

Marital Adjustment and Mental Health among Bank Employees and Doctors during Middle Age (40-55 Years) in Delhi

Dr. Shikha Goel¹, Dr. Darshan Kaur Narang², Dr. Kavita Koradia³

¹ Bhagini Nivedita College, University of Delhi, New Delhi

² Department of Home Science, University of Rajasthan, Jaipur.

Abstract- The present research was taken up with broad objective to study the marital adjustment and mental health in middle aged couples (40-55 years) from Delhi, India. The sample comprised of 100 working couples (n=200) which are bank employees and doctors, within the age range of 40-55 years from Delhi, India. It was seen that in bank employees, autonomy was positively correlated with family adjustment, positive self evaluation and financial adjustment. In middle aged doctors, autonomy was positively correlated with family adjustment and social adjustment; whereas integration of personality was found correlated with role distribution. On the other side, perception of reality was negatively correlated with recreational adjustment and role distribution. A significant interactive affect of job and age, was found on marital adjustment, mental health of middle aged couples.

Index Terms- India, Marital adjustment, Mental health, Middle age.

I. INTRODUCTION

From birth, human beings go through a series of transitions that have been referred to variously as "stages," "passages," and "seasons." These terms typically define a specific time period with physical, mental, behavioural or other characteristics that are presumed to characterize, that period. "Adulthood" or "Middle age" is one of them. Middle age is generally considered to extend from age forty to age 60 year. It is an especially difficult time in one's life; adjustment to it is greatly dependent on the foundation laid earlier. The period of middle age is typically marked with physical changes; as, well as new responsibilities of caring for younger children and grand children, and also older parents. A central issue in the lives of young adults in the anxiety and anticipation of a "mid-life transition" as they enter middle adulthood. Marriage is one of the most important events of a person's life. Marriage is a social security for all the individuals, i.e. society through marriage system provides security of needs and cares thereby its existence and prosperity is secured. Marriage is for pleasure, happiness and peace of mind on account of satisfaction through interactions with others, trust, understanding and fulfilling social obligations and enriching personality development. A marriage relationship is a delicate, Kaleidoscopic and complex phenomena. It may be very difficult to disentangle anyone particular casual element. Besides Marital Satisfaction or dissatisfaction or "Marital

Adjustment or Maladjustment," "mid-life-crisis" also have some other thoughts to include: Worries about the future, inability to enjoy leisure time, a feeling that health is deteriorating, a negative evaluation of work life, and stress arising from taking care of the elderly.

Rational

Human beings constantly have to adjust to various roles, environmental demands and pressures. Throughout the course of life, human beings strive for well-being and happiness in various spheres of life - personal, social, economic, marital and work. Achievement and success in these spheres lead to satisfaction in life, whereas inadequacy to do the same leads in frustration. In the present modern era, professionals like bank employees and doctors have to spend more time at their work place and are more indulge in activities related to their career and professions. They have less time to fulfil their family responsibilities which may lead to dissatisfaction. Marital maladjustments are the consequences of dissatisfaction, especially in middle aged couples (40-55 years) who are becoming more inclined towards extra-marital relationships and divorce. So, the broad objective of the research was to explore the factors influencing the marital adjustment during middle age as well as the mental health of couples.

Marital Adjustment

Marital adjustment is a life long process; although in the early days of marriage one has to give serious consideration. As Lasswell (1982) points out, "understanding the individual trait of the spouse is an ongoing process in marriage; because even if two people know each other before or at the time of marriage, there is a possibility that people change during the life cycle. Marital adjustment, therefore, calls for maturity that accepts and understands growth and development in the spouse. If this growth is not experienced and realized fully, death in marital relationship is inevitable. Sinha and Mukerjee (1990) defines marital adjustment as, "the state in which there is an over all feeling between husband and wife, of happiness and satisfaction with their marriage and with each other." It, therefore, calls experiencing satisfactory relationship between spouses characterized by mutual concern, care, understanding and acceptance.

Sexual compatibility and mutual enjoyment is an important factor contributing to the success of most marital relationship, Job of spouse, shape families in a variety of ways. Two major aspects of work directly affect family life: (1) the level of

economic rewards associated with work and (2) the conditions associated with performing a job.

Marital Conflicts

No matter how satisfactory and inevitable marriage is, some conflict theorists assert that marital relationships reflect and reinforce gender inequalities (Degler, 1980). Examples that support such an assertion are: (1) until the past few years, a husband could rape his wife and not be charged; (2) in traditional marriage vows the bride is given away to the groom; and (3) the woman has traditionally taken the surname of the husband after marriage. Conflict theory helps to explain the extent of violence in families, where care and cooperation are supposed to exist – something not easily explained by functionalist theory. Good communication skills do not prevent conflict. Actually a conflict, followed by a confrontation, can produce positive results.

Fujihara (1998) did a study on 153 married couples which showed that marital adjustment was significantly correlated with subcategories of social adjustment (1) household adjustment (except the spouse), (2) external family adjustment, (3) work adjustment, (4) social leisure adjustment and (5) general adjustment. Thus, marital adjustment may be a part of social adjustment for women, but the two may be discrete for men. A study, made on 1,609 couples from the Russian Army, found that marital dissatisfaction from husband will cross over to the wife directly, whereas the indirect crossover, when a stressor, such as economic hardship or a negative life event increases the strain of a partner, is mediated the impact of the wife's social undermining behaviour on her husband (Westman, Vinokur, Hamilton & Roziner, 2004).

Eng, Kawachi, Fitzmaurice and Rimm (2005), studied 38,865 men aged (40-75) to examine the affect of change in marital status on health behaviours among men and found Marital termination (Remarriage, widowhood and unmarried) may adversely affect health and dietary behaviours of men.

Vohs, Catanese, and Baumeister (2004) ended that, consistent with the traditional sexual script, research has consistently shown that men have a stronger sexual motivation than do women. Further, Sprecher (2002) found that relationship satisfaction (but not sexual satisfaction) negatively predicted the likelihood of relationship breakup for women but not for men. In contrast, sexual satisfaction (but no relationship satisfaction) negatively predicted the likelihood of relationship dissolution for men but not for women. Thus, perhaps for men decreased sexual satisfaction leads to decreased relationship satisfaction, whereas for women, the reverse is true.

Mental Health

The concept of mental health includes subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential among others. From a cross-cultural perspective it is nearly impossible to define mental health compressively. Mental health is a state of well being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, fruitfully and is able to make a contribution to his/her community (The world health reports 2001). Mental health covers an elusive and

diffuse field and the term in itself encompasses a multiplicity of meaning.

Blanofield (1967) defined mental health as a composite of attitude towards oneself, ability to realize once potential through action, degree of independence from social influence and the ability to perceive realistically the world around. Ferguson (1965) stated that mental health is the ability to cope with one's environment in such a way that one's institutional drives are gratified. They considered that mental illness and mental health, are two opposite ends of the continuum on which any individual can be placed depending on the soundness of his mind. There is a general agreement that two terms mental health and mental illness refer to behaviors which are interpersonal in nature and to mental illness is judged to be dysfunctional according to the norms of an observer.

Matsuoka (1996) conducted a study on 58 middle aged people to determine the degree to which family cohesion accounted for different outcome measures of mental health among native Hawaiian families on an island on the verge of major tourism development. This development will cause economic changes that will pose major challenges for the native agrarian families. A series of interviews of focus groups elicited qualitative information on the relationship between family cohesion and mental health. The findings show a clear relationship between family cohesion and mental health status.

Willitts, Benzeval, and Stansfeld (2004) interviewed 2127 men and 2303 women aged less than 65 to describe the mental health of men and women with differing histories of partnership transitions. They came to the conclusion that partnership protects mental health. The negative outcomes of splitting partnership for health are long lasting in women.

Tiffin, Pearce and Parker (2005) studied 503 subjects from a birth cohort to investigate the affect of socio-economic status throughout the life course on self reported mental health at age 50 years and land up with the conclusion that a downward socio-economic trajectory over the whole life course is associated with poorer self reported mental health in men but not in women.

Research has shown that engaged workers report well mental and psychosomatic health (Demerouti et al., 2001). Furthermore, they exhibit personal initiative, proactive behavior and learning motivation (Sonnetag, 2003; Schaufeli and Salanova, 2007).

On the basis of the previous researches the hypothesis tested in this study is as follow: "Marital Adjustment will be significantly and positively related to Mental Health in middle age couples".

II. OPERATIONAL DEFINITIONS

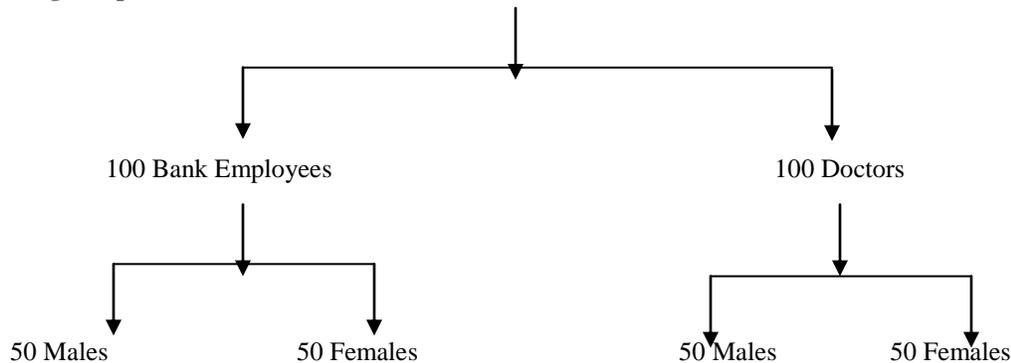
Marital adjustment - Landis (1975) cites the following factors in the beginning and development of any love relationship that leads to marriage (a) physical attraction (b) satisfaction of certain personality needs like: someone to understand; to respect the ideals; to appreciate what one wishes to achieve; to understand the moods; to help one make decisions; to stimulate the ambition; to give self confidence; to look at; to appreciate and admire; to back in difficulties; to relieve the loneliness, (c) sharing together the special interests and cares, (d) same life goals.

On the bases of the above factors the definition of marital adjustment for the present study includes family adjustment, financial adjustment, social adjustment, recreational adjustment, role distribution and sexual adjustment.

Mental health - Mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among other.

Research Design

100 Working Couples (N=200)



The following statistical tests were computed:

- Mean and Standard Deviation were computed.
- Pearson's 'r' was computed.

Criteria for sample selection

- Couples must belong to the upper middle socioeconomic status.
- Both the spouses must be working.
- The age range of the couples should fall between (40-55 years).
- Minimum working hours of men and women should be 6 to 8 hours per day.
- Both the spouses must be either doctors or working with the banks only.

Bank employees and doctors are used to have long working hours in the today's scenario as the private sector jobs have changed the trend from seven to eight hours job. It has been changed to 10 to 12 hour job. It is open for both male and females also. So, they have to make adjustments to their family responsibilities and married life according to their tight schedules. Thus, the Bank employees and Doctors have been chosen for the study.

Tools for Measurement

Two tools were used for the measurement of the Marital adjustment and Mental health. Those are:

- **Marital adjustment Questionnaire**

Marital Adjustment Questionnaire was developed by the researcher (2004) to assess the marital adjustment in the couples during middle age. Pilot study was conducted by researcher on the 10% subjects of total sample (N=20) of the research. Necessary corrections were made to tool after the pilot study. The reliability and validity scores respectively are .96 and .74. Some basic needs of successful marriage during middle age were

III. METHODOLOGY

The sample comprised of 100 working couples (n=200) which are bank employees and doctors, within the age range of 40-55 years, selected through convenient sampling technique. The data were collected from Delhi state, India. Equal number of males and females were taken.

used as points of references for rating. Those are Family adjustment, financial adjustment, Emotional adjustment, Sexual adjustment, Recreational adjustment, Role distribution, Social adjustment. Marital adjustment questionnaire consisted of 42 items with a five point scale. Items of the scale are in statement form seeking information for each in any of the five options, which are "Very Rare", "Rare", "Sometimes", "Often", and "Very often". The weight given is 1,2,3,4 and 5 respectively. The test is having reverse key also. Higher the score higher is the adjustment, lower the score poor will be the adjustment.

Mental health Inventory

Mental Health Inventory is a self-reporting four point scale and developed by Dr. Jagdish and Dr. A.K. Srivastava (1984). Validity and reliability of Mental Health Inventory is .54 and .73 respectively. The six dimensions have been inculcated in the scale are Positive self - evaluation (PSE), Perception of Reality (PR), Integration of Personality (IP), Autonomy (AUTO), Group Oriented Attitudes (GOA), Environmental Mastery (EM). The items of the scale are in statement form seeking information for each in any of the four options, which are Always, Most of Times, Sometimes, and Never. The weight is 4, 3, 2 and 1 respectively. Therefore, the higher the score on the scale, higher the status / level of mental health or vice versa.

IV. RESULTS

Table 1: Inter-correlation (Pearson’s ‘r’) among different dimensions of Marital Adjustment and Mental Health in middle aged bank employees (n=100)

Variables	PSE	PR	IP	AUTO	GOA	EM
FMY	-.143	.078	.122	.207*	.158	.003
FIN	-.233*	.068	-.015	.092	.096	-.084
EMO	-.077	-.014	.136	.129	.110	.077
SEX	-.163	.007	.121	.160	.138	-.078
REC	-.018	.132	.014	.122	-.115	.148
RD	-.171	.078	.056	.117	.116	-.040
SOC	-.098	.058	.193	.113	.193	-.023

(n=100) FMY-family adjustment, FIN- financial adjustment, EMO- emotional adjustment, SEX- sexual adjustment, REC- recreational adjustment, RD- role distribution, SOC- social adjustment, PSE- positive self evaluation, PR- perception of reality, IP- integration of personality, AUTO- autonomy, GOA- group oriented attitude, EM- environmental mastery

* Significant at .05 level.

A glimpse at the table one depicts that family adjustment is positively correlated to the autonomy of middle aged bank employees (r=. 207). Positive self evaluation is negatively correlated with financial adjustment (r=-. 233). Bank employees are having high level of self confidence, self-acceptance, self identity, feeling of self worth, realization of one's potentialities. They trust themselves more than anybody else regarding financial matters. They can be more argumentative and accountable and believe in budget keeping. Autonomy/ independence leads to good family adjustment between the spouses, since they are free of taking decisions, making developments and not interfering in each other's affairs but are supportive of each other. It can be ended that higher level of adjustment within the family members results in good stable set of internal standards for one's action and dependence for own development on own potentialities rather than dependence on other people.

Table 2: Inter-correlation (Pearson’s ‘r’) among different dimensions of Marital Adjustment and Mental Health in middle aged doctors (n=100)

Variables	PSE	PR	IP	AUTO	GOA	EM
FMY	.122	-.050	.110	.203*	.013	-.126
FIN	.099	-.076	-.035	.059	-.018	-.111
EMO	-.063	-.110	.082	.052	-.055	-.054
SEX	.077	-.131	.028	.184	.038	-.052
REC	.065	-	.055	.084	.00	.042

		.215*				
RD	.00	-	.260**	.129	-.031	-.127
		.242*				
SOC	.070	-.102	.092	.236*	.022	-.056

(n=100) FMY-family adjustment, FIN- financial adjustment, EMO- emotional adjustment, SEX- sexual adjustment, REC- recreational adjustment, RD- role distribution, SOC- social adjustment, PSE- positive self evaluation, PR- perception of reality, IP- integration of personality, AUTO- autonomy, GOA- group oriented attitude, EM- environmental mastery

* Significant at .05 level

** Significant at .01 level

Table two clearly shows that autonomy is positively correlated with family adjustment and social adjustment (r=. 203, r = .236) in doctors of middle age. On the other side, perception of reality is negatively correlated with recreational adjustment and role distribution (r=-. 215, r=-. 242) in doctors. Beside this, the integration of personality is positively correlated with role distribution (r=. 260) in middle aged doctors.

Doctors show high level of inner urge to be with their spouse and love to be a part of social gatherings and functions jointly but still they are independent in moving and attending social functions as per their convenience and time availability. This shows that perception of reality is free from need distortion, absence of excessive fantasy and a broad outlook on the world, which affects the sharing of special activities and interests negatively, who are spending less time together, and not much interested in household activities such as rearing up of grandchildren or vice versa. They need to distribute their roles and responsibilities with their spouses and family members to plan and enjoy recreational and leisure time activities together. It will also lead to sound mental health and marital adjustment. Balance of psychic forces in the doctors which also include the ability to understand and to share other's emotions. Since doctors have highly committed jobs with long working hours, so they need to devote time to fulfil their family responsibilities through proper role distribution. The more they share their responsibilities the better family relationship and marital relationship will be developed consequently creating balance at job and home and will be motivated to take part in several activities.

After marriage individuals have to adjust to each other. Adjustment means literally to move towards what is fitting appropriate or necessary for both parties. It is a blending, marking, an accommodating, and a fitting together of two personalities on every level by sharing the deepest emotions and dreams to the practicalities of life, however, is not submission. It means a full willingness to recognize, accept and promote the unique potential of one partner (Reddy, 1986).

Table 3
Analysis of variance of Marital adjustment (N=200)

Source of variance	S.S.	d.f.	M.S.S.	F	Tabulated F	
					5%	1%
Family adjustment						
Effect of treatment	285.987	11	25.999	1.95 ^{NS}	2.00	2.48
Interactive effect of job and age	137.807	2	68.903	5.191 ^{**}	2.99	4.61
Error	3822.560	288	13.273			
Financial adjustment						
Effect of treatment	205.237	11	18.658	1.846 ^{NS}	2.00	2.48
Error	2910.160	288	10.105			
Emotional adjustment						
Effect of treatment	139.317	11	12.665	1.55 ^{NS}	2.00	2.48
Error	2346.080	288				
Sexual Adjustment						
Effect of treatment	147.610	11	13.419	1.54 ^{NS}	2.00	2.48
Error	2507.760	288	8.707			
Recreational adjustment						
Effect of treatment	274.907	11	24.992	2.97 ^{**}	2.00	2.48
Effect of age	40.333	1	40.333	4.801 [*]	3.84	6.63
Interactive effect of job and age	79.707	2	39.853	4.744 ^{**}	2.99	4.61
Error	2419.280	288	8.400			
Role distribution						
Effect of treatment	173.397	11	15.763	1.889 ^{NS}	2.00	2.48
Effect of age	34.003	1	34.003	4.075 [*]	3.84	6.63
Error	2403.040	288	8.344			
Social adjustment						
Effect of treatment	171.627	11	15.602	1.911 ^{NS}	2.00	2.48
Error	2351.040	288	8.163			

NS = Non significant

* Significant (0.05)

** Highly significant (.01)

Table three clearly reveals that interactive effect of job and age, was found highly significant on family adjustment (F=5. 19) (P=<. 01) and recreational adjustment (F=4. 74) (P=<. 01). Recreational adjustment was found significantly affected by age (F=4. 80) (P=<. 05). Other dimensions of marital adjustment, which are financial adjustment, emotional adjustment, sexual adjustment and role distribution, were found non significant, they were not found affected by job and age.

Results are also supported by following studies.

Blood and Wolfe's (1979) studied the social structure of families by power positions of husbands and wives and the division of labour. They viewed the division of labour as separate

from, through not unrelated to, their measure of family power. Their conclusions regarding the power structures are based on the wives reporting of "who usually makes the final decision about" eight areas of family life. The eight decision areas pinpointed were selected to meet the criteria of importance, universality and representativeness of masculine verses feminine sphere. The inclusion of the last criterion reflects a separate but equal ideology that is in itself questionable.

Mani (1984) reported that love and happiness of married life depend on the choice of a right person as marriage partners, a venginous and harmonious sex life and good psychological attitude of partner.

Table 4
Analysis of variance of Mental Health (N=200)

Source of variance	S.S.	d.f.	M.S.S.	F	Tabulated F	
					5%	1%
Positive self evaluation						
Effect of treatment	204.107	11	18.555	2.302 [*]	2.00	2.48
Effect of job	118.167	2	59.083	7.331 ^{**}	2.99	4.61
Error	2321.041	288	8.059			

Perception of reality						
Effect of treatment	79.507	11	7.228	1.617 ^{NS}	2.0	2.48
Error	1287.440	288	4.470			
Integration of Personality						
Effect of treatment	37.907	11	3.446	0.656 ^{NS}	2.00	2.48
Error	1517.680	288	5.270			
Autonomy						
Effect of treatment	94.347	11	8.577	2.837 ^{**}	2.00	2.48
Effect of age	28.213	1	28.213	9.331 ^{**}	3.84	6.63
Interaction of job and age	22.447	2	11.223	3.712 [*]	2.99	4.61
Error	870.800	288	3.024			
Group oriented attitude						
Effect of treatment	215.147	11	19.559	3.181 ^{**}	2.00	2.48
Effect of job	74.107	2	37.053	6.026 ^{**}	2.99	4.61
Interaction of job and age	45.680	2	22.840	3.715 [*]	2.99	4.61
Error	1770.800	288	6.149			
Environmental mastery						
Effect of treatment	16.787	11	14.799	2.237 [*]	2.00	2.48
Effect of job	91.527	2	45.763	6.919 ^{**}	2.99	4.61
Error	1904.880	288	6.614			

NS = Non significant

* Significant (0.05)

** Highly significant (.01)

Table four shows that interactive effect of job and age, was found significant on autonomy ($F=3.712$) ($p<.05$) and group oriented attitude ($F=3.71$) ($P<0.05$). Individual affect of job was found highly significant on positive self evaluation ($F=7.33$) ($P<0.01$), group oriented attitude ($F=6.02$) ($P<0.01$) and environmental mastery ($F=6.91$) ($P<0.01$). Affect of age was found highly significant only on autonomy ($F=9.33$) ($P<0.01$).

Results are also supported by following studies.

Olson (1974) discusses the structural aspect of marital and family theory as involving the dimension of cohesion that they see as representing the emotional bonding that the members of the family group have with one another and the degree of individual autonomy a person experiences in a family system.

Bhatia (1982) considers mental health as the ability to balance feelings, desires, ambitions and ideals in one's daily living. It means the ability to face and accept the realities of life. Keown and Keown (1982) state that the successful women executives have the positive attitude towards themselves, their families and their work environment.

V. DISCUSSION AND CONCLUSION

The study hypothesized that "marital adjustment will be significantly and positively related to mental health in middle age couples and finds partial support for this hypothesis. This can be supported by Powers, Myers and Tingle (2004) studied 83 individuals (42 couples) living in medical marriage. Results revealed that resident spouses scored higher than the general married population on wellness, mattering, and satisfaction with shared marriage values and scored lower on work satisfaction and realistic beliefs. Barling (1986) in a study on "inter role conflict and marital functioning" found that conflict regarding work and family roles was associated with lower levels of marital

adjustment among dual earner couples. In a study concerning medical resident's wives (Alexander, 1985) a primary problem in the marital relationship was the small amount of time the husbands could spend on family activities. Kumar and Rahatogi (1984) identified certain personality correlates of marital adjustment in 300 married couples of Jodhpur city. Because of their scores they were divided in two groups as a criterion of adjustment, which are, the high adjusted (top 25%) and low adjusted (bottom 25%). The comparison of the two groups selected shows the husbands with high adjustment and their wives, were more intelligent with capacity for thinking, understand, organize and show better capacity for taking decisions, and possessed higher interest, were open, approachable, outgoing, and socially mobile as compared to the couples showing low adjustment. For the dominance variables a differential relationship with adjustment in marriage was observed in the two groups.

Neary, Terrence and Joseph (1985) interpreted for good marital adjustment. They stated that age is the significant factor in marital adjustment. Elderly couples are happy and have the good marital adjustment.

Dubey and Kumar (1986) conducted a study which shows that the current miserable condition of the society and its mental health is alarming; tension and stress have become a part of life. The twentieth century was branched as the age of stress and anxiety. Coping mechanisms of family to adjust because of excessive tension and stress in the society. The cause may vary from faulty learning, confliction objective, and unclear philosophy of life, dualism, false ego and fast changing values. Women who are balanced or committed across roles, regardless of the number of roles they occupy, will likely report greater life satisfaction and mental health (Marks & MacDermid ; Perry Jenkins, Repetti & Crouter, 2000).

Byers (2005) found that relationship of satisfaction partly mediates the association between self-disclosure and sexual

satisfaction. The authors interpreted this finding as showing that self-disclosure leads to greater relationship satisfaction, which in turn, leads to higher sexual satisfaction.

The research can be **concluded** that:

- **Not much difference is there in the marital adjustment and mental health of Bank employees and Doctors.** It can be assumed that bank employees and doctors are very ambitious; career oriented and spends more time outside the family. So, they have to make adjustment within the family responsibilities and work roles. This can have an impact on their marital adjustment and mental health. Chiu (1998) investigated 497 professionals. The findings indicated that work and family conflicts as well as inter role conflict affected job satisfaction and marital satisfaction.
- **Females are having better marital adjustment than males.** Even if, working females play dual roles and are over burdened but still they try to make adjustments in family and are satisfied and cool under all circumstances. They participate in family matters, cooperate more and make themselves available when ever required for family matters. They try to seek recreation and satisfaction out of successful management.

It is also supported by the following research studies:

Role balance theory acknowledges that different roles might come into conflict with each other, but women's ability to adjust their entire system of roles to accommodate potential conflicts will likely produce more rewarding results (Marks and MacDermid, 1996).

Prior investigators have reported that women balance multiple roles differently than do men and that woman in the workplace are often mothers who face personal and societal ambivalence about the desire to succeed as both a professional and a parent (Marks, 2001; Martire et al., 2001).

- **In contrast, males are more mentally healthy than females.** A great importance of balance of psychic forces in the males showing sound mental health. Ability to understand and to share other people's emotions, the ability to concentrate at work and interest in several activities in middle aged males results in good adjustment with spouse and with the family members. They always have an inner feeling to spend quality time with their spouse, take care of and satisfy sexual needs of the partner. They have concern and feel responsible for needs of the family members and for smooth functioning of the family, they are able to make equal role distribution among the family members. They try to maintain balance between family and society. During middle age the males have less family responsibilities (as the children are grown up or settled down) and would also desire to spend some time for social work or welfare activities. It leads to their over all life satisfaction.

Hill (2005) conducted a study on 1,314 individuals and found that work to family facilitation was positively related to job satisfaction and life satisfaction, and negatively related to individual stress. Family to work facilitation was positively related to marital satisfaction, family satisfaction and life

satisfaction, and negatively related to organizational commitment. Working fathers reported long work hours (49 hours / week), major involvement in household responsibilities (46 hours / week), and a work culture less supportive of their family life than working mothers reported. However, working fathers reported less individual stress, and greater family satisfaction, and life satisfaction than working mothers.

Practical Implications of the Study

This study has very deep social implications to strength the marital bonds between the working couples. This can help / suggest

1. The middle aged couples to develop patience and tolerance and understanding for each other.
2. The importance of recreation, role distribution for smooth functioning marriage life.
3. Working couples to owe respect and equality rights to each other regarding financial and family matters with special reference to females.
4. The young ambitious working couples with highly demanding jobs in private sector to bring stability in their married life through spending quality time with each other.

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AUTHORS

First Author – Dr. Shikha Goel, M.Sc. , Ph.D.(Human Development), NET, Email: drshikhagoelphd@gmail.com
Second Author – Dr. Darshan Kaur Narang, M.Sc., Ph.D.(Child Development), Associate Professor, Department of Home Science,University of Rajasthan, Jaipur.
Third Author – Dr. Kavita Koradia M.Sc., Ph.D.(Child Development), Associate Professor, Department of Home Science,University of Rajasthan, Jaipur.

Correspondence Author – Dr. Shikha Goel,
drshikhagoelphd@gmail.com, gargshikh@gmail.com, Phone no. 9958249333