

Urban Married Women: Subjective Well Being In Relation To Family Structure

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Abstract : *The family plays an important role in the life and health of any person. In India family structure is changing from the traditional joint household to nuclear families. This study was carried out to assess relationship of family structure and other attributes of social and married life with the subjective feeling of well being among urban married women. 95 women in the age group 20-40 years, residing in Patiala city, were interviewed to assess their subjective feeling of well being using the "Subjective Well Being Inventory" (SUBI). The sample population was divided into two groups using the "Khatris scale for measuring jointness of families" with 47 women belonging to nuclear families and 48 to joint families. Subjective feeling of well being was significantly lower ($p < 0.05$) in women from nuclear families as compared to women from joint families. Further SUBI scores were lower among women from partially nuclear families as compared to women from wholly nuclear families.*

Key Words: *Family structure, joint family, nuclear family, well being*

INTRODUCTION

In India the typical family has been described as a large rural joint family, which still persists and functions as a closely-knit unit. With urbanization and westernization the adoption of nuclear family pattern is gaining ground. As regards the actual incidence of joint and nuclear family types, figures vary considerably because there is no consensus of opinion regarding definition, particularly of jointness.¹

Dube² found that joint family structure seems to breed more hysteria which is attributable to overcrowding, interpersonal maladjustment, lack of freedom and environmental stresses.

In western culture where nuclear family system is prevalent, studies show that mental health of women is especially sensitive to relationship factors in marriage, and dealing with children and parents has been identified as an important source of daily hassles.^{3, 4}

Another facet of change is the invalidation of the old proposition that the chief and central role of any woman is motherhood⁵. The role of a housewife is seen as a relatively unskilled, undemanding, boring and of low status. It is also unstructured and invisible and allows the occupant to brood. There is a growing population of women who work and expect the same satisfaction from their career as men have always expected. However along with offering special rewards, outside employment may also impose special strains as women have an added burden if they wish to function as both human beings and females.⁶

According to Seymour⁷, even the gratification of outside employment is countered in joint families where mothers in law want to dominate their daughters in law. If a husband or parents in law are not supportive of a more independent, educated and employed daughter in law, it may result in marital and/or familial strife.

On the other hand it is also felt that family joint-ness provides a therapeutic milieu for minor emotional disturbances by virtue of its collectiveness, capacity to neutralize burdens and responsibilities and constant group interaction. In nuclear families the stress of parenthood and multitude of family responsibilities are exaggerated in the absence of elders who can guide and take over responsibilities.⁸

The present study is an endeavor to compare the feeling of subjective well being among women in nuclear families and joint families and any relationship with other attributes of social and married life.

METHODOLOGY

Sample size was a total of 95 married women, residing in the city of Patiala (Punjab). 47 women were taken from nuclear families and 48 from joint families. Stratified random sampling was used and the subjects for this field study were picked up according to their occupations as working women from various fields were enrolled. Among housewives, wives of the male colleagues of working women or women living in the neighborhood of working women were included.

Inclusion criteria specified women with age between 20-40 years, at least 2 years duration of marriage, at least middle pass with an urban upbringing. Women with any major medical or gross psychotic illness, substance/drug abuse, widows, divorcees were excluded as were women living separately from their husbands.

TOOLS

Socio demographic profile :

In this, age, education, occupation, place of birth and education, attributes of married life, profile of husband, monthly family income etc were recorded.

Khatri's scale to measure joint-ness of

families in India (KSJF)⁹:

This is an interview schedule which determines the degree of joint-ness of a family along 4 dimensions (i.e. residence, pooling of income and financial help, property and decision making). Scores range from 40 to 400 and cut off between nuclear and joint families is 256.

Subjective Well Being Inventory (SUBI)¹⁰:

It is a self report questionnaire with total scores ranging from 40-120. Scores below the cut off point of 91 indicate lack of feelings of well being.

Data was analyzed using t test, chi square and Pearson's product moment correlation.

RESULTS

The study sample consisted of 95 women with 47 women from nuclear families and 48 women from joint families. The socio-demographic profile of both the groups is outlined in Table 1.

Significantly more women from nuclear families subjectively felt they were not well as compared to women from joint families ($p < 0.05$), (Table 2). In nuclear families SUBI scores were inversely related to the degree of family joint-ness. ($r = -0.318$, $p = 0.029$, $N = 47$). The lowest scores on SUBI among women from nuclear families were notable in subjects whose family joint-ness scores were more than 160 (partially nuclear families). All these subjects scored less than 80 on SUBI. In joint families there was no significant relationship between SUBI scores and degree of joint-ness. ($r = -0.160$, $p = 0.276$, $N = 48$).

The relationship of SUBI scores with various attributes of social and married life:

In both the groups, SUBI scores were more often low in women aged more than 30 years and also in those having an age gap of more than 6 years from their husband though this finding was not significant statistically.

Table I: Sociodemographic profile

Variable	Variants	Women from nuclear families	Women from joint families
Age (in years)	Range	24-27	20-40
	Mean \pm SD	31.44 \pm 3.6	30.85 \pm 4.9
Education	8th to 10+2	11 (23.4 %)	10(20.9 %)
	Graduation	17(36.2 %)	18(37.5 %)
	Post-graduation	13(27.7%)	15(31.2 %)
	Professional	6(12.7 %)	5(10.4 %)
Occupation	Housewives	25(53.2%)	25(52.1 %)
	Officers	9(19%)	9(18.7 %)
	Staff	13(27.6 %)	14(29.1 %)
Religion	Hindu	23(48.9 %)	26(54.1 %)
	Sikh	24(51.1%)	22(45.8 %)

Table II: Score on Subjective Well Being Inventory

Score on SUBI	Women from nuclear families (N=47)		Women from joint families (N=48)		Level of significance
	No	%	No	%	
<90 (Subjectively not well)	18	38.3	9	18.7	p<0.05
>90 (Subjectively well)	29	61.7	39	81.2	

In nuclear families SUBI scores were significantly lower among women educated only up to 10+2 as compared to women with higher education. ($\chi^2= 13.492$, $p< 0.001$). In joint families there was a trend of lower SUBI scores among women who had higher qualification than their spouses. In nuclear families, 80% of the women whose husbands regularly used substance/ alcohol (n=5) scored less than 90 on SUBI, whereas all such women from joint families (n=4) were subjectively well. Number of children did not

have any impact on SUBI scores in nuclear families but in joint families subjective well being was significantly lower among women with 2 or more children. ($\chi^2= 4.621$, $p< 0.05$). All the women who operated an independent kitchen while living in a joint family scored low on SUBI (n=3). In nuclear families lower scores on SUBI were seen among those with a monthly family income less than Rs. 10,000 while in joint families SUBI scores were similar across all income groups.

DISCUSSION

The results of this study indicate significantly better feeling of subjective well being among women from joint families as compared to those from nuclear families. Similar findings were reported by many other authors in various settings.^{8, 11-14} A few studies have reported higher incidence of psychiatric disorders in women from joint families^{15, 16}. In this study women in partially nuclear families had lower SUBI scores but a study of wives of neurotic males found a significant over-representation of sick wives in the wholly nuclear pattern.¹² Age more than 30 years and age gap of more than 6 years from spouse was associated with poor feeling of subjective well being in this study. Other studies have also reported greater psychiatric morbidity with increasing age.^{14, 15, 18} One study found mental health to be better in women below 40 years in joint families and women above 40 years in nuclear families.¹⁷

In this study significantly poor subjective well being was seen in women with low educational status among nuclear families. In joint families SUBI scores were unaffected by educational status. Other studies report higher incidence of psychiatric disorders in less educated women.^{14, 15, 18} The current study found that 80% of women in nuclear families whose husbands were alcohol/substance dependent were subjectively unwell whereas all such women in joint families were subjectively well. Similar distribution was reported in the wives of male neurotics.¹²

In this study subjective well being was significantly less in women from joint families who had 2-4 children. In a British study it was reported that presence of three or more children under fourteen at home greatly increased the risk of depression in the presence of a provoking agent.¹⁹ Among women in joint families SUBI scores were comparable irrespective of monthly family income but in nuclear families subjective well being was

less in women with monthly family income below Rs. 10000. Other studies have also reported high prevalence of psychiatric morbidity in women from lower income groups.^{14, 15, 19}

To conclude subjective well being was significantly lower in women from nuclear families than in women from joint families. Further in nuclear families there was an inverse correlation between well being and degree of family jointness i.e. women from wholly nuclear families reported better subjective well being than women from partially nuclear families. In nuclear families subjective well being was lower in women educated only up to 10+2 and in women whose husbands regularly used substance/alcohol. In joint families subjective well being was lower in women who operated their kitchens independently. Lower subjective well being among women having an age gap of more than 6 years from their spouse and those better educated than their husbands, needs to be further substantiated using larger samples. Although the study identified certain subgroups of urban married women at higher risk of poor well being (e.g. women living in nuclear families) reasons for this increased risk cannot be explained in this study.

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