

Effect of gender differences on subjective well-being among dual-earner couples

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Abstract

Indian women in modern world have more opportunities to pursue their higher education and more and more women have started taking up the jobs outside their homes. But, Indian women still bear more responsibility for child-care and household management than their male counterparts. Many hours spent on household activities may lead to the negative effect on well-being among women. Some studies found that time spent on housework as well as paid work contribute to gender differences in well-being, leading to generally lower sense of well-being among women than among men. Thus keeping the above facts in mind the present study was conducted on dual-earner couples of Jaipur city to find out the gender differences in subjective well-being among dual-earner couples. Total 200 couples (200 wives and 200 husbands) were selected for the study. Data were analyzed using SPSS 16.0 statistical tools. Independent t-test result shows that husbands exhibited signs of higher subjective well-being compared to wives. Husbands score high on positive dimensions of subjective well-being while, wives score high on negative dimensions of subjective well-being. The mean score of overall subjective well-being was higher among husbands (88.96) than the mean score of wives (79.86). It was significant at 0.01 level. This indicates that husbands experience more life satisfaction and frequent joy as compared to their wives. Compared to men, women are expected to work more as homemakers and caregivers. Thus, while facing incompatibility between work and family roles, women may feel more role strain than men. These situations could be harmful to one's mental and physical well-being.

Keywords: dual-earner couples, gender differences, subjective well-being, role strain

1. Introduction

Subjective well-being represents people's evaluation of their lives, and includes happiness, pleasant emotions, life satisfaction, and a relative absence of unpleasant moods and emotions. In other words, a person's evaluation of his or her life is based on his cognitive and emotional reactions. Self-evaluation is key to it. The psychology of well-being aims to help people live more rewarding lives including close relationships, responsibilities to one's community and enjoyment of one's life, i.e. to experience greater subjective well-being.

Subjective well-being is defined as a person's cognitive and affective evaluations of his/her life. These evaluations include emotional reactions to events as well as cognitive judgments of satisfaction and fulfillment. Thus, subjective well-being (SWB) is a broad concept that includes experiencing pleasant emotions, low level of negative moods and high life satisfaction. The positive experiences embodies in high SWB are a core concept of positive psychology because they make life rewarding (Diener *et al.*, 2003) [3].

Subjective Well-being of individual members in dual earner families is of great interest to family therapists. A large number of studies on the dual earner families reveal a lower level of life satisfaction for dual earner couples. This is especially true of the female spouse as she has multiple roles to play. Few studies have also indicated the mental health problems of male spouses in these families.

Gender Differences in Subjective Well-Being

Looking at the results from empirical gender research, reliable differences between men and women in relation to subjective

well-being have been found for longevity, morbidity, and mental health (Maccoby, 1998) [8]. Empirical data show a consistent disadvantage of women in respect to negative affect and subjective health: Women have higher rates of negative affect and depression and poorer subjective health than men (Nydegger, 2004) [10]. In some studies, life satisfaction and positive affect are also lower for women (Shmotkin, 1990) [15]. In relation to mental health and SWB, there is evidence for a higher prevalence of mental illness for women as compared to men, especially in regard to major depression (Russo & Green, 1993) [12]. Senik (2015) [14] reported that women have higher level of self-declared happiness and life satisfaction, women are more exposed to depression and have lower scores of emotional wellbeing.

Tesch-Römer *et al.*, (2008) [16] concluded that women consistently report more negative emotions than men. Women also rate their subjective health lower than men (Daalen *et al.*, 2005) [2]. Results for positive affect and general life satisfaction are mixed, however: some studies show higher positive affect and life satisfaction in women (Fujita *et al.*, 1991) [4], some studies show no gender differences in these aspects of SWB at all (Okun & George, 1984) [11], and some studies show varying gender differences across the life course (Shmotkin, 1990) [15].

2. Methodology

2.1 Locale

The present study was conducted in Jaipur city of Rajasthan state.

2.2 Sample Selection

According to Jaipur Municipal Corporation, Jaipur city is

divided into eight geographical zones i.e. Mansarovar zone, Moti-Dungari zone, Hawamahal-East zone, Vidyadhar Nagar zone, Civil Line zone, Hawamahal-West zone, Amber zone and Sanganer zone. Total 40 organisations were selected for data collection. In each zone five organisations were selected for the study purpose, which are expected to meet out the objectives of the study i.e. such organisations 1) where a good number of females are working, 2) work has to be done as per the MNCs or large organisation management system, 3) where the employee is supposed to work hard to meet out their targeted work in stipulated time and 4) minimum working hours being 8 hours.

Five female respondents and their husbands were randomly selected from each organisation after acquiring the list of workers from the organisation. Those female respondents were selected who fulfil the study criteria. The study criteria was (1) nuclear family (2) husband-wife and at least one child living together (3) youngest child below 12 years of age and (4) husband – wife each having at least eight hours job period. Twenty-five female respondents and their husbands were randomly selected from each zone and selection of the male respondents was through female respondents. Total 200 dual earner couples (200 wives and 200 husbands) were selected for the study.

2.3 Instruments

In the study, for assessing the subjective well-being of the dual-earner couples, the Subjective Well-Being Inventory (SWBI) developed by Sell & Nagpal in 1992 [13] was used. Subjective well-being conceptualizes positive and negative aspects of well-being as experienced by an individual. The Inventory represents the 11 factors or dimensions of well-being or quality of life. These 11 dimensions were further grouped into two categories i.e. positive affects (well-being) and negative effects (ill-being). The six dimensions i.e. general well-being-positive affect, expectation-achievement congruence, confidence in coping, transcendence, family group support and social support were included in positive effects and four dimensions i.e. inadequate mental mastery, perceived ill health, deficiency in social contacts and general well-being negative affect were included in negative effects and one dimension i.e. primary group concern was included in both positive and negative effects.

2.4 Research Design

This descriptive research encompasses a cross-sectional study with survey method was used.

2.5 Procedure

The questionnaire was distributed to the female respondents in their working places after the permission of their managing director along with written and verbal instruction that explained the nature and scope of the study. Two sets of the questionnaire were distributed to each respondent, one to be filled by female respondents and other by male respondents i.e. their spouses. Respondents were requested to complete the questionnaire without discussing their responses with others. After few days questionnaire were collected by investigator.

2.6 Data Analysis

Data were analysed using SPSS 16.0 statistical tools. To analyze the difference between husbands and wives regarding subjective well-being mean, standard deviation and Independent T-test was used.

3. Results & Discussion

3.1 Gender Differences in Positive Dimensions of Subjective Well-Being

To identify the difference between male and female spouses, independent t-test was performed. Table- 1 revealed that there was statistically significant difference between both spouses. Wives’ score was higher in the transcendence dimension than their husbands. The mean score of wives was 6.13 and the mean score of husbands was 5.87 in transcendence dimension, which was significant at 0.05 level. This indicates that wives share more traditional values and lead a better spiritual life. Result shows that there was significant difference between spouses all the positive dimensions of SWB. All other dimensions are significant at 0.01 level where the mean scores of husbands’ were higher than the mean scores of wives. This indicates that husbands perceive life as functioning more smoothly and joyfully compared to their wives because they do not have heavy burdens of family roles. Wives have multiple responsibilities i.e. concentrating on the work and family. Due to multiple roles the number of problems and the type of problems confronted by the female spouses are difficult in terms of their solution and hence they have a lower level of SWB as compared to male spouses.

Table 1: Independent T-Test depicting comparison of Positive Dimensions of subjective well-being based on Gender N=400 (200+200)

S. No.	Dimensions	Wife Mean (S.D.)	Husbands Mean (S.D.)	T- Value	Level of significance
1.	GWBP	6.26 (1.179)	7.18 (1.222)	7.616	0.01
2.	EAC	6.17 (1.042)	6.96 (1.422)	6.375	0.01
3.	CIC	6.30 (1.151)	7.10 (1.295)	6.527	0.01
4.	T	6.13 (1.369)	5.87 (1.432)	1.891	0.05
5.	FGS	6.03 (1.253)	7.11 (1.216)	8.744	0.01
6.	SS	6.29 (1.454)	7.30 (1.272)	7.426	0.01

Women receive less social support as compare to men. Generally, women spend more time on domestic activities such as housekeeping and childcare, therefore, may have fewer opportunities to invest in social relationships at work. Men, on the contrary, generally spend more time working on the job, and have less time to provide their spouse with support. Men are able to receive more support from their spouse because they have less family responsibility. Men also receive more social support from work-related sources (supervisor and colleagues)

than women (Daalen *et al.* 2005) [2]. Zimmerman, *et. al* (2003) [17] stated that wives contribute more to child care than husbands, and wives also help more with the family organization. In general, women have a broader range of everyday tasks to complete than men. Men tend to have more specialized areas and are able to stay in their comfort zone. Grant-Vallone (2001) [5], they suggested that employees who reported high levels of work-family conflict also reported lower levels of positive well-being.

3.2 Gender Differences in Negative Dimensions of Subjective Well-Being

It was observed that the mean score of wives were higher than mean scores of husbands in inadequate mental mastery,

perceived ill-health, deficiency in social contacts, general well-being negative effect. Independent t-test result shows that there was a significant difference between husbands and wives in aforesaid dimension. It was significant at 0.01 level.

Table 2: Independent T-Test depicting comparison of Negative Dimensions of subjective well-being based on Gender N=400 (200+200)

S. No.	Dimensions	Wife Mean (S.D.)	Husbands Mean (S.D.)	T- Value	Level of significance
1.	PGC	6.50 (1.235)	6.30 (1.374)	1.568	NS
2.	IMM	14.96 (2.369)	13.27 (2.147)	7.474	0.01
3.	PIH	11.79 (2.128)	10.34 (1.593)	7.687	0.01
4.	DSC	6.45 (1.458)	5.76 (1.862)	4.154	0.01
5.	GWBNA	6.61 (1.646)	5.49 (1.279)	7.561	0.01

Female spouses had high inadequate mental mastery means poor mental health and they perceived high health problems. Wives had deficiency in social contacts indicating low social contacts and high general well-being negative affect as compared to the husbands.

This clarifies that wives scores higher in aforesaid dimension indicating a lower subjective well-being compared to their husbands. The reason is that, women have a dual role to play, when they take up jobs they have to take care of their homes along with their outside employment. Role theory suggests that the sum of human energy is fixed and that multiple roles inevitably reduce the time and energy available to meet all role demands. This situation creates role strain on them and affects their mental and physical well-being.

Kim & Park (1989), who revealed that middle-aged women are primarily responsible for education of the children, family management and taking care of their parents, and burdened

with ever-increasing roles and responsibilities, they suffer psychological distress such as dissociation, depression and anxiety. Mellner *et al.* (2006) ^[9] observed that the high workload of paid and unpaid work has been found to increase the risk of negative health outcomes among middle-aged women. Women have higher rates of negative affect and depression and poorer subjective health than men (Nydegger 2004) ^[10].

There was no significant difference observed between husbands and wives in primary group concern dimension.

3.3 Gender Differences in Overall Subjective Well-Being

The mean score of overall subjective well-being was higher among husbands (88.96) than the mean score of wives (79.86). There was a statistically significant difference between husbands and wives, which was significant at 0.01 level (figure- 1).

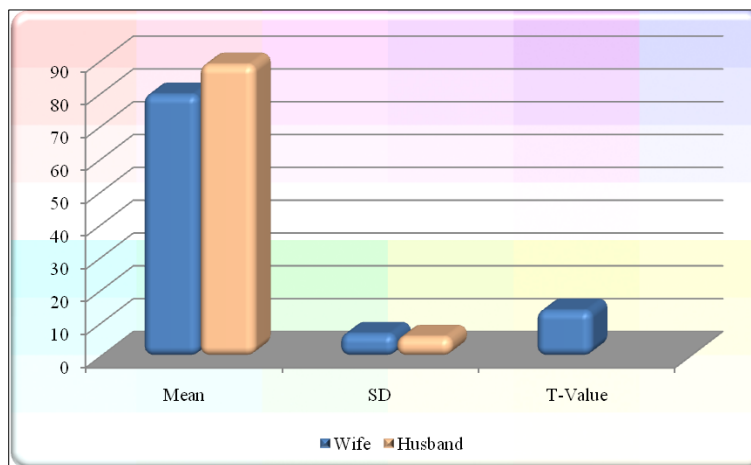


Fig 1: Independent t-Test Comparing Overall Subjective Well-being based on Gender.

This indicates that husbands experience more life satisfaction and frequent joy as compared to their wives. Compared to men, women are expected to work more as homemakers and caregivers. Thus, while facing incompatibility between work and family roles, women may feel more role strain than men. These situations could be harmful to one’s mental and physical well-being. Such findings are in agreement with those of Andrade *et al.* (1999) ^[1], they found that wives scored more poorly than their husbands on various measures of subjective well-being. In particular, wives perceived poorer self-health and experienced greater negative affect than their spouses. Inglehart (2002) ^[6] found that in almost every society, men

have higher incomes, more prestigious jobs and more authority than women--all links with relatively high levels of subjective well-being. So women show low level of happiness than men.

4. Conclusion

It can be concluded that husbands exhibit signs of higher subjective well-being compared to wives. The findings indicate that spouses’ score significantly vary on ten dimensions (out of the eleven dimensions). Husbands score high on five positive dimension i.e. general well-being positive affect, expectation-achievement congruence, confidence in coping, family group support and social support dimensions of subjective well-being.

However, female spouses show sign of high score on five dimensions i.e. transcendence, inadequate mental mastery, perceived ill health, deficiency in social contacts and general well-being negative affect dimension of subjective well-being. Wives scores high in the negative dimensions of the SWB. It was a sign of poor well-being. Husbands scores high in the positive dimensions of SWB. It was a sign of good subjective well-being. Finally, the findings of this study suggest that subjective well-being of wives was comparatively lower than their husbands.

References

1. Andrade C, Postma K, Abraham K. Influence of women's work status on the well-being of Indian couples. *International Journal of Social Psychiatry*. 1999; 45(1):65-75.
2. Daalen GV, Sanders K, Willemsen TM. Sources of social support as predictors of health, psychological well-being and life satisfaction among Dutch male and female dual-earners. *Journal of Women & Health*. 2005; 41(2):43-62.
3. Diener E, Oishi S, Lucas RE. Personality, Culture, and Subjective Well-Being: Emotional and Cognitive Evaluations of Life. *Annual Review Psychology*. 2003b; 54:403-425.
4. Fujita F. *et al.* Gender differences in negative affect and well-being: The case for emotional intensity. *Journal of Personality and Social Psychology*. 1991; 61:427-434.
5. Grant-Vallone EJ. Consequences of work-family conflict on employee well-being over time. *Work & Stress*. 2001; 15(3):214-226.
6. Inglehart R. Gender, aging, and subjective well-being. *International Journal of Comparative Sociology*. 2002; 43:391-408.
7. Kim MJ, Park SY. Mid-life crisis and its related variables. *Korean Journal of Home Management*. 1989; 7:97-118.
8. Maccoby EE. The two sexes. Growing up apart, coming together. In: Tesch-Römer, C., Motel-Klingebiel, A. & Tomasik, M. J. (2008). *Gender Differences in Subjective Well-Being: Comparing Societies with Respect to Gender Equality*. *Social Indicators Research*. 1998; 85:329-349.
9. Mellner C, Krantz G, Lundberg U. Symptom reporting and self-rated health among women in mid-life: The role of work characteristics and family responsibilities. *International Journal of Behavioral Medicine*. 2006; 13(1):1-7.
10. Nydegger R. Gender and mental health: Incidence and treatment issues. In: Tesch-Romer, C., Motel-Klingebiel, A. & Tomasik, M. J. (2008). *Gender differences in subjective well-being: comparing societies with respect to gender equality*. *Social Indicators Research*. 2004; 85:329-349.
11. Okun MA, George LK. Physician- and self-ratings of health, neuroticism, and subjective well-being among men and women. *Personality and Individual Differences*. 1984; 5:533-539.
12. Russo NF, Green BL. Women and mental health. In: Tesch-Romer, C., Motel-Klingebiel, A. & Tomasik, M. J. (2008). *Gender differences in subjective well-being: comparing societies with respect to gender equality*. *Social Indicators Research*. 1993; 85:329-349.
13. Sell H, Nagpal R. Assessment of Subjective Well-Being, The Subjective well-being inventory. *Regional health paper, SEARO, No. 24*. World Health Organization, New Delhi. 1992.
14. Senik C. *Gender Gaps in Subjective Wellbeing*. A Report prepared by European Commission - Directorate-General for Justice. Luxembourg, Publication Office of the European Union. 2015.
15. Shmotkin D. Subjective well-being as a function of age and gender: A multivariate look for differentiated trends. *Social Indicators Research*. 1990; 23:201-230.
16. Tesch-Romer C, Motel-Klingebiel A, Tomasik MJ. Gender differences in subjective well-being: comparing societies with respect to gender equality. *Social Indicators Research*. 2008; 85:329-349.
17. Zimmerman TS, Haddock SA, Current LR, Ziemba S. Intimate partnership: Foundation to the successful balance of family and work. *American Journal of Family Therapy*. 2003; 31:107-124.