0.0001 (S)
	Father	2 (25%)	6 (75%)	0		
	Wife	1 (5.6%)	15 (83.3%)	2 (11.1%)		
	Son	3 (75%)	1 (25%)	0		
	Sister	0	2 (33.3%)	4 (66.7%)		
	Brother	11 (39.3%)	15 (53.6%)	2 (7.1%)		
1st imprisonment	Yes	16(21.3%)	48(64%)	11(14.7%)	0.194	0.908 (NS)
	No	2(20%)	6(60%)	2(20%)		
Duration of imprisonment	less than 2 years	16(21.6%)	50(67.6%)	8(10.8%)	9.036	0.011 (S)
	more than 2 years	2(18.2%)	4(36.4%)	5(45.5%)		

(S)=statistically significant; (NS)=statistically not significant

DISCUSSION

The present study was accomplished with an aim to assess the well-being status of family members of male prisoners in

metropolitan city over 85 participants. Preformed interview record form was used to collect the data with the sociodemographic factors and 100 million Healthier Lives Adult Wellbeing Assessment scales for well-being assessment with the random sampling method.

Age: The Mean age (in years) of the Participants was 35.49 \pm 9.61 years, the Median age being 37 years. The maximum age (in years) of the Participant enrolled in the Study was 49 years while the minimum age was 20 years. Majority of the family members of prisoners i.e., 37(43.5%) were in age category of 40-49 years, followed by 28(33%) in 20-29 years. Least no. of participants i.e., 20(23.5%) were in the age category of 30-39 years.

Gender: Out of total 85 participants, 48(56.5%) were the females and remaining were Male.

Religion: Most of the participants (47(55.3%)) were Muslim and 35(41.2%) were Hindu, remaining belonging to other religions.

Education: Majority of participants were literate (67(78.8%)) while 33(38.8%) had studied up to secondary high school.

Occupation: Maximum no. of family members i.e., 53(62.4%) were engaged in some or the other kind of occupations while 32 (37.6%) participants were either unemployed or housewife.

Type of family: Most of the participants in the study i.e., 55 (64.7%) belonged to a nuclear family, 17 (20%) were living in Joint family and 13 (15.3%) participants were a part of Extended type of family.

Earning Source: Majority 53 (62.4%) participants were self-earning and 32 (37.6%) participants were financially depended on other family members. Eleven participants (12.9%) were solely depended on the prisoners earning but due to imprisonment they were suffering from the financial crisis. The median of Monthly income of participants were 15000 rupees with minimum 0 rupees and maximum 80000 rupees.

Addiction: Majority participants i.e., 61 (71.8%) participants did not have any addiction in terms of tobacco containing substance and alcohol use. Of the remaining participants, 21 (24.7%) had past addiction and 3 (3.5%) participants had recent addiction i.e., started after the imprisonment of the family member.

Relation to prisoner: Majority participant i.e., 28 (32.9%) were brothers by relation to the prisoners, 21 (24.7%) were mother, 18 (21.2%) were wife, 6 (7.1%) sister and 8 (9.4%) were father. Least no. of i.e., 4 (4.7%) were the son by relations to the prisoners.

Imprisonment Number, Duration: Majority of the family members i.e., 75 (88.2%) had their family member imprisoned for the first time, 5 (5%) for 2nd time and 4 (4.7%) for 3rd time and only one had be for 5th time in prison. The median duration of imprisonment was 6 months, with minimum of 3 months and maximum of 120 months of imprisonment. Out of total participants, majority i.e., 74 (87.1%) had person imprisonment for less than two years. Most of the prisoners i.e., 17.6% had been imprisoned for a fight, 15.3% were for Thefts, 14.1% were in prison related to Narcotic drugs and

psychotropicsubstanceuse related (NDPS), 12.9% were imprisoned under Protection of children from sexual assault (POCSO) and remaining for other reasons.

Well-Being status was assessed with the help of 100 million Healthier Lives Adult Well-being Assessment scales and participants were divided into three categories of overall well-being i.e., Thriving, Struggling and Suffering. On overall life evaluation among family members of male prisoners, 18(21%) were in thriving(strong), 54(64%) were in struggling (Inconsistent) and 13(15%) were in suffering (high risk) categories. Majority of participants in the struggling category were among older age group but the association among the participants between well-being status and the age categories was not found statistically significant in our study (p value =0.538) [Table No.II]. Other studies indicated that an increase in age was a statistically significant predictor of decreased overall well-being in older adults.^[10]

The finding that nearly four-fifths of the participants belonged to either the struggling or suffering categories highlights the substantial psychosocial burden experienced by families of incarcerated individuals. Imprisonment often results in disruption of family structure, loss of income, social stigma, emotional distress, and uncertainty regarding the future. These factors may collectively impair both subjective well-being and quality of life among family members. The present findings support the growing body of evidence suggesting that the consequences of incarceration extend beyond prisoners themselves and affect the health and well-being of their families.

The highest proportion of moderate wellbeing of participants were found among the females and the association among well-being and gender distribution of participants was found to be statistically significant. (p value < 0.0001) [Table No.II]. According to a recent literature's, having a family member incarcerated has clear negative physical and mental health effects for women, while the impact on men was less clear. Women have more risk due to increased stress and social demands with concurrently reduced material support, which could impede self-care behaviors.^[11]

In many societies, women often assume primary caregiving and household responsibilities during the imprisonment of a family member. The sudden absence of a spouse, son, or other earning member may increase emotional stress, caregiving burden, financial insecurity, and social isolation. These challenges may explain the significantly poorer well-being observed among female participants in the present study. Therefore, women associated with incarcerated family members should be considered a priority group for psychosocial support services.

According to the religion, most participants were in the struggling categories and minimum participants were present in the suffering categories, yet suffering categories were highest in the Muslim religion i.e., 8 (17%) [Table No.II], but the difference was not statistically significant (p=0.355). Systematic review of many studies on religion and overall well-being concluded that religiosity was inversely related to depression and suicidality as well as being positively associated with emotional well-being.^[11] Contrary findings identified large racial differences in family incarceration experience in different studies.^[11]

As represented in [Table 2], majority participants were among struggling category among both the literate and illiterate group yet the illiterate participants had more of suffering category and the association between the well-being status and the education of participant was found to be statistically significant with $p = 0.043$. The link between education and overall well-being was well recognized. An adolescent who has access to quality education was further likely to experience well-being and an those who experiences well-being was more likely to excel in education and future employment. Significant difference was found in three domains of well-being: -Mental well-being, social well-being, and Emotional well-being. Education was found to have positive effect on Quality of life and well-being. Many studies indicated that there was significant difference in the Quality of life in both educated and uneducated groups.^[12]

Education may influence well-being through several pathways, including improved health literacy, better coping mechanisms, greater access to employment opportunities, and stronger social networks. Individuals with higher educational attainment may be better equipped to adapt to stressful life events and seek appropriate support when faced with the challenges associated with imprisonment of a family member.

According to the occupation. most participants were in the struggling category, yet the unemployed participants show more suffering than the employed and the association between the well-being status and the occupation of participants was found to be statistically significant with $p = 0.001$.

People with inadequate skills and competencies are excluded from good jobs and have fewer prospects for economic prosperity¹² also meta-analytic study present preliminary evidence on the existence of a reciprocal relationship between unemployment and wellbeing over time.^[13] Expanding the benefits of working life, Warr's model,^[14] introduces nine "vitamins" that define wellbeing. These are: i) opportunity for control; ii) opportunity for skill use; iii) externally generated goals; iv) variety; v) environmental clarity; vi) availability of money; vii) physical security; viii) contact with others; and ix) valued social position. And if one of the vitamins was deficient or not well-balanced then person may land into poor well-being status.

Employment not only provides financial stability but also contributes to social identity, self-esteem, and a sense of purpose. In contrast, unemployment may exacerbate financial difficulties already created by incarceration, thereby increasing psychological distress and reducing overall well-being. The significant association observed in the present study emphasizes the importance of economic support interventions for affected families.

Majority of participants were among the struggling category according to the type of family but there were more participants from the nuclear family among the suffering category and extended family among the thriving category but the difference was not statistically significant ($p = 0.653$)

Those who were Wife, Mother, and father by relation to

prisoners showed more struggling but also those who were female by gender i.e., Mother, wife, sister shows more suffering than the father, son, and brother, similar to that seen in gender distribution as depicted in the [Table 2].

Relationships with family members are significant for well-being across whole life course. Family relationships become more vital for well-being as individuals age and social networks weaken, even as family caregiving needs increase. Stress process theory submits that the positive and negative aspects of relationships can have a large impact on the well-being of individuals.^[15]

According to the earning source those who were financially independent were more among the thriving category i.e., showing strong and consistent well-being. Also, the association between the well-being status and the financial dependability was statistically significant with $p = 0.001$. Financial well-being further leads to fulfilment and happiness, which results in the overall well-being of an individual.^[16] The financial burden from imprisonment of the individual providing a family's primary source of income was laid economically unstable family members into larger amounts of debt and housing instability. So instability in income will lead to the unhappiness and continuous stress leading to the poor well being.

Financial hardship has consistently been identified as one of the most immediate consequences of incarceration for families. The imprisonment of an earning member frequently results in reduced household income, increased debt, and difficulty meeting daily living expenses. These economic challenges may adversely affect mental health, social functioning, and overall well-being, which is reflected in the findings of the present study.

Majority of the participants from the family of those prisoners who went for the imprisonment for the first time were shows strong (Thriving) well-being status, yet this difference was not statically significant. ($p=0.908$). Also, majority of the participants from the family of those prisoners who went for the imprisonment for more than 2 years of duration showed suffering (high risk) well-being status and the association between the well-being status and the imprisonment duration was statistically significant with $p = 0.011$.

On many reviews of literatures suggest that the duration and number of imprisonments, nature of crime were significantly associated with the overall lower being.^[1-6]

Longer durations of imprisonment may intensify the cumulative emotional, financial, and social burden on family members. Prolonged separation can weaken family relationships, increase uncertainty regarding the future, and reduce opportunities for social and economic recovery. The significant association observed in this study suggests that the adverse effects of incarceration on family well-being may become more pronounced over time.

The findings of the present study have important public health implications. Family members of prisoners represent a vulnerable and often overlooked population experiencing considerable psychosocial and economic challenges. Routine screening for mental health concerns, community-based counselling services, financial assistance programs, and family support interventions may help mitigate the negative consequences of incarceration. Policymakers and correctional

institutions should recognize the needs of prisoners' families and incorporate family-centered approaches into rehabilitation and reintegration programs.

Strengths of the Study: The present study is among the few studies conducted in India that assessed well-being among family members of male prisoners using a validated multidimensional well-being assessment tool. The use of direct interviews and inclusion of participants from a major correctional facility provided valuable insights into the challenges faced by this understudied population.

Limitation: Our study not included the family members of female prisoners so cannot be generalized to all the family members of the prisoners.

CONCLUSION

The present study found that a majority of family members of male prisoners experienced struggling or suffering levels of well-being. Female participants, financially dependent family members, unemployed individuals and those with longer imprisonment exposure demonstrated poorer well-being. Targeted psychosocial and financial support interventions are required to improve the well-being of families affected by incarceration.

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Conflicts of interest

There are no conflicts of interest.

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