Chapter-I
Introduction
INTRODUCTION

"The Quality of Life (QOL), we enjoy is inherited from our predecessors, is a legacy for our descendents and is our responsibility to protect".

The quality of life of a population is an important concern in social, economical and political science. In twentieth century, there is an upsurge in the interest pursuing researches on this fashionable concept – the Quality of life. An individual who experiences satisfaction in interpersonal relationship with family members is likely to be happy and enjoy a better quality of life. Our quality of life, internal sense of harmony, happiness and well-being are very much dependent upon how we cope with the frustrations, conflicts, stresses and anxieties. It denotes a wide range of capabilities, limitations and psycho social characteristics that describes an individual’s ability to function and derive satisfaction from a variety of roles (Wenger, Mallston, Furberg & Elinson, 1984).

Presently there is no single agreed definition of Quality of life since the concept of QOL research is relatively new. Most of the fields use it in a broad framework, and it is treated as an all inclusive notion of life and living (Szalai, 1980). This concept has been
viewed differently by philosophers, sociologists, medical professionals and behavioural scientists.

From the philosophical point of view: One of the basic concepts of life is survival and phenomenon that enhance or reduce survival are fundamentally the quality of life issues:

Social sciences approach Quality of life by determining human needs and demands. In sociology, it is defined in terms of non-material values such as social networks or relations to society and nature. Within this framework both the objective conditions and subjective perceptions about the conditions are important.

Medical Sciences traditionally have been involved in the diagnosis and treatment of disease and the fundamental goal has been the maintenance of physiological life. It was the development of the personality to sustain life in life threatening conditions such as cancer, that stimulated research into the quality of survival and introduced the concept of quality of life in medical world.

Within behavioral science quality of life (QOL) has been used as a description of objectives of life. Good mental health has been defined as having a positive self concept, being active and capable of
developing one's own skills, being an integrated person and also to make important decisions and take action without isolation, having a good sense of reality and empathetic skills and finally create deep and lasting human relations. World health Organization (WHO) considers QOL as the individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept incorporating in a complex way an individuals' physical health, psychological state, level of independence, social relationship, personal beliefs and one's relationship to salient features of environment in a complex way. This definition highlights QOL as a subjective self report from the individual which is not based on reports of judgments from others rather it is associated with positive aspects like feeling happy, energetic as well as negative aspects, as sadness and fatigue.

Campbell, (1970) considered Quality of life as a composite measure of physical, mental and social well being, happiness and satisfaction involving many life situations such as health, marriage, family, work, financial situation, education opportunities, creativity,
belongingness and trust in others. Similarly Cutter (1986) stated that quality of life is an individuals’ happiness or satisfaction with life and environment including needs, desires, aspirations, life styles preferences and other tangible and intangible factors which determine overall well being. Subjective quality of life is about feeling ‘good and being satisfied with things in general. Objective quality of life is about fulfilling societal and cultural demands for material wealth, social status and physical well being.

A conventional view is that there is a direct person relationships between quality of life and quality of the person. A higher QOL improves quality of human in mutually self-reinforcing manner. Deterioration in QOL inevitably leads to deterioration of quality of person which may in turn affect his/her level of adjustment with the environment.

Quality of life may be expressed as the degree to which a person enjoys the important possibilities of his/her life. Enjoyment has two components: the experience of satisfaction and the possession or achievement of some characteristics or illustrated by the expression, “She enjoys good health”. Possibilities result from
Fig. 1.1: Quality of Life: A System Model

Input → Perceptions/Opinions → Output

- Family and Friends
- Work
- Neighbourhood/Shelter
- Community
- Health
- Education
- Spiritual

Feedback

Input:
- Culture
- Demographic Characteristics
- Socio-Economic Status

Quality of Life/Sense of Well-being
the opportunities and limitations each person has in his/her life and reflect the interaction of personal and environmental factors. Three major life domains have been identified: Being, Belongingness and Becoming. Each domain contribute to one’s overall assessment of quality of life. Further a system model of quality of life (Fig. 1.1) elaborates the inputs, moderating through the perceptions and opinions which determine the quality of life and feeds back the demographic characteristics.

As a social being playing multiple role would have an impact on quality of life. Everyone irrespective of gender, age, education, occupational status makes continuous efforts to live happily in life and to deal with good quality of life. The sex roles and gender roles have an important influence on the quality of life. Sex roles refers to the behaviors and patterns of activities men and women may engage in that are directly related to their biological differences and the process of reproduction. Gender roles refers to the degree to which a person adopts the gender specific behaviors ascribed by his or her culture. Certain life events such as changes in marital status, employment and economic status are more likely to occur. Further,
the greater losses due to death, illness and moves of families & friends that may affect quality of life among men and women differently. Work itself, above and beyond the gender tendencies contributes to symptoms of stress and poor quality of life (Sekran, 1983). Gender differences have been found in health, psychological well being and quality of life.

Many factors play a dominant role in exploring gender differences in health and quality of life. One of them may be multiplicity of social roles. Each status in society is accompanied by a number of norms which define how an individual occupying a particular status is expected to act. This group of norms is known as social role and sometimes called role (Coulson, 1972). Playing or performing roles involves social relationships in the sense than an individual plays a role in relation to other roles. Thus, the role of husband in relation to the role of wife, the role of father in relation to the role of children, the role of doctor in relation to role of patient are played.

Any role is necessarily a part of a system of interdependent roles, can be modified by changes in other parts of the system. A
Fig. 1.2.: Representation of father's and mother's role in relation to other roles
mother’s and father’s role changes as their son becomes an adolescent (Fig. 1.2).

Irrespective of the profession, women have to play more than one role. Indian society over the centuries has been “unfair” to the fair sex. Women occupied an inferior position in the past Indian society. Women remain neglected and confined behind the four walls from 200 B.C. upto the British period. They remained simply as housewives who had to perform their traditional roles and responsibilities. They were neither allowed nor supposed to take part in activities outside the home in legal, sexual, social, occupational and cultural realms. Whereas, men occupied a superior position in the society. The men began to be considered higher than women both in social status and intelligence. From time immemorial, the role of man has always been regarded as that of a “Provider” and the women as “caretaker” in the social unit of home. Females were taught to regard marriage as the only thing needful. Ascribed roles were assigned by birth to the person without reference to innate differences or abilities. For example, socio-emotional roles were assigned to the women and task roles were assigned to men.
Lately, the process of urbanization and secularization have speeded up the modernization process and has brought about politico-economic, socio-psychological and cultural changes in life patterns and attitudes of people in our country. The economic pressures of inflation, influence of the women’s movement and the psychological need to develop one’s self identity are encouraging the women to take achieved roles outside the home to pursue full time careers. Achieved roles are assigned through competition and individual efforts e.g. occupational role behaviors such as teacher.

The past two decades have witnessed massive influx of women into the work force. By coming out of their homes in gainful employment, women have broken the traditional notion that working outside is derogatory to them or that only under gross economic necessity they can work outside homes.

Now it is common to see women asserting their presence in all spheres education, administration, business, medicines, politics etc. Besides moving up in the occupational hierarchy and assuming jobs with higher status, increasing number of women are entering non-traditional jobs.
Now, typical gender role of men and women has undergone a big change. Issues relating to the father’s role in the family are of growing general concern and reflect current re-examination of the male role, catalyzed in large part by the women’s movement and by the increased participation in the labour force of married women and mothers. Many fathers want to participate more directly in family work, that is, child care and home chores, and in many families their increased involvement is required.

Employed women have less time to do family work, so their husbands take up the slack and do more housework and child care. The women find family work as most enjoyable and fulfilling. Cooking and child care, are the activities men often are most willing to share; this makes men’s contribution a mixed blessing for their wives (Berheide, 1984; Lein, 1984). In few countries like Canada, men may help out with cooking and childcare, but they do not take on responsibility for the full range of activities necessary to feed a family or care for children. Fathers have even been entitled for availing maternity leave at the time of the birth of a child.
Men's and women's increased participation in family-work typically reflects a transfer of role from wife to husband and husband to wife (Pleck, 1980); thus father's and mother's concerns and reactions will differ. There is a conflicting evidence about whether wives of highly participant husbands benefit with respect to psychological well being. The more a father independently performed child-care tasks, the lower the role-pattern satisfaction of his wife (Baruch and Barnett, 1981). Whereas, Yogev and Brett (1985) showed, that employed women were higher in marital satisfaction when they felt their husbands were doing their fair share of family work.

This part of information leaves the impression that women have finally liberate from the shackles of patriarchal norms. But achievement status equality between men and women in family is still in transitional stages. During this transition, while women more observed experience of more stressors related to the demand and problems at home, men may be more vulnerable to psychological impact of family stressors as they adjust to their changing social familial roles.
For most part, the nature of women’s involvement in family work is different from men’s. The family work most women do is unrelenting, repetitive and routine – Cleaning, cooking, shopping, childcare, laundry and straightening up. These household tasks generally must be repeated the next day or sooner. The family work most men do is infrequent, irregular and non-routine–household repairs, taking out the trash, mowing the lawn, yard work, and gardening. These tasks must be accomplished only rarely. Women do three times as many domestic tasks as men. That women do several tasks at once may explain why they find domestic work less relaxing and more stressful than men do. More than men women see family work as “work” rather than as leisure. (Shaw, 1985).

Consequently, due to the change in typical gender role of male and female, there may be a situation of juggling multiple roles. Of great interest is the question, who then leads a better quality of life – men or women.

The profound social changes, which have been witnessed in recent years have affected women much more than men. As the women increasingly gain occupational mobility, they not only may
be exposed to same physical hazards of work environment as men but are also expected to the pressures created by multiple role demands and conflicting expectations. For example the burdens of housework and child care continue to fall more heavily on women than on men regardless of employed status (Hedges and Barnett, 1972). Women who simultaneously hold spouse, parent and employed workers roles are more anxious, depressed and distressed in general than men. Married women are at greater risk of disturbance than married men, while unmarried men are at greater risk than unmarried women.

The prevalence of role related stresses and subsequent psychological outcomes are associated with the context in which the roles are performed that is, they vary according to marital status, job status and presence of children. In Indian society, rearing children is primarily the responsibility of the mother, particularly when children are young, children do have more effect on the mental health of mothers than fathers.

Psychiatric symptoms increased monotonically with an increase in number of children among employed women but not
among employed men or unemployed women. Women who worked outside the home with three or more children were more likely to develop coronary heart disease (CHD) than working women who had no children. Women report more marital problems than men and women tend to be less happy with their marriage. Women are also less likely than men to get satisfaction out of being a parent and they indicate that they have more problems in dealing with their children and that they more frequently feel inadequate as a parent. Few empirical findings suggested that the marital role is central to men's mental and physical health.

Johnson (1978), concluded that marriage and parenthood can have positive effects on the self-esteem and job motivation of young males. The presence of children have also been found to be related to higher job involvement and organizational identification. In a survey, childless couples were perceived as having neither the most satisfying lives nor the most satisfying marriages. And single women are considerably happier than single men and their mental health appears to be less impaired due to their single status. In addition, men are found to be more vulnerable to work stress, whereas women
tend to more susceptible to family stress. By fulfilling their economic needs, employment has no doubt made women independent with an identifiable social status but it has also made them to juggle in two main domains of life work and family. They have stepped into the work force but the role responsibilities of women still remain the same i.e. women may be a top executives, still the nurturing or “care giving” roles are considered much a part of feminine roles. Being subjected to the dual demands of home and work, working women are liable to face a crisis of adjustment. This duplicity of responsibility affects and women’s lives. The impact of the managing work and family roles simultaneously, affects the quality of life both positively and negatively. The underlying assumption is that the roles of wife and mother are “natural” roles and are therefore performed without undue stress. In contrast, role of employee is seen as “unnatural” and therefore considered highly demanding. Playing superwomen isn’t easy. Due to the juggling multiple social roles, young women now coping with stress and thyroid problems. In 2006, endocrinologists, attribute this to “superwomen syndrome” and “triple task syndrome” –caused by
modern juggling multiple roles of career, motherhood and homemaker. These beliefs foster concern about whether women can handle the demands of multiple roles without serious psychological consequences.

Although women may profit from enacting multiple roles in terms of increased privileges and resources in their social environment or in establishing social and economic status and security but at the same time the advancement of science and technology, contradictions between modernity and traditions, multiplicity of roles have created mental health disorders i.e. depression, anxiety, anger, hostility and role stress etc. which are reflected in so many ways in the life of working women. These researches have been centered around two competing theoretical framework - One refers to the role enhancement theory and other refers to the role strain theory.

Role theory is the descriptive analysis of the forms, content and functions of roles in society. It focuses on both the fulfillment of others expectations by appropriate role playing and on the conflicts and disruptions which may occur when roles are played non-ideally,
simultaneously or not at all. It also assumes that people behave according to the roles assigned to them, fulfilling the normative demands associated with their position in the social hierarchies.

Role theory predicts that role juggling can lead to stressors and, in turn to, symptoms of strain and again have an impact on quality of life. Social support research and theory suggest that multiple roles and in particular family roles, serve to reduce strain.

A key assumption underlies current theories of social roles that multiple relationships with diverse role partners are a source of psychological stress and social instability. Problems can accumulate across roles, but so can rewards; participation in multiple roles may cancel some of the negative effects generated by a particular role. Had it not been so, we would not have witnessed women as the greatest addition in the workforce. Positive outcomes of role accumulation may be classified into: role privileges, overall status security, resources for status enhancement and role performance, enrichment of personality or ego-gratification.

Traditional Role theories suggest that the completing demands of different social tasks produce role strain or conflict (Goode,
1960). These theories imply that people have limited energy and resources and may behave overburdened by too many role relationships. Women who are trying to maintain several roles would be expected to experience negative stressful feelings.

In contrast, other theories suggest that individual may profit from enacting multiple roles (Marks, 1977; Sieber, 1974; Thoits, 1983). Performing several roles may increase individual’s privileges and resources in their social environment, assist in establishing social and economic status and security, act as a buffer for problems or failures in any single life domain. From the structural functional perspective, role system, role strain are among the most important conceptual elements of role theory.

Each person plays several roles in a number of different settings within the family, among friends, in the community and in the society- there is always a possibility to have conflict between roles. If, for instance, a mother threatens to punish her son by not letting him use the car, the boy’s father may feel that this punishment is too harsh. He may be caught in dilemma: As a husband he is expected to support his wife’s decision but as a father
he should show concern for his son. Which role should he play? Sometimes even the same role contains conflicting expectations. This condition is called role strain (Goode, 1960). From the interactionist perspective the key concepts of role theory include role distance and conflict.

Role Distance: An individual occupies more than one role. There may be conflicts between the two roles he occupies. Such conflicts are more common in today’s modern society when the individual is increasingly occupying multiple roles. One way to avoid inter-role conflict is to maintain role distance - the playing of roles without emotional involvement in the performance. Working women and men who are married and having children are thus involved in multiple, potentially conflicting roles. The family roles, although, might reduce the effects of stressors these same roles can simultaneously serve as a source of stress for them.

Role Conflict: The situation in which a person may have two different roles with contradictory norms so that it may be difficult to conform to them all. Conformity to one role may require deviance from another. This situation is called role conflict. Role conflict is a
source of deviance that is built into the structure and rules of the system itself; it is a structural source of deviance (Merton, 1957).

Sometimes certain situations are so structured that an actor is required to fill simultaneously two or more roles that present contradictory, or even mutually exclusive expectations. The actor cannot realistically conform to these expectations and this leads to role conflict. That is what generally happens when a women has to perform the roles of housewife and an employee simultaneously. Like, for the unmarried who take up professional occupations do not involve much of a problem as they do not have any other major responsibility. But for married working women, the picture is quite different as they have to enter into the area of role conflict between various roles of women as wife, mother and an earner. While for men, family connotes provision of comfort and support, for working women it means two sets of overlapping responsibilities. Therefore, the role of family caretaker in addition to their professional role seems to be one of the major source of stress that working women have to face. Role conflict is created when there is difference between what others expect of one and what one expects of oneself.
Fig. 1.3. Schematic Representation of the antecedents and outcomes of Role Conflict
The presence of role conflict is revealed in low level of satisfaction with the job, lack of confidence, decreased self-confidence, a sense of futility and other work related emotional problems.

Role conflict causes “Cognitive strain”, i.e. the person involved finds it difficult to locate himself because of conflicting was from his environment as to his location. Kahn (1964) found that role conflict decreases the trust, attraction and respect of age towards role partners. Role conflict also increased feelings of stress, anxiety, dissatisfaction in the marriage, job and life. Poor QOL is also a result of role, work family parent, spouse conflict, as shown in Fig. 1.3.

Although children are likely to produce inter-role conflict for people with jobs and careers, the resulting can be counter-balanced by the social support getting from family, friends and organization.

Social support ameliorate the impact of conflicts and stress on job related strain and health. Much has been written in recent years about the ability of social support to “moderate” or “buffer” the impact of psychosocial stress on physical and mental health Social support is usually defined as the existence or availability of people
on whom we can rely, people who let us know that they care about, value and love us (Sarason, 1983).

Social networks serve multiple functions in helping one adjust to the demands of the environment. Involvement in a network helps individuals by providing information concerning what is expected of them, feedback regarding their behaviour assistance with tasks, and rewards for appropriate behaviour.

Considerable researches suggest that social support is related to positive health outcomes. In the family domain lack of spouse support has been identified as a source of work conflict and family conflict (Holahan & Gilbert, 1979).

The effects of social support and social network may vary according to the individual, gender and baseline physical capabilities. Social support has often been identified as a moderator of stress. The bulk of researches have shown that individuals who belong to poorly functioning social support system and experience unresolved conflicts tend to develop emotional disturbances. Social support, thus, seems to have buffering effect in coping with stress and affects the quality of life and the well being of an individual. In
order to sustain a good quality of life, individuals are more reliant on support from both informal (family) and formal sources.

Good quality of life includes interaction with family and friends personal qualities. Accumulated research in this area as a whole reveals that social support is related to various indicators of health and well-being. Indeed, people report happier feelings when in the company of others. Those who enjoy close relationships, cope better with various stresses including bereavement, rape, unemployment and illness. The support system implied by family roles can moderate the impact of work related stressors.

Woods (1978) found that in the absence of support from significant others, women’s involvement in multiple roles have a deleterious effect on their mental health. Social support from a spouse potentially can mitigate the effects of stress on certain health outcome.

Family support has emerged as a good, significant predictor of life stress. It may be due to this reason that in India family environment is more useful in reducing the life stress. Family support reduces the illness, depression and strain of the individual.
Social support has been hypothesized to serve as a moderator and alternatively, as a variable directly and negatively related to strain (Thoits, 1982). More social support from a family, friends and organization may lead to high involvement in a job.

As a result of enacting multiple social roles, the situation of role conflict may arise. The negativity due to role conflict can be reduce with the social support.

More social support from a family, friends and organization may lead to high involvement in a job. Natures of job also determines the job involvement. Involvement in a job effect the quality of life of an individual.

Johnston (1978) concludes that marriage and parenthood can have positive effects on the self-esteem and job motivation of young males. The presence of children have also been found to be related to higher job involvement and organizational identification (Gould and Werbel, 1983). Job involvement or non-involvement could be related to the quality of life of a person. Job involvement has received scant attention in the literature since the late seventies. Job involvement (either increase or decrease) due to the presence of
children in the home. Job involved person performs better than others.

Lodahl (1964) defined job involvement as the degree to which a persons' work performance affects his self-esteem and satisfaction. Job involvement is a cognitive belief that describes the degree to which the individual is psychologically identified with his or her current job. It is one of important variables that affects the performance of the individual. Gechman (1975) described the highly job involved person as one for whom work is a very important part of life and as one who is affected very much personally by his whole job satisfaction the work itself, his co-workers, the company etc. On the other hand, the low job involved worker makes his living off the job, work is not an important part of his identity and not greatly affected by the kind of work he does or how well he does it. Significant positive relationship between job satisfaction and job involvement has also been reported.

Kanungo (1982) also concluded that apart from sex, other characteristic of individuals such as age, educational level and income level are significantly correlated to job-involvement. One
research reported, that women are less involved in their job as compared to the male counterparts-women have to strike a compromise between job and family demands (Aleen and Hawkins, 1999). Inverse relationship between involvement and absenteeism was also investigated. High involved subjects were more satisfied with their jobs than low job involved subjects (Santhamani, 1983).

Involvement may be high because a person is satisfied with or motivated by his job, or a person may experience high job satisfaction.

Therefore, the focal issues related to them can’t be ignored. Though there has been many studies concerning men’s and women’s problems but the challenges, emerging out of job demands, in addition to family demands and their possible psychological effects seems to be the burning issue of the modern times. Whether social support and autonomy in job enhance the quality of life or not? How does being employed besides occupying different social roles affect men and women in their personal, emotional, social fronts as well as overall quality of life is becoming a topic of general interest.
With this preliminary knowledge and queries, we may now proceed further to the next chapter dealing with review of the pertinent literature in this area.