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## The association between perceived health problems and subjective well-being among dual-earner couples

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#### Abstract

An increasing number of women in labour market, both men and women, are simultaneously managing work and family responsibilities. These multiple responsibilities increase role strain among dual-earner couples. Due to high role strain, dual-earner couples perceived high health problems and low subjective well-being. Subjective well-being and perceived health problems also mutually influenced each other. Thus keeping the above facts in mind the present study was conducted on dual-earner couples of Jaipur city to find out the relationship between subjective well-being and perceived health problems 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. Bivariate analysis and Pearson correlation result shows that Respondents' perceived health problems are negatively correlated with positive dimensions of subjective well-being and positively correlated with negative dimensions of subjective well-being. As perceived health problems increase, the subjective well-being decreases among dual-earner couples. The results clarify that those respondents who perceived lesser health problems, they experienced good subjective well-being and those respondents who perceived high health problems, they experienced poor subjective well-being.

**Keywords:** dual-earner couples, perceived health problems, subjective well-being, role strain

#### 1. Introduction

Today's Indian women have more opportunities to pursue their higher education and more and more women have started taking up the jobs outside their homes. Role of women existing under cultural norms and values is such that working women have to make an adjustment with the family members. So this in turn leads to a number of stress and strain among working women.

With an increase in the number of working women in labour market, the family responsibilities of their husbands also increase. Today's, husbands are also responsible for child care and household management. Due to multiple responsibilities, dual-earner couples experience high role strain. Past studies also indicate that as role strain increases among dual-earner couples, their subjective well-being decreases and they perceived high health problems.

Generally, subjective well-being is the overall field that attempts to understand how people evaluate their own lives and includes variables such as life satisfaction and marital satisfaction, lack of depression and anxiety, and positive moods and emotions (Diener, *et al.*, 1997). Subjective well-being (SWB) refers to how people experience the quality of their lives and includes both emotional reactions and cognitive judgments. Psychologists have defined happiness as a combination of life satisfaction and the relative frequency of positive and negative affect (Diener *et al.*, 1999). A person is said to have high SWB if she or he experiences life satisfaction and frequent joy, and only infrequently experience unpleasant emotions such as sadness and anger. Contrariwise, a person is said to have low SWB if he or she is dissatisfied with life, experiences little joy and affection, and frequently feels negative emotions such as anger or anxiety.

Perceived health problems refers to the perception of a person's health problems in general, either by the person themselves or, in the case of proxy response, by the person responding. Health problems mean a state in which an individual is unable to function normally and without pain. The words 'health' and 'happiness' designate distinct life experiences, whose relationship is neither fixed nor constant. Failure to distinguish happiness from health implies that any disturbance in happiness, however minimal, may come to be perceived as a health problem (Ustun & Jakob, 2005).

There is evidence that health and subjective well-being may mutually influence each other, as good health tends to be associated with greater subjective well-being. Past researches show a substantial positive associations between health and subjective well-being (SWB) so that people

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who rate their general health as "good" or "excellent" tend to experience better SWB compared to those who rate their health as "fair" or "poor". A meta-analysis found that self-ratings of general health were more strongly related to SWB than physician ratings of health (Okun *et al.*, 1984). The relationship between health and SWB may be bidirectional. There is evidence that good subjective well-being contributes to better health (Diener & Chan, 2011). A review of longitudinal studies found (Diener, 2008) that measures of subjective well-being constructs such as positive affect predicted longer-term health status and mortality.

Conversely, a number of studies found that depression predicted poorer longer-term health status and mortality. A number of studies found that positive emotions had a beneficial impact on cardiovascular health and on immune functioning. Changes in mood are also known to be associated with changes in immune and cardiovascular response. There is evidence that interventions that are successful in improving subjective well-being can have beneficial effects on aspects of health. For example, meditation and relaxation training have been found to increase positive affect and to reduce blood pressure (Wikipedia, 2014).

Subjective well-being (SWB), comprises of cognitive-judgmental dimension reflecting life satisfaction and an emotional evaluation is characterized by positive and negative affect, and has been linked to important outcomes. For example, research has demonstrated that happy individuals or who have good SWB tend to have larger social rewards, better work outcomes, greater coping abilities, better immune systems, to be more cooperative, pro-social, charitable and to live longer than individuals who are not happy (Lyubomirsky *et al.* 2005). Because of the positive outcomes associated with SWB it is important to understand the factors that contribute to well-being (Siedlecki *et al.* 2013). Above studies show health and subjective well-being related to each other. This paper indicates that subjective well-being is also related to perceived health problems among dual-earner couples.

### Objectives

To find out the relationship between subjective well-being and perceived health problems among dual earner couples.

## 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. To get the complete representation of the population. 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

**2.3.1** In the study, for assessing the health problems of the dual-earner couples, a questionnaire was prepared by investigator. Health problems questionnaire consisted of 15 items with three response categories i.e. very much/ most of the time, to some extent/ sometime and not so much/ hardly ever and rating scale 3-1 was used.

**2.3.2** 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 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 affects (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 affects 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 affects and one dimension i. e. primary group concern was included in both positive and negative affects. The dimensions are:

**2.3.2.1 General Well-Being-Positive Affect (GWBPA)**- This consists of feelings of wellbeing arising out of an overall perception of life as functioning smoothly and joyfully.

**2.3.2.2 Expectation - Achievement Congruence (EAC)**- This refers to the feelings of well-being generated by achieving what one aspires or expects.

**2.3.2.3 Confidence in Coping (CIC)**- This means the subjective perception of one's coping potential.

**2.3.2.4 Transcendence (T)**- It refers to the feelings of subjective well-being derived from spiritual life and the sharing of values.

**2.3.2.5 Family Group Support (FGS)**- It includes the positive feelings derived from the perception of the larger family as supportive, cohesive and emotionally attached.

**2.3.2.6 Social Support (SS)**- It measures the perception of the social environment as supportive in general, and in times of potential or existing crisis.

**2.3.2.7 Primary Group Concern (PGC)**- It includes the happiness or worry about the relationship with spouse and children.

**2.3.2.8 Inadequate Mental Mastery (IMM)**- This is measured by the extent of feelings of reduced well-being from a sense of insufficient control or inability to deal efficiently with life phenomena that are capable of disturbing the mental equilibrium.

**2.3.2.9 Perceived Ill Health (PIH)**- It measures the worry over or suffering from physical complaints.

**2.3.2.10 Deficiency in Social Contacts (DSC)**- It is assessed by measuring worries over missing a friend or being disliked, or over an inadequate social network.

**2.3.2.11 General Well-Being Negative Affect (GWBNA)**- This refers to the negative feelings and depressed outlook on life.

SWBI consists of 40 items, 19 of these elicit positive affect i.e. whether one feels happy or good or satisfied about particular life concerns. The remaining 21 items elicit negative affect, i.e. unhappiness or worry or regret about a particular life concern. All the 40 items permit three response categories, very positive, positive and neutral (or negative) affirmation for the positive items and very negative, negative and neutral (or positive) assertion for the negative items.

## 2.4 Research Design

This descriptive research encompasses a cross-sectional study with survey method was used. Survey method was organized attempt to analyze, interpret and report the present status of a social institution, group or area.

## 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 analyzed using SPSS 16.0 statistical tools. To analyze the relationship between perceived health problems and subjective well-being among dual-earner couples, Bivariate analysis and Pearson correlation coefficient test was used.

## 3. Results & discussion

The relationship between perceived health problems and subjective well-being among dual-earner couples were analyzed. The results in this respect are presented in following tables. The table- 1 depicts that a significant negative correlation exists between wives' thumping heart problem and two dimensions of subjective well-being (SWB) i.e. general well-being positive affect and primary group concern. It was significant at 0.01 level. Wives' general well-being positive affect was also found to be negatively correlated with their tension problem, which was significant at 0.05 level. This indicates that those female respondents who perceived high

thumping heart problem, they experienced low subjective well-being in the dimensions of general well-being positive affect and primary group concern. Similarly those female respondents who perceived high tension, they had low status of general well-being positive affect.

A significant negative relationship was found between females' expectation-achievement congruence (dimension of SWB) and their three perceived health problems i. e. upset, headache and tiredness. It was significant at 0.05 and 0.01 level. This clarifies that those female respondents who perceived high health problems i.e. upset, headache and tiredness, they experienced low expectation-achievement congruence because whenever an individual feel unhealthy then he/she could not achieve up to their expectation and their expectation-achievement congruence decreases.

A significant negative correlation was also observed between dimensions of subjective well-being i.e. confidence in coping and social support and six perceived health problems i.e. upset, sad, irritation, tension, headache and tiredness among female respondents. It was significant at 0.05 and 0.01 level. Females' social support was also found to be negatively correlated with two health problems i. e. palpitation and thumping heart, which was significant at 0.05 level. This indicates that the female respondents who have confidence in coping, they perceived lower health problems i.e. upset, sad, irritation, tension, headache and tiredness. The females who receive more social support from friends and relatives perceived low health problems. This could be due to the fact that women have multiple responsibilities from work and family. High demands from work and family tend to increase the risk of illness. Due to heavy workload, women tend to experience many health problems. However, the presence of friends or relatives may reduce these health problems among women. When an individual talk to others in difficult situations, receive help from others and get the solution of the problems then they feel relaxed and their perceived health problems decreases. Social support has a physical benefit as well. Social support from spouse, friends, family members and relatives may be beneficial for coping with work and family related problems and may increase confidence level. High confident people are able to cope themselves in difficult situations and thus the perceived health problems decreases.

Wives' family group support dimension (dimension of SWB) was also found to be negatively correlated with two health problems i. e. losing temper and giddiness. It was significant at 0.01 level. Negative correlation shows that as family group support increases the perceived health problems (losing temper and giddiness) decreases among female spouses. This indicates that those female respondents who receive more support from their family members like- husbands, children etc. they perceived low health problems i.e. losing temper and giddiness. This could be due to the fact women's in dual earner families are responsible of most housework. Due to heavy workload they perceived higher level of health problems but sharing the housework with her husbands or other family members (family support) may decrease these health problems. Emotional support from family members in difficult situations may be protective for health.

A significant negative correlation was observed between husbands' general well-being positive affect and two perceived health problems i. e. losing temper and palpitation. It was significant at 0.01 and 0.05 level respectively. This indicates that those male respondents who perceived high health problems i. e. losing temper and palpitation, they had low status of general well-being positive affect. It can be said

**Table 1: Pearson correlation value (Bivariate Analysis) depicting relationship between positive dimensions in Subjective Well-Being (SWB) and perceived Health Problems based on gender**

N= 400 (200+200)

S. No.	Perceived Health Problems	Positive Dimensions in Subjective well-being													
		GWBPA		EAC		CIC		T		FGS		SS		PGC	
		Wife (Female)	Husband (Male)	Wife (Female)	Husband (Male)	Wife (Female)	Husband (Male)	Wife (Female)	Husband (Male)	Wife (Female)	Husband (Male)	Wife (Female)	Husband (Male)	Wife (Female)	Husband (Male)
1.	Upset	-0.129	-0.082	-0.192**	-0.130	-0.167*	-0.031	-0.130	-0.030	-0.103	-0.007	-0.236**	-0.095	-0.119	-0.042
2.	Sad	0.036	-0.035	-0.132	-0.031	-0.141*	-0.071	0.077	0.003	-0.033	-0.088	-0.191**	-0.062	0.036	0.093
3.	Irritation	-0.120	0.026	-0.114	-0.127	-0.179*	-0.025	0.069	0.012	-0.100	-0.057	-0.313**	-0.179*	-0.118	-0.027
4.	Anxiety	0.001	0.024	0.001	0.060	-0.062	0.020	-0.022	0.046	-0.037	-0.171*	-0.031	0.011	-0.004	-0.072
5.	Losing Temper	-0.006	-0.208**	-0.118	-0.104	-0.117	-0.007	-0.113	-0.093	-0.439**	-0.210**	-0.066	0.048	-0.012	-0.028
6.	High B. P.	-0.121	0.082	0.084	-0.022	0.031	-0.024	-0.004	0.051	-0.066	-0.032	-0.026	-0.021	-0.121	0.017
7.	Tension	-0.142*	-0.013	-0.136	-0.054	-0.196**	0.055	0.055	-0.083	-0.136	0.100	-0.328**	0.021	-0.135	0.082
8.	Headache	0.018	-0.035	-0.144*	-0.036	-0.141*	-0.055	0.063	0.034	-0.062	-0.022	-0.169*	-0.055	0.005	0.048
9.	Body Pain	-0.103	-0.043	-0.044	-0.044	-0.072	-0.070	0.089	-0.044	-0.043	-0.023	0.046	0.001	-0.101	-0.032
10.	Palpitation	-0.065	-0.148*	0.008	0.011	-0.033	-0.016	0.062	-0.012	-0.055	-0.179*	-0.175*	-0.092	-0.111	0.061
11.	Giddiness	-0.029	0.003	-0.060	-0.088	-0.045	0.005	-0.021	-0.110	-0.697**	-0.030	-0.014	-0.066	-0.107	-0.002
12.	Tired	0.095	0.084	-0.159*	0.085	-0.166*	-0.066	0.005	-0.102	-0.037	-0.152*	-0.157*	-0.057	0.079	0.056
13.	Disturbed Sleep	-0.029	-0.048	0.06	-0.069	0.087	0.057	0.006	0.064	-0.126	0.002	-0.052	-0.013	-0.073	0.08
14.	Depression	0.002	-0.046	0.015	0.074	-0.038	0.075	0.009	0.06	-0.011	-0.030	-0.001	0.092	-0.007	0.067
15.	Thumping Heart	-0.217**	-0.014	-0.056	0.060	-0.059	-0.077	0.022	-0.002	-0.055	-0.034	-0.146*	0.018	-0.200**	-0.013

\*Correlation is significant at 0.05 level, \*\*Correlation is significant at 0.01 level (GWBPA-General well-being - positive affect, EAC-Expectation-achievement congruence, CIC- Confidence in coping, T-transcendence, FGS- Family group support, SS- Social support, PGC- Primary Group Concern)

that those males who perceived high health problems, they experienced low subjective well-being.

A significant negative correlation was observed between husbands' general well-being positive affect and two perceived health problems i. e. losing temper and palpitation. It was significant at 0.01 and 0.05 level respectively. This indicates that those male respondents who perceived high health problems i. e. losing temper and palpitation, they had low status of general well-being positive affect. It can be said that those males who perceived high health problems, they experienced low subjective well-being.

Husbands' family group support dimension (dimension of SWB) was also found to be negatively correlated with four health problems i. e. anxiety, losing temper, palpitation and tiredness. It was significant at 0.05 and 0.01 level. This clarifies that those husbands who received more support from their family members, they perceived low health problems i. e. anxiety, losing temper, palpitation and tiredness and they have good well-being. Men receive more social support from their spouse than women (Daalen *et al.*, 2005). High support from family members can decrease perceived health problems.

A significant negative relationship was found between husbands' social support and irritation problem, which was significant at 0.05 level. This shows that the male respondents who received more social support from their friends and relatives, perceived low irritation problems. The people, who have strong and large social network, they perceived low health problems because friends, relatives and co-workers can provide support in crisis and difficult situation, give supportive suggestions and emotional support and provide financial and material support. Social support protects an individual from deleterious effects.

Finally, it can be said that as perceived health problems decrease, the positive dimensions of subjective well-being increase among both the groups. Boehm *et al.* (2011) concluded that higher levels of well-being were consistently associated with reduced risk of CHD (coronary heart disease). Research conducted at Brigham Young University and the University of North Carolina showed that people who did not

have strong social support were 50% more likely to die from illness than those who had such support (Blue, 2010).

Pearson correlation results of negative dimensions in Subjective Well-Being and perceived Health Problems among female and male spouses is presented in table- 2. The result shows that a significant positive correlation exists between females' inadequate mental mastery (Negative dimension of SWB) and all perceived health problems except depression problem. It was significant at 0.05 and 0.01 level. Positive correlation shows that as inadequate mental mastery increases the perceived health problems also increases among female spouses. Inadequate mental mastery means insufficient control or inability to deal with situations and lack of self confidence. This indicates that those female respondents, who have inability to deal with difficult situations and lack of self confidence, could not cope with difficult/ stressful situations and perceived higher level of health problems. The female spouses who have inadequate mental mastery they perceived higher level of health problems and poor subjective well being.

Wives' perceived ill-health (Negative dimension of SWB) was also found to be positively correlated with almost all health problems except anxiety and depression. It was significant at 0.01 level. Positive correlation shows that as perceived health problems increase the negative dimension of subjective well-being i.e. perceived ill-health also increases among wives. Perceived ill-health means happiness or worries over health and physical fitness. This indicates that those female respondents who perceived higher level of health problems, they were less satisfied and unhappy with their life and experienced poor subjective well-being.

Females' deficiency in social contacts (Negative dimension of SWB) was also found to be positively correlated with perceived health problems i.e. upset, sad, irritation, losing temper, high blood pressure, tension, headache, palpitation, giddiness, tiredness, and thumping heart. It was significant at 0.01 level. Positive correlation shows that as deficiency in social contacts increases the perceived health problems i.e. upset, sad, irritation, losing temper, high blood pressure, tension, headache, palpitation, giddiness, tiredness and thumping heart also increase among females.

**Table-2: Pearson correlation value (Bivariate Analysis) depicting relationship between negative dimensions in Subjective Well-Being and perceived Health Problems based on gender**

N= 400 (200+200)

S. No.	Perceived Health Problems	Negative Dimensions in Subjective well-being							
		IMM		PIH		DSC		GWBNA	
		Wife (Female)	Husband (Male)	Wife (Female)	Husband (Male)	Wife (Female)	Husband (Male)	Wife (Female)	Husband (Male)
1.	Upset	0.609**	0.284**	0.352**	0.072	0.519**	-0.025	0.038	-0.069
2.	Sad	0.633**	0.036	0.647**	0.036	0.271**	-0.095	0.207**	0.054
3.	Irritation	0.727**	0.011	0.607**	-0.049	0.287**	-0.089	0.036	-0.017
4.	Anxiety	0.146*	0.372**	0.009	-0.065	-0.106	0.024	-0.060	0.004
5.	Losing Temper	0.419**	0.581**	0.293**	.210**	0.197**	0.038	0.027	-0.068
6.	High B. P.	0.286**	0.07	0.388**	0.073	0.212**	0.016	0.103	0.085
7.	Tension	0.739**	0.048	0.628**	0.031	0.287**	-0.039	0.048	-0.06
8.	Headache	0.590**	-0.134	0.619**	0.046	0.312**	0.036	0.175*	-0.077
9.	Body Pain	0.243**	-0.055	0.562**	-0.088	0.050	-0.026	0.044	-0.038
10.	Palpitation	0.342**	-0.008	0.428**	-0.060	0.837**	0.071	0.025	-0.023
11.	Giddiness	0.228**	0.055	0.436**	0.109	0.406**	0.133	0.065	0.108
12.	Tired	0.566**	0.035	0.633**	0.037	0.220**	0.146*	0.163*	-0.028
13.	Disturbed Sleep	0.214**	0.227**	0.346**	0.434**	0.079	-0.056	-0.038	-0.08
14.	Depression	0.088	0.285**	-0.008	0.392**	-0.138	-0.028	-0.053	-0.111
15.	Thumping Heart	0.358**	-0.020	0.359**	-0.072	0.853**	0.119	-0.034	0.007

\*Correlation is significant at 0.05 level, \*\*Correlation is significant at 0.01 level (IMM- Inadequate mental mastery, PIH- Perceived ill health, DSC- Deficiency in social contacts and GWBNA- General well-being negative affect)

In the other words it can be said that the female respondents who had deficiency in social contacts and lack of close friend,

they perceived higher level of health problems The reason is that due to low social contacts they cannot discuss their

problems with others leading to lack of advises regarding solutions to problems and help in crises. In these circumstances an individual feel lonely and their mental pressure may increases and confidence level decreases and an individual perceives higher level of health problems. Having few friends, relatives and a general lack of social support is associated with poor health.

A significant positive relationship also exists between wives' general well-being negative affect and their three perceived health problems i. e. sad, headache and tiredness. It was significant at 0.05 and 0.01 level. This shows that those wives' who perceived sad, headache and tiredness problems they also experienced the higher level of negative affect indicating a poor subjective well-being.

Asignificant positive relationship was found between inadequate mental mastery and perceived health problems i. e. upset, anxiety, losing temper, disturbed sleep and depression among male spouses. It was significant at 0.01 level. One of the possible explanations could be that the male respondents who perceived higher level of health problems i. e. upset, anxiety, losing temper, disturbed sleep and depression means they experienced higher level of inadequate mental mastery indicating poor mental health and poor subjective well-being. This could be due to certain stressful aspects of everyday life that is capable of disturbing the mental equilibrium. In these circumstances an individual experienced inability to deal with difficult situations and experienced lack of confidence and increase in inadequate mental mastery. As inadequate mental mastery increases the perceived health problems also increases.

Husbands' perceived ill-health (Negative dimension of SWB) was also found to be positively correlated with three health problems i. e. losing temper, disturbed sleep and depression. It was significant at 0.01 level. This indicates that as losing temper, disturbed sleep and depression problems increase the perceived ill-health (Negative dimension of SWB) also increases among males. Perceived ill-health (Negative dimension of SWB) means happiness or worries over health and physical fitness.

A significant positive correlation also exists between males' tiredness problem and deficiency in social contact (Negative dimension of SWB). It was significant at 0.05 level. This indicates that as the deficiency in social contacts increases the tiredness problem also increases among male respondents. Social support is the perception of having friends or family who serve as confidants and companions, offer advice and information, show emotional concern, or provide financial or material support but low social support or deficiency in social contacts increase health problems because due to deficiency in social contacts an individual will not receive help from others. Worries over missing a friend or being disliked, or over an inadequate social network has strong implications for the health of an individual. Wilkinson and Marmot (2003) stated that social isolation and exclusion are associated with increased rates of premature death and poorer chances of survival after a heart attack. People who get less social and emotional support from others are more likely to experience less well-being, more depression, a greater risk of pregnancy complications and higher level of disability from chronic health problems. In addition, bad close relationships can lead to poor mental and physical health.

Finally, it can be said that as perceived health problems increase the negative dimensions of subjective well-being also increase and overall subjective well-being decreases among both the groups.

The findings of table- 3 indicate correlation value was -0.656 and -0.313 between overall subjective well-being and overall perceived health problems in wives and husbands respectively, which was significant at 0.01 level.

**Table 3:** Pearson correlation value (Bivariate Analysis) depicting relationship between overall Subjective Well-being and overall perceived Health Problems based on gender

N= 400 (200+200)

S. No.	Gender & Overall Subjective Well-Being	Overall perceived Health Problems	Level of significance
1.	Wives (Females)	-0.656	0.01
2.	Husbands (Males)	-0.313	0.01

It can be inferred from the result that there was a negative correlation between overall subjective well-being and overall perceived health problems among both the groups. This indicates that as perceived health problems decreases the subjective well-being increases among both spouses. These findings clarifies that those respondents who perceived lesser health problems, they experienced good well-being.

**4. Conclusion**

It can be concluded that perceived health problems and subjective well-being is related to each other. Respondents' perceived health problems are negatively correlated with positive dimensions of subjective well-being i.e. general well-being positive affect, expectation –achievement congruence, confidence in coping, family group support and social support and positively correlated with negative dimensions of subjective well-being i.e. inadequate mental mastery, perceived ill-health, deficiency in social contacts and general well-being negative affect. Negative correlation indicates that as perceived health problems increases the positive dimensions of subjective wellbeing decrease among dual-earner couples. Positive correlation indicates that as perceived health problems increases the negative dimensions of subjective well-being also increases among both the groups (dual-earner couples). This clarifies that as perceived health problems increases due to multiple roles as occupational roles as well as family roles, subjective well-being decreases among dual-earner couples. It can be also concluded that in dual-earner families, wives perceived more health problems and poor well-being as compared to their counterparts (husbands).

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