The International Journal of Indian Psychology ISSN 2348-5396 (e) | ISSN: 2349-3429 (p) Volume 2, Issue 4, DIP: B00380V2I42015 http://www.ijip.in | July – September, 2015



Physical Activity, Marital Adjustment and Healthiness in Working Women

Urvashi Singh¹, Shalini Singh², Rajnee Sharma³

Keywords: Physical Activity, Adjustment, Health, Women

Movement of energy is essential for a person's functioning. Physical activity is any bodily movement produced by skeletal muscles those results in energy expenditure. It is believed that regular moderate physical activity provides substantial health benefits. Physical exercise, a specific form of physical activity is associated with desired outcomes of fitness, adaptation, healthiness and balance in marital life etc. Taking this perspective in mind, the present study was an attempt to make a comparative analysis of marital adjustment and healthiness in working women and home makers. A total sample of 100 women (n=50 working women, n=50 homemakers), belonging to an age group of 30-35 years, working in private organizations were selected from Rohtak, Gurgaon and Sonipat districts of Haryana. All working women were gym goers while homemakers were performing only chores. Marital Adjustment Questionnaire (1985) and Leddy Healthiness Scale (1996) were used to measure the above variables. Results revealed very amazing findings that homemakers had better marital adjustment than working women who were actively engrossed in their work setups and going to gym as well. But the working women segment exhibited high healthiness than control group. The need of an hour suggests engaging in some moderate physical work out rather than excessive or zeroing level.

Movement of energy is essential for a person's functioning. In the physical body, energy flow is associated with the movement of skeletal muscles. Infect, a broad definition of physical activity is "any bodily movement produced by skeletal muscles that results in energy expenditure" (Caspersen, 1985). Numerous short bouts of moderate activity can be planned into activities of daily living has been called lifestyle physical activity (Pender, 2002).

Scientific evidence dearly demonstrates that regular, moderate intensity physical activity provides substantial health benefits. However, low levels of physical activity continue to be a major public health challenge in almost every population group of developed countries (Dubbert, 2002).

¹ Assistant Professor, Draunacharya College, Gurgaon

² Professor, Deptt. of Psychology, M.D.U., Rohtak

³ Lecturer in Psychology, G.G.H.S. Untlodha, Jhajjar

Physical activity is a broad term that encompasses all forms of muscle movements. These movements can range from sports to lifestyle activities. Furthermore, exercise can be defined as physical activity that is planned, structured movement of the body designed to enhance fitness.

The importance of physical activity in daily life is not merely limited to losing those extra kilos. It also means the quality of life itself, measured in terms of how active you are. The benefits of physical activity are not just physical, but it is also emotional, mental and spiritual.

Physical activity has both preventive and therapeutic effects across several diseases and conditions. The conceptual nature of daily life physical activity variable states that an individual's engagement in physical exercise like aerobics, cardio etc. makes him to have proper adjustment in various spheres of life and marital adjustment is one of the important phases of life span. From time immemorial, the role of man has always been regarded as a provider in social unit of home. But now it is very common to find women asserting their presence in all spheres, i.e. education, administration, business, medicine etc. There is no vocation where the woman has not excelled. But modern living and hectic life style have put tremendous stress upon them as well. Working women have a new set of adjustment problems involving both family and professional set-ups. It is a general belief that regular physical activity helps them to relieve that stress (Buss, 1985) and helps them to have a marital adjustment. In a happy marriage, it is a mutual understanding between husband and wife that nurtures and cherishes the marital bonding. This beautiful landscape of marital adjustment has its profound impact upon healthiness. The term health has been derived from 'hoeth' which means sound and hale means strength. Health deals with four models, i.e. clinical, role performance, adaptive and eudemonistic. These four models describe health as freedom from illness, ability to adjust and cope, plus actualization of one's potentials. A theory of healthiness proposed by Leddy (1996) considers health as a dynamically changing life process in human being. Healthiness reflects a human being's perceived involvement in shaping change experiences in living. Therefore healthiness is a resource that influences the ongoing pattern reflected in health (Leddy, 1997). It has three dimensions, i.e., Purpose (Goals), Connection (Interrelationship) and Power (Challenge, Confidence). Overall, these three components make the construct of healthiness leading to health promotion, i.e. the process of fostering awareness, influencing attitudes and identifying alternatives so that individuals can make informed choices and change their behavior to achieve an optimal level of physical and mental health.

There have been various research studies that talk about the relationship between physical activity and mental health (Dishman, 1995; Landers, 1996), Exercise and Mental Well-being (Morgan and Bath, 1998; Fox, 1999; Martinsen, 2000) exercise and anxiety reduction (Carck & Carck, 2011). But the research evidence in relation to direct relationship between physical activity, marital adjustment and healthiness is scarce. Healthiness and marital adjustment have been studied in relation to gender differences (Haber and Milleu, 1999; Glesson & Kreig, 2006) but the directional relationship between the three variables i.e. physical activity, marital adjustment and healthiness has not been studied empirically in large. Taking this perspective in

mind, the present study was conducted to assess and compare the significance of difference in physical activity, marital adjustment and healthiness in working women and homemakers.

METHOD

Design: A two group research design was used to assess and compare the significance of difference in marital adjustment and healthiness in working women.

Sample: The sample of 100 females (n=50 working and n=50 homemakers) was selected on the basis of purposive sampling procedure. The age range of sample was 30 to 35 years, married, working in organizations where the working hours were from 10 a.m. to 7.00 p.m. All 50 working women were regularly engrossed in rigorous physical activity i.e. gym. The control group consisted of homemakers following sedentary life style. They were regularly performing their chores.

Tools:

- (1) Daily Physical Activity Measure: BMI was measured. A checklist was prepared in which they were asked as how many hours do they spend in gym doing cardiac, aerobics, cycling, running etc. After that physical activity was calculated on 10 point scale categorizing in three classes, i.e. High, moderate and low.
- (2) Marital Adjustment Questionnaire (MAQ): MAQ by Kumar and Rohtagi (1985) consists of 25 items with forced choice (Yes-No) type items. In this, there are only 3 items where scoring is reverse. The possible range is 0 to 25. The higher the score, the higher is the marital adjustment.
- (3) Leddy Healthiness Scale (Leddy, 1996): It is a 6 point rating scale having 26 items ranging from strongly agree to strongly disagree. Items measure meaningfulness, connections, ends, capability, control, choice, challenge, capacity and confidence. The summative score can range from 26 to 156 with higher score indicating higher healthiness. It requires for 10 minutes for administration.

Procedure:

All the subjects were directly approached and were requested for co-operation in the conduct of the study. The confidentiality of information was also assured. MAQ and Healthiness Scale were administered individually to all the participants. After that, the scoring was done of each subject as per manual's guidelines. Their statistical analysis was done by using 't' test.

RESULTS AND DISCUSSION

The scores obtained on the questionnaires were processed for more meaningful results by calculating their respective means and SDs (Descriptive) separately for two different groups, i.e. Daily life physical activity performance, marital adjustment and healthiness. These results are

given in Table No. 1. t-test was applied to find out the difference in means between these groups varying in nature of daily life physical activity.

Table no. 1: t-ratio of mean difference between working women and homemakers in relation to daily life Physical Activity, Marital Adjustment and Healthiness.

Variable	n=50		n=50		t-values
	Working Women		Homemakers		
	Mean	S.D.	Mean	S.D.	
Daily Physical	9.3	4.28	5.8	1.28	2.36**
Activity (Performance)					
Marital Adjustment	28.78	2.62	32.78	4.28	2.38**
Healthiness	148	13.32	128	13.32	2.22**

$$df = 98 * p < 0.05, ** p < 0.01$$

The results in Table no. 1 clearly showed the significant difference in subjects pertaining to daily life physical activity as working women who were regularly gym goers showed high daily life physical activity performance, i.e. 9.3 as compared to homemakers i.e. 5.8. It signifies that working women had a better life style.

Physical activity as they were engrossed in managing their home, work set-up and last gym for their fitness. The same trend was observed in case of their standard deviation scores also. On the other hand, homemakers remaining at home and not going to gym or involving in any rigorous physical activity showed lower performance in terms of daily life physical activity parameters. But the most amazing findings were found when the comparative scores of both the groups were scrutinized on the dimension of marital adjustment, the homemakers had significantly high scores, i.e. 32.78 followed by working women, i.e. 28.78. It means that working women accomplishing multiple tasks of house and work set up since morning till evening have more stress and responsibility. Moreover, to cope up with this overloading, her regular physical exercise in gym is also not bringing fruitful results in terms of better marital harmony, satisfaction and solace in life.

Hashmi and Hassan (2008) reported that there is highly significant relationship between marital satisfaction, stress and depression. Winter (2007) also reported the positive relationship between these aspects. But it does not connote that women should not be employed or work in organization. It exhibits that taking more responsibilities becomes more strenuous for the women. At the same time, the working women in the present study reported higher healthiness, i.e. 148 followed by 128 in homemakers. Healthiness is a construct composed of connection, purpose and power. Leddy's (1997) concept of healthiness emphasizes on connection, goals, power, confidence, capability and strong interpersonal dynamics. In the current era, employment of women is very vital not only for the better survival but also for higher growth and channelization of energy level to creativity. Working women working in different set-ups have

clearcut objectives, strong connectivity and ability to develop and maintain harmonious relations with their fellow beings. It enhances their overall wellness also. Ruiz (2005) found that the enduring, supportive and intimate approach and personal dynamics in work set up to lead to low anxiety and high mental health as well. On the other hand, the homemakers remaining at home doesn't mean that they don't have vivid purpose or meaning in life. They do have purpose, connections and ability to grow but their path to achieve those goals may be little vague, not as explicit as in case of working women. Moreover, the suggestion for the above findings is that homemakers while sitting at home might be having higher marital adjustment but for their higher healthiness, they must involve themselves in some rigorous physical work-out. While performing their chores, they opt for sedentary life style which is detrimental for their health and is responsible for their low healthiness. Schoenborn (2014) stated that leisure time physical activity does not have any effect on marital satisfaction and mental health of females. The present research work is a good lesson for those females who are not involved in any physical activity for their fitness. The concept of excessive fitness freaking and no fitness, both are bad for overall wellness. Moderate level of physical exercise must be adopted in daily life.

The subjects should opt for five day workout schedule for achieving a success over global aging. Goldstein (2005) also reported the significance of Physical Activity on the Adult weight control management and physical wellness.

REFERENCES

- Ahamadi, K. (2007). Association between Marital Adjustment and Physical Activity. Indian Journal of Scientific and Research Publications, 2, 24-36.
- Carek, P.J., Laibstain, S.E. and Carek, S.M. (2011). Exercise for the treatment of depression and anxiety. Int. J. Psychiatry Med., **41**(1), 15-28.
- Caspersen, C.J., Powell, K.E. and Christenson, G.M. (1985). Physical activity, exercise and physical fitness: definitions and distinctions for health related research. Public Health Reports, 100, 126-131.
- Dishman, R.K. (1995). Physical activity and public health: Mental health. QUEST. American Academy of Kinesiology and Physical Education, 47, 362-385.
- Dubbert, P.M. (2002). Physical Activity and Exercise: Recent advances and current challenges. *Journal of Consulting and Clinical Psychology*, **70**, 526-536.
- Glesson and Kreig (2006). Self-monitoring of physical activity. The Diabetes Educator, 32, 69-77.
- Goldstein, K. (2005). Physical Activity for Adult weight control. Management of Eating *Disorders and Obesity*, **2**, 16-24.
- Haber, B.M. and Milleu, A. (1999). *Understanding happiness: A theory of subjective well-being*. Australia: Longman Pub.
- Hashmi, A.H. and Hassan, I. (2008). Marital adjustment, Stress and depression among working women. Internet Journal of Medical Researches, 2, 19-26.
- Kumar, P. and Rohtagi, K. (1985). Marital Adjustment Questionnaire. Agra: National Psychological Corporation.

- Landers M. Daniel (1996). The influence of exercise on mental health. The PCPFS Research Digest Series, 2(6), number 12.
- Leddy, S.K. (1996). Development and Psychometric testing of Leddy Healthiness Scale. Research in Nursing and Health, 19, 431-440.
- Leddy, S.K. (1997). Healthiness, fatigue and symptom experiences in women with and without breast cancer. Holistic Nursing Practice, 12, 48-53.
- Martinsen, E.W. (2000). Physical activity for mental health. *Tidsskr Nor Laegeforen*, **120**(25). 3054-6.
- Morgan, K. and Bath A. Peter (1998). Customary Physical activity and psychological well-being: A longitudinal study. Age and Ageing, 27-53, 35-40.
- Pender, N.J. Murdaugh, C.L. and Persons, M.A. (2002). Health Promotion in Nursing Practice (4th ed.). Upper Saddle River, NJ: Prentice Hall.
- Ruiz, W.M. (2005). The five factor model of Personality, subjective wellbeing and social adaptation: Generalizability to Spanish context. Psychological Reports, 96, 863-866.
- Schoenborn, C.A. (2014). Global Aging: Challenge of success. Journal of Scientific and *International Research Publications*, **1**, 1-8.
- Winter, A. (2006). Career planning, marital satisfaction and stress among women. Journal of Business and Psychology, 2, 114-121.
- Wood, N.D. (2011). Family Therapy. U.S.A.: Springer.