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PSYCHOLOGICAL WELL-BEING OF WORKING AND NON WORKING WOMEN'S

Shivakumar. B. Sarasambi and Jayakumar Nulkar

Research Scholar, Dept. of Women's Studies, Gulbarga University Gulbarga.

Abstract:

The aim of the present study is to examine the Psychological Well-being of working and non working women's selected from Gulbarga. The Sample consists of 80 (40 each working and non working, Rural and Urban). The sample has administered with Psychological Well-being scale. And the data were subjected the t-test. The results several that there is a significant difference in Psychological well-being of the sample subgroups.

KEYWORDS:

Psychological , Social support , multidimensional , physical pain.

INTRODUCTION

Psychological Well-being:

Psychological well-being or well-being (these two are used interchangeably) consists of factors like self-esteem, positive affect, satisfaction, wellness, efficiency, Social support, somatic symptoms, personal control and the like. The well-being is a constituent of quality of life which is conceptualized as a composite of physical, psychological social well-being of individuals, as perceived by the person and the group. An important aspect is happiness, satisfaction and gratification subjectively experienced which is often called subjective well-being or psychological well-being. Thus well-being is based on subjective experience instead of objective life condition, it has both positive and negative affects and it is global experience (Okum and Stock 1987). Quality of life is multidimensional concept, which includes specific core domains including physical, psychological, social and occupation well-being, physical pain, mobility, sleep appetite and nausea; sexual functions; personal social and sexual relationship; engagement in social and leisure activities; occupation ability and desire to carry out paid employment, ability to cope with household duties. Etc., all constitutes the contributory factors.

Life satisfaction and morale may be thought as components of a larger, more generalized concept of well-being or positive self integrity and co-observances.

The declaration of the international conference on Primary health care of Alam Ata, USSR, 1979, defines, 'Health ' as a state of complete physical, mental and social, mental health as the capacity of an individual to form harmonious adjustment to his social and physical environment.

The semantics of mental health are riddled with nebulosity. Lewis (1951) pointed out that if psychiatrists could agree upon a concept of health there probably would be more consensus or therapeutic effectiveness. In defining normality, most psychiatrists and behavioral scientists, including psychoanalysis have been satisfied with listing certain traits, capacities and which they consider normal.

Well-being is multifactor construct, consisting of a complex interplay of cultural, psychological, physical, social and spiritual factors. Human well-being is therefore a complex product of genetic,

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development, social and environmental influence, wellbeing is a state of mind which can be controlled can be altered in any direction you desire.

Diener (1984) has used terms "Subjective well-being" to describe a person overall happiness. The concept of well-being refers to optional psychological functioning and experience.

Well-ness is the state of optional well-being it's not simply the absence of illness but an improved quality of life, resulting from enhanced physical, social, mental, motional, spiritual and environmental health, wellness is a life long process. It's about maximizing and individuals potent actions that contribute to harmony, balance and satisfaction with one's overall health (MC Kinely 2002).

Ryff (1989) defined psychological well-being as self acceptance, autonomy, environmental mastery, purpose in life, positive relations with others and personal growth. Psychological well-being is general term denoting feelings of high self-esteem, life stratification and lack of negative symptoms.

Psychological well-being is general terms, denoting feelings of high self esteem , life satisfaction and back on negative symptoms (At Water 1994). Well-being or positive health can be defined as "consisting of those physical, mental and social attributes that permit the individual to cope successfully with challenges to health and functioning (stephens and Antonsly, 1993).

Life satisfaction and morale may be thought of as components of a larger, more generalized concept of well-being or positive self and cohesiveness (Bradburn 1969).

Nasit, (1996) research finds indicate that institutionalized aged were interior in psychology well-being a compared to non-institutionalized aged.

METHODOLOGY:

Statement of the problem: Psychological well-Being of working and non working women's.

OBJECTIVES

- 1.To know significant difference in Psychological well-being between working and non working women's
- 2.To know significant difference in Psychological Well-being between Rural and Urban working non working women's

HYPOTHESES

1. There is no significant difference between the working and non working women's in Psychological Well-being.
2. There is no significant difference between the Rural and Urban working and non working women's in Psychological Well-being.

Variables:

Independent variables:

- 1) Working and non working
- 2) Domicile

Dependent variable:

- 1) Psychological Well-being.

SAMPLE:

The sampling procedure used in this study was random sampling. Total sample consists of 80. and 40 patients matched for depravation, gender and domicile.

TOOLS: In the present study the following scale were used:

- 1). Psychological Well-being: (Sudha Bhogale and Jai Prakash. 1995.) The Scale is constructed and standardized by Sudha Bhogale and Jai Prakash (1995) the scale consists of 27 statements. For each statement repose is given in two forms i.e. Yes or No. The scoring is done as per the manual and one who scores higher is said to have higher well-being and vice-versa. The reliability and the validity of scales as

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reported by the author are significant and adequate.
Statistical method:
t-test was applied to examine difference between two sub groups.

RESULT AND DISSCUSSION:

The study showed the following results.

Table-1 Psychological Well-being of working and non working women's sample (N=80)

Groups	Mean	SD
Working	17.92	7.35
Non working	13.66	8.16
t-value	3.90**	

*Significant difference is 0.01 level.

Table No.1 shows Mean, SD and t-value of Psychological Well-being of working and non working women's sample. The mean value of the working women sample is 17.92 and Non working women is 13.66 and SD value of working women is 7.35 and non working women is 8.16 respectively. The t-value of 3.90 is significant difference in Psychological Well-being of working and non working women's. Thus working women had significantly higher well-being than the non working women. It proved that non working women had lower the psychological well-being of working women's.

Table-2 Psychological Well-being of Rural and Urban working women's (N=80).

Domicile	Mean	SD
Rural	14.14	8.72
Urban	17.44	6.60
t-value	3.02**	

*Significant difference is 0.01 level.

Table No.2 shows Mean, SD and t-value of Psychological Well-being of Rural and Urban sample. The mean value of the rural sample is 14.14 and urban is 17.44 and SD value of rural is 8.72 and urban is 6.60 respectively. The t-value of 3.02 is significant difference in Psychological Well-being of rural and urban working women's. Thus urban women had significantly higher well-being than the rural female sample. It proved that rural female had lower the psychological well-being of Urban women.

The Present study showed that rural women had higher Psychological well-being than the female samples and Urban had higher psychological well-being than the rural samples.

CONCLUSION:

- 1)There was significant difference in psychological well-being of working and non working women's.
- 2)There was significant difference in psychological well-being of Rural and Urban of working women's.

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