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LIFE STRESS, COPING STRATEGIES AND PSYCHOLOGICAL WELL-BEING OF MEN AND WOMEN IN URBAN AND RURAL SETTING

A Dissertation

Submitted to the University of Dhaka in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

401422

Submitted by

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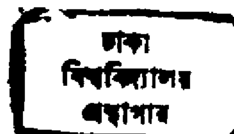
April, 2004



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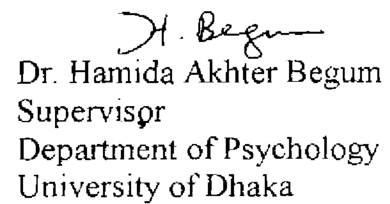
This is to certify that I have read the dissertation entitled "Life Stress, Coping Strategies and Psychological Well-being of Men and Women in Urban and Rural Setting," submitted by Parveen Huque, in partial fulfillment for the degree of Doctor of Philosophy in Psychology, and that this is an original study carried out by her, under my supervision and guidance.



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ABSTRACT

The purpose of the present study was to investigate life stress, coping strategies and psychological well-being of men and women living in urban and rural settings. Education, age, income and certain other sociodemographic variables have also been explored.

The sample of the study consisted of 471 adult respondents (243 men and 228 women). The urban sample (250) was drawn from 5 thanas of Dhaka city following a simple random sampling procedure. Rural sample (221) were selected following the same procedure from 2 villages adjacent to Dhaka city.

Life stress was measured by the Bangla version of The Social Readjustment Scale (SRS) developed by Holmes and Rahe (1967). The Coping Scale and the Psychological Well-being Scale were developed for the present study to measure the respondents coping behaviour and psychological well-being. A bio-data form was also used to gather respondents sociodemographic information.

In summary, the findings of the study reveal that respondents in general reported more family/interpersonal stress, adopted most social support coping strategy and their psychological well-being was higher as indicated by the mean psychological well-being score.

Results of Chi-square analysis showed that females experienced significantly more

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family / interpersonal stress than their male counterparts. Males, on the other hand were found to report significantly more occupational stress than females. Rural urban comparison showed that rural people experienced significantly more family/interpersonal, and urban respondents reported more occupational, social / environmental and personal stress. Health stress was reported more by rural females, and personal stress more by urban females. Rural males reported more family / interpersonal stress than urban males, whereas significantly more personal stress was reported by urban males than their respective counterparts. Early adulthood age group respondents experienced more marital stress, and financial stress was reported significantly more by the middle age group respondents.

Findings of ANOVA revealed males adopted significantly more confrontive and social withdrawal coping than females, whereas females adopted more religion, acceptance and self-criticism than their respective counterparts. Rural urban comparison showed urban respondents adopted more cognitive restructuring, express emotion, problem solving, social support and social withdrawal strategies than rural respondents. Early adulthood age group respondents were found to use significantly more social withdrawal, middle age group respondents adopted more social support, and old age group respondents were found to use wishful thinking, religion and acceptance more than the other group of respondents .

Males had significantly higher psychological well-being than females. Urban rural comparison showed urban residents had better psychological well-being than rural residents. The results also revealed that urban males had the highest psychological well-being and rural females had the poorest psychological well-being. Married, reemployed and respondents living in single family had better psychological well-being.

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Correlation coefficient showed significant positive relation between education, income, adaptive coping and psychological well-being. Significant negative correlation was obtained between life stress, nonadaptive coping, number of children and psychological well-being.

Finally, results of regression analysis revealed that education and adaptive coping strategies were the strongest predictors of psychological well-being.

Results of this study have brought into surface not only the typical sources of stress but also points to the significance of using adaptive coping strategies. The study also suggests that extensive and effective educational and income generating programmes in both government and non-government sectors should be undertaken to bring improvement in the psychological well-being of the people . Some recommendations from Bangladesh context have been put forward.

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CONTENTS

	Page
ABSTRACT	i
ACKNOWLEDGEMENT	iv
CONTENTS	vi
LIST OF TABLES	ix
LIST OF FIGURES	xiii
LIST OF APPENDICES	xiv

CHAPTER 1 : INTRODUCTION

1.10 : The Concept of Stress	3
1.11 : Assessing Stressful Life Events	17
1.12 : The Concept of Coping	18
1.13 : Coping Strategies	19
1.14 : Relevant Research on Coping Strategies	21
1.15 : The Concept of Psychological Well-being	27
1.16 : Theories of Psychological Well-being	32
1.17 : Research on Psychological Well-being	35
1.18 : Assessment of Psychological Well-being	42
1.10: The Bangladesh Context	42
1.11: Purpose and Objectives of the Study	46
Objectives of the Present Research	46
Rationale of the Study	47

Dhaka University Institutional Repository

CHAPTER II : METHOD

2.1: Sample 50

2.2: Study Design 51

2.3: Instruments Used 59

2.4: Life Stress Questionnaire 59

2.5: Coping Scale 60

2.6: Psychological Well-being Scale 64

Development of the Psychological Well-being Scale 64

2.7: Biodata Sheet 78

2.8: Procedure 79

2.9 : Scoring and Coding of Responses 81

CHAPTER III : RESULT

3.1: Life Stress : Gender, Residential Status and Age 84

3.2: Coping Strategies : Gender, Residential Status and Age 93

3.3: Psychological Well-being 106

Gender, Residential Status and Psychological Well-being 106

Marital Status, Family Type, Occupation and Psychological Well-being, 109

Correlates of Psychological Well-being 115

CHAPTER IV : DISCUSSION

4.1: Life Stress 130

4.2 : Coping Strategies 137

4.3 : Psychological Well-being 145

4.4 : Correlates of Psychological Well-being 149

Dhaka University Institutional Repository

CHAPTER V : SUMMARY AND CONCLUSION

REFERENCES 161

APPENDICES 180

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Dhaka University Institutional Repository

LIST OF TABLES

Page

TABLE 1: Number and percentage of study sample according to residential status and gender 50

TABLE 2: Number and percentage of urban and rural sample according to family type 53

TABLE 3: Number and percentage of urban and rural sample according to Religion 53

TABLE 4: Number and percentage of urban and rural sample according to marital status 54

TABLE 5: Number and percentage of urban and rural sample according to Occupation 55

TABLE 6: Number and percentage of urban and rural sample according to monthly income 56

TABLE 7: Number and percentage of urban and rural sample according to Education 57

TABLE 8: Number and percentage of urban and rural sample according to Age 58

TABLE 9: Correlation of Bangla version coping score with English version scale score 62

TABLE10:Test Retest reliability Coefficients of the Coping Scales 63

TABLE11:Mean of Judges' Ratings of the Initial Items of the Scale measuring Psychological Well-being 66

TABLE12: Corrected Item-total Correlation and Scale Variance if Item Deleted for Items of Psychological Well-being (PWD) 71

TABLE13: Cronbach's Alpha for each dimension of the psychological well-being and for the whole scale 74

TABLE14: Correlation of PWB score with GHQ score 76

Dhaka University Institutional Repository

Page

TABLE15: Type of patients according to number, gender, age and education 77

TABLE16: Validity of PWB Scale 78

TABLE17: Frequency and Percentage of Life Stress of Respondents 85

TABLE18: Life Stress by Gender with Chi-Square Value 87

TABLE19: Life Stress by Residential Status with Chi-Square Value 88

TABLE20:Life Stress for Female Respondents by Residential Status with Chi-Square Value 89

TABLE21: Life Stress for Male Respondents by Residential Status with Chi-Value 90

TABLE22: Life Stress by Different Age Level of Respondents with Chi-Square Value 91

TABLE 23: Mean and SD of each Coping Strategies 93

TABLE24: Mean and SD of Confrontive Coping Strategy According to Gender and Residence of Respondents with F-Value 95

TABLE25: Mean and SD of Cognitive Restructuring coping Strategy according to Gender and Residence of Respondents with F-Value 96

TABLE26: Mean and SD of Express Emotion Coping Strategy according to Gender and Residence of Respondents with F-Value 97

TABLE27: Mean and SD of Problem Avoidance Coping Strategy according to Gender and Residence of Respondents with F-Value 97

TABLE28: Mean and SD of Problem Solving Coping Strategy according to Gender and Residence of Respondents with F-Value 98

TABLE29:Mean and SD of Religious Coping Strategy according to Gender and Residence of Respondents with F-Value 98

TABLE30:Mean and SD of Wishful Thinking Coping Strategy according to Gender and Residence of Respondents with F-Value 100

Dhaka University Institutional Repository

	Page
TABLE31:Mean and SD of Acceptance Coping Strategy according to Gender and Residence of Respondents with F-Value	100
TABLE32:Mean and SD of Self Criticism Coping Strategy according to Gender and Residence of Respondents with F-Value	101
TABLE33:Mean and SD of Social Support Coping Strategy according to Gender and Residence of Respondents with F-Value	101
TABLE34: Mean and SD of Social Withdrawal Coping Strategy according to Gender and Residence of Respondents with F-Value	102
TABLE35:Mean and SD of different coping strategies according to different Age level of Respondents with F-Values	105
TABLE36:Mean and SD of Psychological Well-being scores by Gender and Residence with F-value	107
TABLE37:Mean and SD of Psychological Well-being scores by Marital Status of respondents with F-value	109
TABLE38:Mean and SD of Psychological Well-being scores by Family Type of respondents with F-value	111
TABLE39:Mean and SD of Psychological Well-being scores by Occupation of respondents with F-value	113
TABLE 40: Mean and SD for variables tested in the model of Psychological well-being	115
TABLE41:Correlation Matrix among Psychological well-being and Independent Variables	116

Dhaka University Institutional Repository

Page

TABLE42:Stepwise Multiple Regression of Psychological well-being on Independent variables 118

TABLE43:Selected Statistics from Regression of PWB on Education, non adaptive coping, adaptive coping, income, life-stress and no of Children 119

TABLE 44:The overall F-test for regression of Psychological Well-being on Edu., Non- adaptive coping, Adapt. Cop., Inc., Stress and no of Children 120

TABLE45: Mean and SD for the variables tested in the model of Psychological Well- being 121

TABLE46:Stepwise multiple regression of Psychological Well-being on problem solving, self criticism, confrontive coping, cognitive restructuring and social withdrawal 122

TABLE47:Selected statistics from regression of Psychological Well-being on problem solving, self criticism, confrontive coping , cognitive restructuring and social withdrawal 123

TABLE48:The overall F-test for regression of Psychological Well-being on coping strategies (adaptive and non-adaptive) 124

Dhaka University Institutional Repository

LIST OF FIGURES

	Page
FIGURE 1: Percentage of Life Stress of the Respondents	86
FIGURE 2: Mean of each Coping Strategies of the Respondents	94
FIGURE 3: Mean of Religious Coping Strategy by Gender and Residence	99
FIGURE 4: Mean of Social Withdrawal Coping Strategy by Gender and Residence	103
FIGURE 5: Mean of Psychological Well-being by Gender and Residence	108
FIGURE 6: Mean of PWB by Marital Status of Respondents	110
FIGURE 7: Mean of PWB by Family Type of Respondents	112
FIGURE 8: Mean of PWB by Occupation of Respondents	114

Dhaka University Institutional Repository

LIST OF APPENDICES

	Page
Appendix A : English Version of the Bio-data Form	180
Appendix B : Bangla Version of the Bio-data Form	181
Appendix C : English Version of the Life Stress Questionnaire	182
Appendix D : Bangla Version of the Life Stress Questionnaire	183
Appendix E : English Version of Coping Scale	184
Appendix F : Bangla Version of Coping Scale	185
Appendix G : English Version of Psychological Well-being Scale	186
Appendix H : Bangla Version of Psychological Well-being Scale	189
Appendix I : English Version of the Letter to the Respondents	191
Appendix J : Bangla Version of the Letter of the Respondents	192

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INTRODUCTION

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CHAPTER I

INTRODUCTION

Interest in stress and ways of coping with it as a topic has intensified markedly in the last decade. The gradual realization that stress has a considerable impact on our physical and psychological health has led to explosive growth in scientific research in this area. Almost everyday, people encounter events or have experiences that they did not expect or for which they are unprepared. The result is the physical and emotional strain known as stress. Stimuli that produce stress are referred to as stressors. One of the most common types of stressor is everyday hassles, which are annoying or irritating but typically fairly easy to deal with. Major life events such as the death of a relative, a serious illness or injury, being fired or suspended, or a personal failure usually cause more intense and enduring reactions than hassles. Disasters and catastrophies, such as an earthquake, cyclone, or a flood cause many people to be under stress at the same time.

Among the symptoms of prolonged stress are persisting anxiety, depression, irritability, fatigue, loss of appetite, headache and backache. Continuing stress can affect the course and severity of physical disorders such as peptic ulcers, migraine, skin conditions, chronic backache and asthma.

Most people learn in the course of growing up that a certain amount of stress is a normal part of life and like all experiences, must be dealt with in some way. The various ways in which people deal or cope with stress are known as coping strategies. Coping strategies

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range all the way from direct aggression through denial and withdrawal, but all have the function of reducing the level of stress, so that one can get on with the business of living.

Research studies have shown that well-being (physical and psychological) have been linked to the use of different coping strategies. In general, better psychological well-being has been found to be associated with the use of more adaptive, engaged coping activities such as problem solving and cognitive restructuring, whereas poor psychological well-being has been found to be associated with the use of more maladaptive, disengaged coping activities such as problem avoidance and social withdrawal, (Chang, 1995; Long and Sangster, 1993; Scheier and Carver, 1985, 1992). Over the years, researchers have also focused on the effectiveness of strategies utilized to help us cope with stress and on factors which might predispose failure to cope.

Since mental health is no less important than physical health and sometimes mental disturbances can be more damaging for people at their workplace, family, etc. mental health professionals are currently taking great interest in the field of assessment, prevention and intervention to promote psychological well-being. However, in the context of Bangladesh, little attention has been devoted to it, until very recently.

Bangladesh is one of the worst poverty stricken countries of the world where nearly 40 percent of the population fall below poverty line (UNDP, 2003). A vast majority of this poverty stricken population (about 46.3 million) live in the rural areas and about 50 percent of the rural population are landless (UNDP, 1994). Bangladesh is backward in almost all indices of development viz, education, income,, employment, health care etc. Few studies conducted so far on psychological well-being has revealed that people of low socio-economic group had significantly poorer psychological well-being than that of

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middle and high socioeconomic groups (Begum and Mahmuda, 1997). Females belonging to low SES had poorer psychological well-being than males (Begum and Mahmuda, 1997; Jahan, 1996; Khaleque and Sorcar, 1992; Sorcar and Rahman, 1993).

Psychologists of Bangladesh have tremendous scope to contribute to improve the well-being of these people. A thorough understanding of the sources of stress and their coping behaviour is necessary, so that appropriate psychological services can be extended. The present study therefore was an endeavor to assess life stress, coping strategies and psychological well-being of men and women in urban and rural settings. The following paragraphs would offer a discussion on stress, its sources, coping strategies and its effect on psychological well-being.

1.1 : The Concept of Stress.

The term stress has been conceptualized in three ways. (Baum, 1990; Coyne and Holroyd, 1982; Hobfoll, 1989).

1. Stress as a Stimulus.

This approach focuses on the environment, describing stress as a stimulus. This can be seen in people's reference to the source or cause of their tension as being an event or set of circumstances – such as having "a high stress job." Events or circumstances that we perceive as threatening or harmful, thereby producing feelings of tension are called stressors. Researchers who follow this approach study the impact of a wide range of stressors; including (1) catastrophic events, such as tornadoes and earthquakes, (2) major life events, such as the loss of a loved one or a job, and (3) chronic circumstances, such as living with severe pain from arthritis. Research also shows that routine hassles may

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have significant negative effects on our mental and physical health (Folkman and Lazarus, 1988). These daily hassles include misplacing things, struggling with rising prices, traffic jam and so forth. Routine hassles at home, school and at work might be fairly benign individually, but collectively they could create great strain.

2. Stress as a response.

The second approach treats stress as a response, focusing on people's reaction to stressors. An example of this approach is when people use the word stress to refer to their state of tension. The response has two interrelated components – the psychological and the physiological components. The psychological components involves behavior, thought patterns and emotions, as when we "feel nervous". The physiological component involves heightened bodily arousal- such as pounding heart, dryness of mouth, feelings of tightness in the stomach and perspiration. The person's psychological and physiological response to a stressor is called strain.

3. Stress as a process.

The third approach describes stress as a process that includes stressors and strains, but adds an important dimension: the relationship between the person and the environment (Cox, 1978; Lazarus and Folkman, 1984a, 1984b; Lazarus and Launier, 1978; Mechanic, 1976). This process involves continuous interactions and adjustments — called transactions- between the person and the environment with each affecting and being affected by the other. According to this view, stress is not just a stimulus or a response, but rather a process in which the person is an active agent who can influence the impact of a stressor through behavioral, cognitive and emotional strategies.

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Defining Stress.

To define stress ideas from several sources have been borrowed (Cox, 1978; Lazarus and Folkman, 1984b; Mechanic, 1976; Singer and Davidson, 1986; Trumbull and Appley, 1986). Stress is the condition that results when person-environment transactions lead the individual to perceive a discrepancy – whether real or not- between the demands of a situation and the resources of the person's biological, psychological or social systems. This definition has four components which will be discussed briefly below.

(1) Stress taxes the person's biopsychosocial resources for coping with difficult events or circumstances. An example of stressful encounter that strain our biopsychosocial resources is participating in a competitive athletic event, being injured in an accident, or becoming nauseated before performing a play, exam or an interview.

(2) The phrase "demands of a situation" refers to the amount of our resources the stressor appears to require.

(3) When there is a poor fit, or a mismatch, between the demands of the situation and the resources of the person, a discrepancy exists. This generally taxes the form of the demands taxing or exceeding the resources. But the opposite discrepancy may also occur-that is, our resources may be underutilized – and this can be stressful too. A worker who is bored by a lack of challenge in a job may find this situation stressful.

(4) In our transactions with the environment, we assess demands, resources and discrepancies between them. These transactions are affected by many factors, including our prior experiences and aspects of the current situation.

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Appraising Events as Stressful.

Transactions that lead to the condition of stress generally involve an assessment process that Richard Lazarus and his co-workers call Cognitive Appraisal (Cohen and Lazarus, 1983; Lazarus and Folkman, 1984b; Lazarus and Launier, 1978). Cognitive appraisal is a mental process by which people assess two factors:

1. whether a demand threatens their well-being, and

2. the resources available for meeting the demand.

These two factors form the distinction between two types of appraisal- primary and secondary.

Primary Appraisal.

Primary appraisal is an initial evaluation of whether an event is

(a) irrelevant to you,

(b) relevant but not threatening,

(c) stressful.

When we view an event as stressful, we are likely to make a secondary appraisal.

Secondary Appraisal.

Secondary appraisal refers to our assessment of the resources we have available for coping and options for dealing with the stress.

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Thus our primary appraisal would determine whether we saw an upcoming job interview as stressful. Our secondary appraisal would determine how stressful the interview appeared in light of our assessment of our ability to deal with the event.

A number of studies have shown that stress and our appraisals of stressful events are highly subjective (Brett,1990). Some people are more prone than others to feel threatened by life's difficulties. This reality was apparent in a study by Lundberg and Theorell (1976), who compared neurotic subjects against control subjects in regard to their perception of the stressfulness of various life events. They found that neurotic subjects' ratings of how "upsetting" various stressful events would be were consistently higher than the control subjects ratings of the same events.

Factors related to stress Appraisals.

Appraising events as stressful depends on two types of factors-those that relate to the person and those that relate to the situation (Cohen and Lazarus, 1983; Lazarus and Folkman, 1984b).

(1) Personal factors include intellectual, motivational and personality characteristics. One example has to do with self esteem: people who have high self esteem are likely to believe they have the resources to meet demands that require the strengths they may interpret it as a challenge rather than a threat. (Cohen and Lazarus, 1983). Another example relates to motivation: the more important a threatened goal, the more stress the person is likely to perceive (Paterson and Neufeld, 1987). Another important personal factor is a person's belief system. According to Albert Ellis (1987) many people have irrational beliefs that increase their stress, and they appraise almost any sort of inconvenience as harmful or threatening.

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(2) Situational factors involve demands, life transitions, timing, ambiguity, desirability and controllability factors. Events that involve very strong demands and are imminent tend to be seen as stressful (Cohen and Lazarus, 1983); Paterson and Neufeld, 1987). Life transitions tend to be stressful (Moos and Schaefer, 1986); Sarason and Sarason 1984). Life has major events that mark the passing from one condition or phrase to another, and they produce substantial changes and new demands in our lives. These events are called transitions, and include:

-Starting college, especially away from home.

-Entering a carrier.

-Getting married

-Becoming a parent

-Death

-Retirement, etc.

The timing of a life transition can affect the stress it produces. People expect some events, such as marriage or retirement, to occur at certain times in the life span (Neugarten and Neugarten, 1987). Deviations from the expected timetable are stressful. Events that happen too early or too late often leave the person without the support of compatible peers (Lazarus and Folkman, 1984b). Also, the person may interpret being off schedule as a failure and this is stressful.

Ambiguity - a lack of clarity in a situation can have an effect on stress appraisals. But the effect seems to depend on the type of ambiguity that exists. Role ambiguity occurs when the information about a person's function or task is unclear or confusing (Quick and Quick, 1984). Harm ambiguity occurs when the likelihood of harm or the availability of resources to meet situational demands is unclear.

Another factor that influences stress appraisals is the desirability of the situation. Undesirable events are more likely to be appraised as stressful than are desirable ones (McFarlane et. al, 1980; Sandler and Guenther; 1985, Suls and Mullen, 1981; Vinokur and Selzer, 1975).

One other aspect of the situation that affects the appraisal of stress is its controllability – that is whether the person has the real or perceived ability to modify or terminate the stressor. People tend to appraise an uncontrollable event as being more stressful than a controllable event, even if they do not actually do anything to affect it (Miller, 1979; Suls and Mullen, 1981; Thompson, 1981). There are two types of control, behavioral and cognitive.

In behavioral control, we can affect the impact of the event by performing some action. For ex. you are experiencing intense pain from a headache, if you have the ability to reduce the pain, you are less likely to be stressed by the headache than if you do not have this ability.

In cognitive control, we can affect the impact of the event by using some mental strategy, such as by distracting our attention from the stressor or developing a plan to overcome a problem.

One of the objectives of the present study was to assess the sources of stress among men and women living in urban and rural areas. The psychosocial stressors studied include marital, family / interpersonal, financial, occupational, social/ environmental, health, legal, other relationship and personal stress. Hence, in the next section the variety of the sources of stress will be discussed on the basis of the systems from which they arise – that is, sources within the person, in the family, and in the community and society.

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Sources within the Person.

One way stress arises from within the individual is through illness. Being ill places demands on the person's biological and psychological systems and the degree of stress these demands produce depends on the seriousness of the illness and the age of the individual, among other things.

Another way stress arises within the person is through the appraisal of opposing motivational forces, when a state of conflict exists. Conflict is a major source of stress. The pushes and pulls of conflict produce two opposing tendencies: approach and avoidance. These two tendencies characterize three basic types of conflict (Lewin, 1935; Miller, 1979).

1) Approach – approach conflict arises when we are attracted toward two appealing goals that are incompatible. Although individuals generally resolve an approach-approach conflict fairly easily, the more important they perceive the decision to be, the greater the stress it is likely to produce.

2) Avoidance – avoidance conflict occurs when we are faced with a choice between two undesirable situations. People generally find avoidance – avoidance conflicts difficult to resolve and very stressful.

3) Approach- avoidance conflict arises when we see attractive and unattractive features in a goal or situation. This type of conflict, obviously are most unpleasant, stressful and difficult to resolve.

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Sources in the family.

The behaviour, needs and personality of each member of a family have an impact on and interact with those of the other members of the family system, sometimes producing stress. Of the many sources of stress in the family, we will focus on a few related to the present study.

Divorce

A divorce produces many stressful transition for all members of the family as they deal with changes in their social, residential and financial circumstances. Amato (1994) studied the impact of divorce on psychological well being of men and women in India and United States. The results showed that Indian women experience more problems than men and also suffer more hardship than U.S. women. Three factors are responsible for this pattern: Indian women's economic dependence on men, Indian cultural beliefs about women and marriage, and the patriarchal organization of the Indian joint family. Psychological well being of these women were significantly poorer than U.S. women.

Pregnancy and Childbirth

A new child in the family is a joyful event, but it also brings stress – particularly to the mother especially during pregnancy and after birth. Parents experience stress from their new responsibilities in caring for the child, and the arrival of a new baby can also be stressful to other children in the family (Honig, 1987; Rutter, 1983).

Family illness, Disability and Death.

Having a sick member in a family is stressful for the other members. The family faces many difficult decisions and must learn about the illness and how to care for the sick. Medical expenses add burden to the family's stress. Marten et. al (2000) studied the psychological well-being of the family members with schizophrenia. The results indicated that family members are significantly distressed as a result of having a family member with schizophrenia. In another study Liao et.al (2000) studied the psychological well-being of women who had experienced menopause before the age of 40 years. The results showed high levels of depression and perceived stress and low levels of self-esteem and life satisfaction among these women compared to general population.

Disability is another source of family stress. Having a physically ill or disabled member in the family restricts the family's time and personal freedom and produces very important changes in interpersonal relationships (Leventhal, Leventhal and Van Nguyen, 1985; Michela, 1987; Skelton and Dominian, 1993).

Death is also another factor in the experience of stress. Loss of a parent during childhood years may be one of the most traumatic events for a child. An adult whose child or spouse dies suffers a tremendous loss (Kastenbaum and Costa, 1977; Kosten, Jacobs , and Kasl, 1985). In a study Edelstein (1984) found bereaved mothers reported losing important hopes and expectations for the future.

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Sources in the community and society

The contacts people make outside the family provide many sources of stress. Since the present study focused on adult population, sources of stress experienced by adults will be discussed. Much of their stress is associated with their occupations and a variety of environmental situations.

Job Stress.

The topic of job stress has received considerable research attention during the last decade and has emerged as an important issue of health concern. It has been observed that an increasing number of people are feeling and reporting stress in their working life. In America, the National Center for Health Statistics (1985) found that more than half of the 40,000 workers they interviewed reported feeling either "a lot stress" or "moderate stress" in the last 2 weeks. The factors which make job stressful are:

1. Task Demand: The demands of the task can produce stress in two ways. First the workload may be too high. Studies have found that excessive workload are associated with increased rates of accidents and health problems (Mackay and Cox, 1978; Quick and Quick, 1984). Second, some kinds of activities are more stressful than others. For ex, repetitive jobs that underutilize the worker's abilities can produce stress.

2. Responsibility: Jobs that involve a responsibility for people's lives can be very stressful. Medical personal have heavy workloads and must deal with life or death situations frequently, so their job is stressful. Similar stresses exist in the jobs of police and fire personal.

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3. Physical environment: Stress increases when the job involves extreme levels of noise, temperature, humidity, or illumination (Mackay and Cox, 1978; Quick and Quick, 1984).

4. Perceived insufficient control: People experience stress when they have little influence over work procedures or the pace of the work, such as when a machine feeds work to them at a predetermined speed (Cottington and House, 1987; Steptoe, Fieldman, Evans and Perry, 1993).

5. Poor interpersonal relationship: People's stress on the job increases when their boss or a co-worker is socially abrasive, overly critical etc. (Quick and Quick, 1984).

6. Perceived inadequate recognition or advancement: Workers feel stress when they do not get the recognition or promotions they believe they deserve (Cottington, Matthews, Talbott, and Kuller, 1986; Ouick and Quick, 1984).

7. Job loss: People experience stress when they lose their jobs or think their jobs are threatened. They feel a sense of insecurity and this is stressful. Studies have shown that unemployment is associated with psychological and physiological signs of stress , such as in loss of self-esteem and heightened blood pressure (Olafsson and Svensson, 1986).

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Environmental Stress.

Although the perception of stress is a highly personal matter, many kinds of stress emanate from the environmental circumstances that we share with others. Ambient stress consists of chronic environmental conditions that, although not urgent, are negatively valued and place adaptive demands on people (Holahan, et. al, 1990). Features of the environment, such as excessive noise, heat, and pollution can threaten our well being and leave their mark on our mental and physical health. Research has revealed that people exposed to excessive noise at work experience more headaches, nausea, and moodiness than others (Cohen, Glass and Phillips, 1977). Evidence suggests that excessive heat may impair task performance and increase the likelihood of aggressive behaviour (Fisher, 1993). In a study conducted in Dayton Ohio, Rotten and Frey (1984) found that psychiatric emergencies increased when air pollution was high.

Crowding is another source of environmental stress. Research conducted on the effects of residential density have found an association between high density and aggression, poor task performance and social withdrawal (Cohen, et. al. 1977).

Gender and Sociocultural differences in Stress.

Studies have shown that stress depends on a person's gender and sociocultural group membership. With respect to gender differences, women generally report having experienced a greater number of major stressors than men do (Greenglass and Noguchi, 1996). Although this difference may result partly from women's greater willingness to

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say they have felt distressed, it probably also reflects real variations in experiences. For instance, in today's two income households, the total daily workload is particularly heavy for mothers because they still do most of the chores at home (Frankenhaeuser, 1991).

According to Jick and Mitz (1985) there are differences in the stressors to which the two sexes are subjects. For example, sexual hassrasment is a stressor for many working women. Other stressors can be more subtle in the job situation but no less distressing. Sex harassment is associated with many negative consequences like decreased morale and increased absenteeism, decreased job satisfaction(Gruber, 1992), job loss (Coles, 1986; Crull, 1982; Loy and Stewart, 1984) and deteriorating relationship with co-workers (Gutek, 1985; Loy and Stewart, 1984). Such studies illustrate that harassment represent a serious risk to employee's psychological well-being. Sneider and Swan (1997) examined sexual harassment experiences, coping responses, job related and psychological outcomes of 447 female private sector employees and 300 female university employees. Results indicate that women who had not been harassed and women who had such experiences could be distinguished on the basis of both job related and psychological outcomes. The study presents evidence that sexual harassment even at relatively low frequencies exerts a significant negative impact on women's psychological well-being as well as job attitude and work behavior. Sorcar and Rahman (1993) conducted a study in Bangladesh on occupational stress and mental health of women engaged in different occupation. The perceived occupational stress was found significantly higher for Bank and Garment employees as compared to school teachers and more of unmarried women than the married reported higher stress. However, although some studies have been conducted in the developing countries like ours on working women, relatively little information is obtained regarding the psychological well-being of women in general.

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Being a member of a minority group or being poor appears to increase the stress people experience (Johnson et. al, 1995; Young and Zane, 1995). Research in Western countries have shown that individuals with these sociocultural statuses report having experienced a disproportionately large number of major stressors (Gottlieb and Green, 1987).

1.2: Assessing stressful Life Events

Assessment of the impact of stressful events has been the focus of several recent clinical investigations (Miller, 1989). The aim of assessment is to gain detailed information about the nature, sources and severity of life stress.

Researchers have developed different scales for assessing psychological stress, some of these are The Social Readjustment Scale SRS (Holmes and Rahe, 1967), The Life Experiences Survey LES (Sarason, Johnson and Seigel, 1978). The PERI Life Events Scale (Dohrenwend, Knasnoff, Askenrasy and Dohrenwend, 1978), The Unpleasant Events Schedule UES (Lewinsohn, Mermelstein, Alexander, and Macphillamy, 1985) etc.

All these scales were developed in Western countries and the items might not prove suitable for our culture. The original version of the Holmes and Rahe SRS was translated and adapted by Sorcar and Rahman (1989) . The reliability and validity of the Bangla version of the scale was reported to be highly significant. The present study attempted to measure life stress of respondents with the help of this scale.

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1.3 : The Concept of Coping

People struggle with many stresses everyday. Most of them come and go without leaving any enduring imprint. When stress is severe or when demands pile up, however, stress may have lasting effects on both our physical and psychological health because it often triggers emotional and physiological responses that may be harmful. These responses to stress tend to be largely automatic and controlling them depends on the coping responses that we make to stressful situations. Thus our mental and physical health depend, in part, on our ability to cope with stress.

What is Coping?

Stress involves a perceived discrepancy between the demands of the situation and the resources of the person. Consistent with this definition, coping is the process by which people try to manage the perceived discrepancy between the demands and resources they appraise in a stressful situation. Lazarus and Folkman (1984a) defines coping as the cognitive and behavioral activities by which a person attempts to manage a stressful situation as well as the emotions that it generates. The word manage in the definition is important. It indicates that coping efforts can be quite varied and do not necessarily lead to a solution of the problem. Although coping efforts can and should be aimed at correcting or mastering the problem, they may also simply help the person alter his or her perception of a discrepancy, tolerate or accept the harm or threat, or escape or avoid the situation (Lazarus and Folkman, 1984b, Moos and Schaefer, 1986).

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1.4: Coping Strategies

Research on the structure of coping has found it to be a multidimensional phenomenon that includes a number of diverse as well as overlapping processes (Folkman and Lazarus, 1980; Stone and Neale, 1984; Tobin, Holroyd, Reynold, and Wigal, 1989). People have enormous number of ways for coping with stress . One approach to coping divides it into problem-focusd coping strategies and emotion-focused coping strategies (Lazarus and Folkman, 1984a).

Problem-focused coping: It is aimed at reducing the demands of the stressful situation or expanding the resources to deal with it. It may lead to changes in behaviour or to the development of a plan of action to deal with stress. Everyday life provides many examples of problem-focused coping, including quitting a stressful job, devising a new schedule for studying, choosing a different career to pursue, and learning new skills. People tend to use problem- focused approaches when they believe their resources or the demands of the situation are changeable (Lazarus and Folkman, 1984b). Examples of problem focused strategies are problem-solving, confrontive coping, social support, cognitive restructuring etc.

Emotion-focused coping: It is aimed at controlling the emotional response to the stressful situation. People can regulate their emotional responses through behavioral and cognitive approaches. Some examples of behavioral approaches are using alcohol or drugs, seeking emotional social support from friends or relatives, and engaging in activities, such as

watching T.V. that distracts one's attention from the problem. Cognitive approaches involve how people think about the stressful situation, such as denying unpleasant facts. People tend to use emotion-focused approaches when they believe they can do nothing to change the stressful conditions (Lazarus and Folkman, 1984b). An example is the death of a loved one. Other examples can be seen in situations in which individuals believe their resources are not and cannot be adequate to meet the demands of the stressor. Examples of emotion-focused strategies are problem avoidance, social withdrawal, acceptance, express emotion etc.

Many individuals use both problem-focused and emotion-focused coping when adjusting to a stressful circumstance. For example in one study, individuals said they used both problem-focused and emotion-focused coping strategies in 98 percent of the stressful encounters they face (Folkman and Lazarus, 1980).

Lazarus and Folkman's concept of problem-focused and emotion-focused strategies correspond to Tobin et. al, (1989) concept of Problem engagement (adaptive) and disengagement (maladaptive) coping, Emotion engagement (adaptive) and disengagement (maladaptive) coping strategies. Studies have reported engagement (adaptive) strategies tend to be associated with better adaptation and adjustment than disengagement (maladaptive) strategies (Tobin et. al, 1989). But there are times when emotion-focused coping is adaptive. For example, denial is one of the protective

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psychological mechanisms that enables people to cope with the painful feelings that occur when the reality of death or dying becomes too great. But in other circumstances, denying or avoiding a problem, rather than dealing with it is maladaptive.

1.5 : Relevant Research on Coping Strategies

Research evidence suggests that the nature of coping strategies adopted varies according to variables such as age, gender and sociocultural factors.

Age and Coping Strategies

In their study of coping strategies in young, middle-aged, and older adults, Folkman et. al. (1987) found that older adults were less likely than young and middle-aged adults to employ confrontation and aggression. Rather than becoming highly emotional when faced with stressful circumstances, older adults tended to cope by using denial, repression, and other passive strategies (Felton and Revenson, 1987; Folkman et al. 1987). Confronting stress with detachment and humor is more characteristic of older than young adults (Valliant, 1977). Compared with older adults, young adults and adolescents employ denial and other defense mechanisms more often (Blanchard-Fields and Irion, 1988; Blanchard-Fields and Robinson, 1987).

A study of Australian secondary students (Frydenberg and Lewis, 1993) found that the older pupils were more likely to blame themselves and use tension reduction techniques while younger students reported greater use of work-related strategies.

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Gender and Sociocultural differences in coping

Studies of gender differences in coping have generally found that men are more likely to report using problem-focused strategies and women are more likely to report using emotion-focused strategies in dealing with stressful events. But when men and women were similar in occupation and education, no gender differences were found. (Greenglass and Noguchi, 1996). These results suggests that societal sex roles play an important role in the coping patterns of men and women.

Girls were more likely to adopt coping strategies involving seeking social support, wishful thinking, and tension reduction but less likely to turn to sport than their male peers. (Frydenberg and Lewis, 1993). Similar findings were found in studies of Canadian, German, Israeli, and U.S. students (Seiffge-Krenke, 1993).

In another study Billings and Moos(1981) found that individuals with higher incomes and educational levels reported greater use of problem-focused coping than those with less income and education. Social experiences of disadvantaged people might have lead them to believe they have little control over events in their lives. Gottlieb and Green(1987) in their study on disadvantaged individuals which also included more minority group members found they experienced more stress and coped with them less effectively than other people.

Cultural differences in coping with stress was examined between 111 Asian American students and 111 Caucasian American students in a study conducted by Chang(1996). Asian Americans were found to use significantly greater problem avoidance and social withdrawal strategies than Caucasian American students.

Personality and Coping Strategies

Self-concept, and its evaluative component, self-esteem, have been identified as possibly playing a crucial role in the choice and outcome of coping strategies. (Coyne and Downey, 1993). Higher self-esteem has been shown to be related to greater use of adaptive coping pattern, whereas low self-esteem is likely to be associated with defensive avoidance and hypervigilance.

Boldero, Frydenberg and Fallon (1993) reported that self-evaluation in specific areas were a good predictor of which coping strategies would be adopted. In particular, poor self-esteem in the areas of emotion, parental relationships, and same sex relationships was found to be associated with a number of non-adaptive coping strategies. In addition, higher academic self-concept was correlated with the use of problem-solving strategies.

Only a few studies have been carried out to compare the effects of optimism and pessimism, but they all suggest that this aspect of personality influences the impact of stress and coping behaviour . In a study, Scheier, Weintraub, and Carver(1986) found that optimists and pessimists cope with stress differently. Optimists are more likely to engage in action-oriented, problem-focused coping. They are more willing than pessimists to seek social support. Pessimists, on the other hand, are more likely to deal with stress by giving up or engaging in denial. Optimism was found to be associated with the use of more adaptive engaged coping activities such as problem-solving and cognitive restructuring, whereas pessimism was associated with the use of more maladaptive, disengaged coping activities such as problem avoidance and social withdrawal (Chang, 1995; Long and Sangster, 1993; Scheier and Carver, 1985, 1992).

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In sum, people use different skills and strategies for altering the problem or regulating their emotional response when they experience stress. Each strategy can be effective and adaptive for the individual if it neutralizes the current stressor and does not increase the likelihood of future stressful situations.

The present research focused on 11 coping strategies for developing the coping scale for use with Bangladeshi respondents. On the basis of in-depth interview with both rural and urban people, only those strategies found suitable for our culture were included in the scale. A brief description of the subscales used in the study is given below.

1. Problem Solving (adaptive)

Tobin et. al, (1989) defined problem solving as cognitive and behavioral activities that attempt to change the stressful situation for the better. According to D 'Zurilla and Negu, (1982) it is an adaptive way of coping with problematic situations encountered in the course of everyday living. According to this view, problem solving is primarily a conscious, rational effortful, and purposeful coping process that enhances a persons ability to deal effectively with a wide range of stressful situations. (e.g. "I work on solving the problems in the situation".)

2. Cognitive Restructuring (adaptive)

Tobin et. al, (1989) defined cognitive restructuring as cognitive reappraisals that alter the meaning of a stressful situation to make it less threatening. In Tobin et. al's model it is a problem-engagement strategy, whereas Lazarus and Folkman (1984) view this technique as an emotion-focused strategy. (e.g. "I convince myself that things aren't quite as bad as they seem.")

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3. Confrontive Coping (adaptive)

Confrontive coping is a problem-focused strategy where an individual take assertive action often involving anger or risk taking to change the situation. (e.g. "I speak foul language or get annoyed in such situations. ")

4. Express Emotion (adaptive)

Express emotion is an emotion-focused strategy which aims at managing one's emotional reactions to a stressful situation by releasing and expressing feelings (e.g. " I let my emotions / feelings out".)

5. Social Support (adaptive)

According to Folkman and Lazarus (1988) this strategy can be problem or emotion-focused. It aims at managing one's emotional reactions to a stressful situation by seeking emotional support from others. People not only try to get comfort and encouragement from others by describing one's worries, but also try to acquire informational support (e.g. " I discuss with others about how I feel.")

6. Problem Avoidance (non-adaptive)

Problem avoidance strategies are responses that individuals use to keep stressful circumstances out of awareness so they do not have to deal with them (e.g. "I avoid thinking or doing anything about the problem.").

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7. Wishful Thinking (non-adaptive)

It is an emotion-focused strategy where an individual thinks wishfully about the situation. (e.g."I hope a miracle would happen.")

8. Social Withdrawal (non-adaptive)

Social withdrawal is an emotion-focused strategy where one makes cognitive efforts to detach oneself from the situation or create a positive outlook. (e.g. "I avoid being with people.")

9. Self-criticism (non-adaptive)

People sometimes become highly self-critical when confronted with stress (especially frustration and pressure). It is a tendency to engage in negative self-talk, to attribute failures to personal shortcomings and making unduly pessimistic projections about the future. A good deal of evidence suggest that self-criticism or self-blame are not very healthy ways to cope with stress (Revenson and Felton, 1989; Vitaliano et. al, (1990). (e.g. "I blame myself".).

10. Religion (adaptive)

People sometimes pursue more informal ways of coping with stress. One such strategy according to Folkman and Lazarus (1988) is 'Turning to religion' (emotion-focused). In Muslim community prayers are regarded as a kind of meditation which helps release tension (e.g."I put my trust in God.").

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11.Acceptance (non-adaptive)

It is an emotion-focused strategy where people acknowledges one's own role in the problem while also tries to put things right. (e.g. "I accept everything or learn to live with it.")

1.6 : The Concept of Psychological Well-being

An ever growing number of studies document the significance of adaptive coping (perceived social support) strategies for better emotional and psychological well-being (Cohen and Wills, 1985; Cohen and Syme, 1985; Dean and Lin, 1977; Gottlieb, 1981a; Kessler et. al, 1985b; Sarason and Sarason, 1985; Sarason et. al. 1990b; Veil and Baumann, 1992). Poor psychological well-being have been found to be associated with the use of more non-adaptive coping strategies (Scheir and Carver, 1985, 1992; Lazarus and Folkman, 1984).

Psychological well-being has become of widespread interest to psychologists in recent years. This is a somewhat malleable concept which is to do with people's feelings about their everyday life activities (Bradburn, 1969; Warr and Wall, 1975; Campbell, 1976). Such feelings may range from negative mental states (dissatisfaction, unhappiness, worry, etc.) to a more positive outlook which extends beyond the mere absence of dissatisfaction (as health is something beyond the mere absence of illness) into a state which has sometimes been identified as positive mental health (Jahoda, 1958; Hergberg, 1966; Berg, 1975). The definition of positive mental health is especially difficult, since

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the concept is both multidimensional and value-laden, but it is usually considered to include such features as favorable self-evaluation, growth and learning from new experience, a realistic freedom from constraints and some degree of personal success in valued pursuits. Psychological well-being is thus a wide ranging concept which embraces affective aspects of everyday experience.

Components of Psychological Well-being

Some components of psychological well-being were extensively studied by Bradburn (1969). One the basis of large-sample survey investigations in the United States he argued that positive and negative affect were uncorrelated: a person's position on one of the two dimensions were not predictable from his position on the other. Furthermore, the two dimensions were seen to be related to quite different sets of variables. Positive affect was associated with higher levels of social contact and more exposure to new experiences, whereas negative affect was uncorrelated with these. On the other hand, negative affect was found to be associated with various indices of anxiety, fears of a nervous breakdown and physical symptoms of ill-health, but positive affect was not related with these. A respondent's educational level was significantly associated with reported positive affect, but not with negative affect. Other North American studies have also reported similar findings (Phillips, 1967; Andrews and Withey, 1974, Beiser, 1974 and Cherlin and Reeder, 1975).

The concept of psychological well-being is considered by most researchers (Andrews and Withey, 1976; Najman and Levine, 1981; Campbell and Converse, 1971) to be a composite measure of physical, mental and social well-being as perceived by each

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individual or by each group of individuals, and of happiness, satisfaction and gratification involving mainly such non esoteric life concerns as health, marriage, family work, financial situation, educational opportunities, self-esteem, creatively, belongingness, and trust in others. The measures generally cover overall satisfaction as well as satisfaction in the component areas.

All indicators of well-being of an individual or a group of individuals have objective and subjective components.

Objective component: The objective component relate to such concerns as are generally known by the terms "standard of living," with things such as level of education, employment status, financial resources, housing conditions and comfort of modern living. The parallel term used in the United Nations documents (United Nation, 1961) is "level of living", "consisting of nine components: health, food consumption, education, occupation and work conditions, housing, social security, clothing, recreation and leisure, and human rights. These objective characteristics are believed to influence human well-being.

Subjective component: An individual's satisfaction or happiness with his objective reality depends not only on his access to goods and services that are available to the community but also on his expectations and perceived reality. It is this subjective component which links the concept of quality of life to psychological well-being, viz. "as experienced by each individual." The individual is considered to be the best judge of his situation and his state of well-being.

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Thus psychological well-being is believed to be a function of the degree of congruence between the individual's wishes and needs on the one hand and environmental demands and opportunities, on the other. Equally important is the magnitude of congruence between the individual and group expectations and the perceived reality. However, increase in the objective standards of living-economic resources, housing, leisure , etc. may be accompanied, but not necessarily, by an increase in the individual's satisfaction or well-being or 'quality of life.' The final benefit of any gain in the objective reality is the contribution to subjective well-being of the individual or the group. It is the individual's perception of reality, his expectations, his coping behaviour that acts as the sharp edge for turning the subjective reality into a source of well-being.

Reich and Zautra (1981) have pointed to the importance of one's sense of personal control over life satisfaction as a factor contributing to well-being. According to Weiner (1979) overall positive or negative valence of outcome in people's lives dominates their affective evaluation of experience independently of causal attributions. Andrews and Withey (1976) have documented potential dimensions of well-being that is evaluation of potential life quality as well as two separate ones that reflected positive and negative affect, similar to the findings of Bradburn (1969).

Although researchers have corroborated Bradburn's model of bifurcation in affective experience (Andrews and Withey, 1976; Cherlin and Reeder, 1975; Warr, 1978) some findings point to a dimension of personal efficiency in self evaluations that may be distinctly different from feelings of either, positive or negative affect about one's life in general. (Burt, Wiley, Minor and Murray, 1978; Cherlin and Reeder, 1975; Wan and Liveratos, 1978; Warr, 1978).

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According to Shin and Johnson (1978) psychological well-being is "a global assessment of a person's quality of life." Quality of life tends to cover a variety of areas such as physical and psychological complaints, feelings of well-being, personal functioning and general limitations. It can be evaluated by taking a number of aspects of a person's life and assessing that person's subjective feelings of happiness or unhappiness about the various life concerns.

Fontana et. al, (1980) have pointed out that "If people are to report on their own psychological well-being both positive and negative affect should be included in order to obtain a complete account. Exclusive focus on negative affect will provide information regarding psychological impairment, and will yield little indication of psychological health."

Quality of life as defined by Nagpal and Sell (1985) is a composite measure of physical, mental and social well-being, as it is experienced in such life concerns as health, family, work etc. and the focus in assessing the quality of life lies on perceived subjective or psychological well-being. In other words, psychological well-being is the total assessment of the quality of life.

To sum up, subjective or psychological well-being is people's evaluations of their lives in terms of both their thoughts and emotions. Considered another way, psychological well-being is the measure of how happy people are (Diener, 2000).

Research on psychological well-being shows that happy people share several characteristics (Myers and Diener, 1996; Myers, 2000).

(i)Happy people have high self-esteem. They see themselves as more intelligent and better able to get along with others than the average person.

(ii)Happy people have a firm sense of control. They feel more in control of events in their lives, unlike people who feel they are the pawns of others and who experience learned helplessness.

(iii)Happy individuals are optimistic. Their optimism permits them to persevere at tasks and ultimately to achieve more. Their health is also better (Peterson, 2000).

(iv)Happy people like to be around other people. They tend to be extroverted and have a supportive network of close relationships.

Perhaps most important, most people are at least moderately happy most of the time. In both national and international surveys, people living in a wide variety of circumstances report being happy.

1.7 : Theories of Psychological well-being.

1. Self-determination theory of Psychological Well-being.

Based on the literature on intrinsic motivation, Ryan, Sheldon, Kassar, and Deci (1996) proposed a self-determination model of well-being. This model postulates that there are three universal psychological needs, namely autonomy, competence and relatedness, and that the gratification of these needs is a key predictor of psychological well-being (Ryan, 1995). More specifically, this model predicts the pursuit of intrinsic goals (e.g. personal growth, autonomy, enhancement of others and communities) will provide people with a

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deep sense of satisfaction, whereas the pursuit of extrinsic goals (e.g. financial success, physical attractiveness, and social reputation) would not provide people with such satisfaction.

Some research based on the self-determination model showed that the types of activities in which individuals engaged (e.g. Sheldon et al, 1996), the reasons for the engagement (e.g. Elliot and Sheldon, 1997; Elliot, Sheldon and Church, 1977), and progress towards goals (e.g. Sheldon and Kasser, 1998) have a profound impact on individuals well-being. In other words, according to the self-determination theory, the "good life" is the life in which an individual strives for personal growth, independence, meaningful relationships with others, and community service.

2. Multidimensional Model of Psychological Well-being.

Based on the literature on human development, Ryff (1989a, 1989b; Ryff and Keyes 1995) proposed another model of well-being. She criticized that traditional well-being research was exclusively focused on emotional well-being, and that the assessment of affect would not provide a clear answer to what it means to be psychologically well; people can experience positive emotions, and yet consider their lives to be meaningless. Ryff insists that psychological functioning should be assessed in terms of self-acceptance, personal growth, purpose in life, positive relations with others, environmental mastery, and autonomy. Ryff and Keyes (1995) found that though the overall score for the six-factor structure of well-being did not differ across age groups, specific scale scores did differ across age groups. For example, purpose in life and personal growth declined over time, whereas environmental mastery and autonomy increased over time. More

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specifically, the finding suggests that active pursuit of goals and self-improvement characterize young adulthood, whereas a sense of control over one's life characterizes later life. Ryff (1989b) also found via interviews that middle-aged and older adults, both men and women, mentioned having good relationship with others as one of the most important aspect of being well.

Although empirical findings indicate a qualitative shift in the definition of "good life" across life span, Ryff seems to emphasize a universal significance of purpose in life and quality relationships with others as the primary features of positive human health.

3. The Goal Approach Model to Psychological Well-being.

Whereas the previous two models focus on the universality of positive self regard, community service, purpose in life, and positive relationships with others, goal researchers take into account individual differences and developmental shifts in markers of well-being (e.g. Brunstein, 1993; Cantor et. al. 1991; Diener and Fujita, 1995; Emmons, 1986, 1991; Harlow and Cantor, 1996; Palys and Litte, 1983; Sanderson and Cantor, 1997). Oishi (2000) defines goals as desired states internalized by individuals. Values, which are defined as guiding principles in life (Schwartz and Sagiv, 1995) can be considered as higher-order goals, whereas personal strivings, which are defined as what individuals are characteristically trying to do in daily life (Emmons, 1986), can be conceptualized as lower-order goals. Basically the goal as a moderator model of well-being (Oishi et. al. 1999) assumes that markers of well-being vary across individuals,

depending on their goals and values. The premise of the goal as a moderator model is that people gain and maintain their well-being mostly from the area on which they place special importance, and that to the extent that individuals differ in their goals and values, they differ in their sources of satisfaction.

The moderating role of personal strivings in types of daily events and emotional experiences was first tested by Emmons (1991) in a 21-day daily dairy study among college students. Intra-individuals analysis revealed that individuals who were striving for achievement reported more intense positive emotions when they experienced positive events related to achievement than when they experienced positive events unrelated to achievement.

The three individual level models of well-being summarized above give rise to two interesting hypothesis about the determinants of psychological well-being. The self-determination model (Ryan et. al, 1996) and the multidimensional model of psychological well-being (Ryff and Keyes, 1995) posit that well-being should be universally predicted from the degree of positive self-regard, quality relationships, and purpose in life. On the other hand, the goal approach posits that predictors should differ across individuals and cultures, depending on salient needs and values.

1.8 : Research on Psychological Well-being

Psychological well-being researchers are interested in the factors that influence cognitive and affective well-being from the respondents' perspective. Both demographic and psychological factors should be considered, and all consistent relations must be understood in the context of theories that explain the processes underlying psychological

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well-being judgments. As mentioned earlier, psychological well-being is not a single unitary construct. Instead, it comprises multiple, separable components (Andrews and Withey, 1976; Lucas, Diener, and Suh, 1996). People are said to have high psychological well-being if they feel satisfied with the conditions of their lives (cognitive well-being) and experience frequent pleasant emotions and infrequent unpleasant emotions (affective well-being). The different components of psychological well-being often have different demographic and psychological correlates. For example, personality researchers have found that extraversion tends to correlate moderately with pleasant affect but only slightly or not at all with unpleasant affect (Costa and McCrae, 1980). For this reason it is important to investigate the separable components of psychological well-being especially when examining the effects of sex and age.

Sex differences and Psychological Well-being

Recent reviews on gender difference in psychological well-being consistently agree that women tend to experience higher levels of unpleasant affect then men (Brody and Hall, 1993; Manstead 1992; Nolen-Hoeksema and Rusting, 1999). Women report more frequent and intense internally focused moods such as sadness, fear, nervousness, shame and guilt. These differences mirror the elevated rates of internalizing disorders such as depression, anxiety disorders, and eating disorders experienced by women. These findings suggest men have better psychological well-being than women.

Not all emotions are internally focused, however, and gender differences are less clear when externally focused unpleasant emotions are examined, such as anger. In some

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studies men experience more anger than women (Biaggio, 1980; Doyle and Biaggio,1981), whereas in others , no significant differences were found (Allen and Haccoun, 1976; Averill, 1983; Brody, 1993).

In an investigation into sex differences in positive emotional well-being, Brody and Hall (1993) concluded that women experience more pleasant emotions than men. Haring, Stock, and Okun(1984) reported that men have a slight tendency to report higher levels of positive well-being, whereas Wood, Rhodes , and Whelan (1989) reported a slight benefit for women (particularly in measures of happiness and life satisfaction).

Therefore, the question of whether sex differences in psychological well-being exist cannot be answered with a simple Yes or No. Bryant and Veroff (1982) conducted a study in which data were collected from nationwide representative sample, cross sectional surveys of the U.S. adults-one conducted in 1957 and the other in 1976. No sex differences were consistent across both 1957 and 1976 studies.

Unfortunately, most studies of sex difference in psychological well-being have been undertaken in Western countries, and the generalizability of sex differences is not known. The present research attempts to assess psychological well-being of men and women in both urban and rural setting.

Age Effects on Psychological Well-being

As with sex difference, age effects have been studied since the field of psychological well-being emerged. In his review of the field, Wilson (1967) concluded that age does

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have an effect on avowed happiness, with younger individuals reporting higher happiness than older individuals. Recent studies, however contradicts this simple interpretation of age effects on psychological well-being (Diener et. al. 1999).

Theories of age effects in psychological well-being generally posit that,

(1) Psychological well-being is influenced by the objective conditions of our life (e.g. income, social support, health), and these conditions tend to worsen as we age. (Diener and Suh, 1998; Wilson 1967), or

(2) Psychological well-being is influenced by our ability to regulate our emotions, and this ability tends to improve as we age (Carstensen, 1995; Lawton, 1996).

Some theorists argue that psychological well-being should decrease with age, while others argue that psychological well-being should increase with age. Empirical support for these opposing viewpoints is mixed (Mroczek and Kolarz, 1998). Campbell, Converse, and Rodgers (1976) in their study found that Americans younger than 35 years old were the happiest age group, while those over 75 years old were the least happy group. Yet the satisfactions expressed by the older groups were higher than the satisfactions expressed by the younger group. They interpreted these findings by noting that the young may be happy, but they have not yet achieved their aspirations. Therefore, they may feel less satisfied than the older group who may find in their later years that

they are better off than they had anticipated and thus feel satisfied with their lives. Evidence from cross-cultural studies of age and psychological well-being are reviewed below.

In the first major cross-cultural study of the relation between age and psychological well-being, Cantril (1965) examined the life satisfaction ratings of individuals from 14 nations. Cantril's data show that approximately the same percentage of older adults as middle-aged or young adults report high life satisfaction. Inglehart (1990) replicated this findings, and noted only small differences in life satisfaction across age groups. For example, 80% of young adults, and 81% of those aged 65 and older reported being satisfied or very satisfied with their lives.

Okma and Veehoven studied the relation between age and psychological well-being in 8 European nations between 1980 and 1990. Unlike previous studies they examined the cognitive and affective components of psychological well-being separately, and more precise age groups instead of simply comparing young and old. From age 18 to 90, mean levels of life satisfaction exhibited almost no change. Affective well-being, on the other hand, showed consistent declines across the life span. Specifically, affect balance (defined as the difference between pleasant and unpleasant affect) declined slowly from ages 18 to 48, and more dramatically after age 65.

Several other consistent findings emerge from cross-cultural studies of age effects on psychological well-being. In all major international studies of psychological well-being, life satisfaction shows little, if any change across the life span. Affective well-being appears to decline with age, but Diener and Suh (1998) suggested that this decline is due

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to more decreases in pleasant affect than increases in unpleasant affects. Diener and Suh reported that at least until the 60's negative affect also declines. This finding of general declines in emotional experience is supported by findings of decreased affective intensity (Diener, Sandvik, and Larsen, 1985) and greater emotional control (Gross et. al. 1997) with age. These trends seem to be consistent across nations and across diverse cultural and ethnic group.

Perhaps, it would be important and useful to know whether such effects are consistent for poor nations. For example, the impact of the elderly's poorer health on psychologial well-being may be greater in nations where access to medical care is limited, or the impact of reduced income among the elderly may be magnified in nations with poor economies. This may be particularly true to Bangladesh especially for rural areas where not only medical care is limited but backward in almost all indices of development, viz. education, employment, income etc.

Sociocultural differences in Psychological Well-being

Ample evidence indicated that cultural and some personal factors may be associated with psychological well-being. Slottye, Scully, Hirschberg, and Hayes (1991) concluded from their study that economically developed countries have high psychological well-being and the less developed countries have low psychological well-being. This finding was later supported by Veehoven's (1994) study, which reported that psychological well-being have positive correlations with the amount of education, income, employment and

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health status, and it has negative correlations with unemployment, suicide, oppression and the like.

Easterlin (1974) in his review of thirty cross sectional studies conducted within countries found wealthier persons to be happier than poorer persons. Similar funding were reported by Gallup (1984) and Silver et. al, (1980). They found that persons in wealthier countries report higher well-being than persons in poorer countries. Diener and Diener (1995) investigated the factors that lead to psychological well-being. They found that high income, individualism, human rights, and social equality are connected with psychological well-being. In general, developed countries enjoy high income, value human rights and social equality, so they have high levels of psychological well-being. Underdeveloped and developing countries of the third world which do not emphasize these factors show low levels of psychological well-being.

Campbell et. al, (1976) in his study found that unemployed people were the unhappiest group. This suggests that unemployment has a devastating impact on the well-being that goes beyond the obvious financial difficulties involved.

Veehoven (1994) found that the greater the number of vulnerabilities (floods, hurricanes tornadoes etc) in a particular country, the lower is the psychological well-being of the country. Wang et al (2000) studied the psychological well-being in a rural community sample in northern China affected by an earthquake. The results showed that the victims suffered significantly more psychological distress in terms of depression, anxiety and reported poor psychological well-being.

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In sum, it appears that economic and social conditions are major determinant factors in psychological well-being.

1.9 : Assessment of psychological well-being

There are numerous scales for measuring psychological well-being some of which are

(1) the Satisfaction with life scale (SWLS, Diener et al. 1985),

(2) Subjective Well-being Questionnaire (Nagpal and Sell (1985) etc.

But for the present study a scale was developed by the author for assessing psychological well-being of male, female, urban, rural, literate, illiterate, rich and poor respondents. Detailed description of the construction and development of the scale is given in the methodology section.

1.10 :The Bangladesh Context.

Bangladesh, a country with about 133.4 million inhabitants (World Bank data), 9th April, 2003) is now passing through the demographic transition although socioeconomic conditions continue to be unfavorable (Mostafa and VanGinneken, 1999). The country is also one of the most densely populated countries of the world, with our 800 persons per square kilometer and an adverse population-resource ratio. With a GNP per capita of

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only U.S. $ 220 (World Bank Report, 1994) and a human development rank of 143 among 174 nations, Bangladesh falls into the category of a poor country where visible advances in human development have been made only in recent years.

The general human development conditions are quite dismal. More than half of the population survives in absolute poverty, and more than half of the poor suffer from malnutrition. Almost two-thirds of the adult population is illiterate and about 55 percent of the population does not have access to health services.

A vast majority of this poverty-stricken population (about 46.3 million) live in the rural areas and about 50 percent of the rural people are landless (UNDP, 1994). Majority of the people in Bangladesh depend mainly on agriculture, small and cottage industries and manual labour for their livelihood. Lack of ownership on access to productive assets inhibits the poor people to low productive occupation leading to low income, high illiteracy and low per capita calorie intake or poor health. Poverty again is not equally experienced across gender. Women in Bangladesh constituting half of its population, bear a disproportionately large share of the country's poverty. They are worse off than men in all indicators of human development. Nutrition index show that females receive 88 percent as against 100 percent of the male. Wage index also show gender disparity as females score 48 as opposed to 100 of the males. The rate of illiteracy for women is 75 percent as against 52 percent for men (UNDP, 1997). The traditions of centuries have denied them of equal status with men in society. These traditional socio-cultural attitudes and values nourish some built in beliefs, prejudices, discrimination, stereotyped gender roles and above all acceptance of patriarchy in social and cultural spheres. All these

make women powerless and not only deprive them of education, health care etc. which are among their fundamental rights but also of access to productive resources, namely, land, credit, technology, information and the likes.

Apart from these daily struggle for subsistence the majority of the rural people in Bangladesh routinely face devastating floods, disastrous cyclones, tornadoes, unprecedented tidal waves and droughts which threaten their stability and survival.

Recently, urban people are experiencing environmental stressors like traffic jam, high levels of noise, pollution and humidity. Some major cities like Dhaka is being crowded with high rise buildings. Moreover, unemployment is extremely high among educated youths, causing social unrest and tension in the country. Other psychosocial stressors like, family problems, living circumstances, interpersonal and marital problems, occupational etc. are also common among the people of Bangladesh.

It is needless to say that such adverse life situations affects the quality of life. Nagpal and Sell (1985) have conceived it as subjective or psychological well-being which is a composite measure of physical, mental and social well-being as it is experienced by individuals and groups subjectively in such life concerns as health, education, family, work etc. Elkin and Rosch (1990) have summarized the consequences of stress: physical symptoms are fatigue, headache, back pain, hypertension, heart disease, ulcer; psychological symptoms are irritability, anger, depression, apathy, anxiety; behavioral symptoms are smoking, overeating, drug consumption, sleep disorder etc.

Although Bangladesh has made commendable progress in some areas like poverty alleviation, reducing mortality rates, increasing literacy rates and such other phenomena,

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quality of life or psychological well-being area remained almost ignored until recently. For development, rise in the level of living is not enough, quality of life should be taken into consideration which means increased emphasis must be put on social policy on psychological aspects and on reformulation of societal goals (SEARO Papers No. 7, WHO: 1985). Since mental health is no less important than physical health, identification and monitoring of mental health problems of men and women in urban and rural areas has currently become a primary concern to mental health professionals. Although much progress has been made, the great majority of the data is based on studies with Western subjects. There have been some studies on psychological well-being but those are very few in number and in isolated form with small number of samples. In a recent study (Begum and Mahmuda, 1997) revealed that psychological well-being of people of low socio-economic status was significantly poorer than that of the middle and high socio-economic groups. Women of low SES were also found to have poor psychological well-being compared to women of middle and high SES groups. In another study (Jahan, 1996) on elderly people, found that women in general have poorer psychological well-being than males, and women belonging to low SES, showed the lowest psychological well-being.

Studies on female industrial workers belonging to low SES (Khaleque and Sorcar, 1992), Sorcar and Rahman, 1993) revealed that they experience poorer quality of life, more stress and poorer mental health. As reported by the respondents, longer working hours and family problems were the causes of stress.

No systematic study known to date has been undertaken to search for the different sources of stress in the life of both rural and urban men and women, their coping

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behaviour and its effect on psychological well-being. It has been recognized that not only the types of stressors and the resources available to deal with them but also the very success of the coping strategies adopted may differ between cultures (El-Sheikh and Klaczynski, 1993; Folkman, 1984). Research finding also indicate that the nature of stress and coping strategies adopted varies according to variables such as age, gender, education and SES. The present research will therefore investigate such issues with a sample of Bangladeshi men and women.

1.11 : Purpose and objectives of the study

The main purpose of the present study was to investigate life stress, coping strategies and psychological well-being of men and women in urban and rural setting. The study also attempted to develop scales for measuring psychological well-being and coping behavior which will be useful for both rural and urban areas of Bangladesh.

Objectives of the Present Research.

The objectives of the present research were :

(1) To develop reliable scales useful for measuring psychological well-being and coping strategies in rural and urban areas of Bangladesh.

(2) To assess and compare the sources of stress experienced by males and females in rural and urban setting.

(3) To assess and compare the coping strategies adopted by males and females in rural and urban areas.

(4) To assess and compare psychological well-being of males and females in urban and rural setting.

(5) To examine whether psychological well-being varies with the severity of life stress.

(6) To identify which coping strategy / strategies were the best predictors of psychological well-being.

(7) To examine whether there was any significant age difference in the sources of life stress experienced by the respondents, coping behavior and psychological well-being.

(8) Whether psychological well-being varies with marital status, family type and occupation of the respondents.

(9) To identify relevant socio-demographic variables related to psychological well-being.

Rationale of the study

Bangladesh is a Third World country where about 78 percent of the people are below poverty line. Gender disparity prevails in almost all segments of life and majority of the population live in the rural areas being deprived of modern facilities of living. The

stresses experienced by both the urban and rural people of Bangladesh has adverse effects on their objective and subjective well-being. The objective components relate to such concerns as are generally known by the term "standard of living" such as level of education, employment status, financial resources etc. The subjective well-being is one's satisfaction or happiness with perceived reality which links the concept of quality of life to well-being "as experienced by each individual." In Bangladesh, this aspect of health has remained almost ignored. No national survey to assess the quality of life or psychological well-being of people known to date has been undertaken. Only few studies have been conducted on these constructs recently with a small number of sample where findings cannot be generalized for the population. Hence, an extensive survey to assess mental health of both males and females of urban and rural areas was urgently needed.

The present study, therefore, was undertaken to assess the sources of stress, how people cope with the stresses and to see its effects on psychological well-being. Modern age is an age of stress and is observed in our everyday life. It is widely recognized as a major problem affecting both physical and mental health of people. A growing body of clinical literature provides strong support for the existence and efficacy of many stress management techniques (Everly, 1989). For management of stress, psychologists need to know thoroughly the causes and consequences of stress. Research has shown adaptive coping behavior promotes psychological and physical well-being (e.g. Chang et al., 1994; Mroczek et al., 1993), whereas maladaptive coping behavior was found to be related to psychological and physical illness (e.g. Scheier et al, 1986; Mroczek et al, 1993).

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The findings of the present investigation has both theoretical and practical significance. Theoretically, the present research would enrich the existing knowledge about the mental health of men and women in the field of clinical psychology. The courses offered in this field could be enriched by introducing the issue from the context of Bangladesh. On the practical side, the study will help us to suggest measures for improving mental health and reducing stress. Services of clinical psychologists could be extended to help in the treatment as well as prevent psychological problems. The present research would also be able to furnish necessary information presently lacking but vital to policy makers to conceptualize any intervention strategy to be undertaken for the well-being of men and women in rural and urban areas. The findings will also help increase public awareness.

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METHOD

CHAPTER II

METHOD

This chapter describes the sample, study design, questionnaires used, and fieldwork procedures of the present study.

2.1 :Sample:

The study design called for drawing a population of 500 adult respondents (250 men and 250 women) from both urban and rural areas of Dhaka district. The urban sample was drawn from 5 thanas of Dhaka city and the rural sample from 2 villages adjacent to Dhaka city. Men and women residing in Dhaka city for the last ten years or more are defined as urban sample, and people residing in the villages for the last 10 years or more are defined as rural sample. Distribution of urban and rural respondents according to gender finally included in the study are presented in Table 1.

Table I : Number and percentage of study sample according to residential status and gender.

Residential Status	Male	Female	Total
Urban	125 (26.59)	125 (26.59)	250 (53.19)
Rural	118 (25.10)	103 (21.91)	221 (46.80)
Total	243 (51.59)	228 (48.51)	471 (100%)

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2.2 : Study Design:

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Selection of urban sample:

The sampling employed a two stage design. The first stage involved the selection of thanas and small sample areas within each thana of Dhaka city. The second stage involved the selection of households from the selected areas. To have a representative sample of the population of Dhaka city, care was taken to cover respondents from all socio-economic status. Out of 19 thanas of the Metropolitan Dhaka city, 5 thanas were selected randomly following the simple random sampling procedure. Then from each thana 2 sample areas were systematically drawn.

Selection of Household:

Information about the number of households in the selected sample areas was collected from the Bangladesh Bureau of statistics (BBS) on the basis of the 1991 census report. To carry out the research within affordable cost, time and convenient locality, a total number of 120 to 150 households from the sample areas were initially selected. The first household was selected at random. Then to draw a sample of 50 respondents (25 men and 25 women) from each of the 5 thanas, a random number between 1 to 10th was picked. Every k th (i.e 3rd) household was included in the sample. If the target sample was found to reside in the household, the required information was collected. If no target sample

was found, the researcher proceeded to the next household. The process of visiting the kth number of household continued until the required number of sample was completed.

Selection of rural sample.

Similar procedure was followed in selecting the sample from rural area. 2 villages adjacent to Dhaka city were selected taking into consideration distance, time, financial costs and convenience of the research workers. Lists of households within each Mohallas for the two rural sites were collected from the union office. A total of 150 households from each site was initially selected. Then 125 respondents (75 men and 75 women) from each village were drawn.

Selection of Respondents.

The criteria used for the selection of respondents were (1) 18 years of age and above, (2) only one respondent from each house, preferably the person who opens the door was selected, (3) respondents willing to participate, (4) permanent resident of the house to ensure the return of the questionnaire, if left with the respondent to be collected later, and (5) sick or persons with physical or mental handicap like bedridden, short of hearing, poor eye sight, mentally retarded etc were excluded.

Number and percentage of certain demographic factors of urban and rural sample are presented in Table 2 through Table 8.

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Table 2: Number and percentage of urban and rural sample according to family type.

Family type	Urban	Rural	Total
Single	166(35.24) 75 male + 91 female	116 (24.63) 60 male + 56 female	282 (59.87)
Joint	84(17.83) 50 male + 34 female	105(22.29) 58 male + 47 female	189 (40.13)
Total	250	221	471

Table 3 : Number and percentage of urban and rural sample according to religion

Religion	Urban	Rural	Total
Muslim	199 (42.25)	198 (42.03)	397 (84.29)
Non Muslim	51 (10.83)	23 (4.88)	74 (15.71)
Total	250	221	471

Table 4 : Number and percentage of urban and rural sample according to marital status.

Marital Status	Urban	Rural	Total
Unmarried	48 (10.19)	28 (5.94)	76 (16.14)
Married	177 (37.58)	150 (31.85)	327 (69.43)
Widow	15 (3.18)	23 (4.88)	38 (9.10)
Divorced	6 (1.27)	7 (1.49)	13 (2.76)
Separated	1 (0.21)	5 (1.06)	6 (1.27)
Abandoned	1 (0.21)	5 (1.06)	6 (1.27)
Remarried	2 (0.42)	3 (0.64)	5 (1.06)
Total	250	221	471

Table 5: Number and percentage of urban and rural sample according to occupation.

Occupation	Urban	Rural	Total
Student	34 (7.22)	15 (3.18)	49 (10.41)
Housewife/ (unemployed)	40 (8.49)	69 (14.65)	109 (23.14)
Service	102 (21.66)	45 (9.55)	147 (31.21)
Business	16 (3.40)	18 (3.82)	34 (7.22)
Professional	19 (4.03)	2 (0.42)	21 (4.46)
Semi-skilled / Unskilled	29 (6.16)	71 (15.07)	100 (21.23)
Retired	7 (1.49)	1 (0.21)	8 (1.70)
Re-employed	3 (0.64)	0 (0%)	3 (0.64)
Total	250	221	471

Table 6: Number and percentage of urban and rural sample according to monthly income

Income (Monthly in taka)	Urban	Rural	Total
upto 1000	(0 M + 2F) 2 (0.42)	(26M+30F) 56 (11.89)	58 (12.31)
1001-2000	(5 M + 3F) 8 (1.70)	(20M+15F) 35 (7.43)	43 (19.20)
2001-5000	(4 M + 11F) 15 (3.18)	(32M+31F) 63 (13.38)	78 (16.56)
5001-10000	(20 M + 20F) 40 (8.49)	(26M+22F) 48 (10.19)	88 (18.68)
10001-20000	(35 M + 28F) 63 (13.38)	(14M+5F) 19 (4.03)	82 (17.41)
20001-50000	(44M +53F) 97 (20.60)	0	97 20.60
50001- 90000	(14M + 5F) 19 (4.03)	0	19 (4.03)
90001 above	(3 M + 3F) 6 (1.27)	0	6 (1.27)
Total	250	221	471

Table 7: Number and percentage of urban and rural sample according to education.

Education	Urban	Rural	Total
No education	1 (0.21)	32 (6.79)	33 (7.01)
Class I to V	14 (2.97)	59 (12.53)	73 (62.42)
Class VI to X	15 (3.18)	45 (9.55)	60 (12.74)
SSC passed	13 (2.76)	28 (5.94)	41 (8.70)
HSC passed	32 (6.79)	23 (4.88)	55 (11.68)
Graduate	61 (12.95)	24 (5.10)	85 (18.05)
Masters/MBBS/Engr ..	96 (20.38)	10 (2.12)	106 (22.51)
M.Phil/Ph.D	18 (3.82)	0	18 (3.82)
Total	250	221	471

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Table 8: Number and percentage of urban and rural sample according to age

Age in years	Urban	Rural	Total
18-30	70 (14.86)	90 (19.11)	160 (33.98)
31-40	72 (15.29)	52 (11.04)	124 (26.33)
41-50	49 (10.40)	34 (7.22)	83 (17.62)
51-60	45 (9.55)	26 (5.52)	71 (15.07)
61 and above	14 (2.97)	19 (4.03)	33 (7.01)
Total	250	221	471

Age of the respondents ranged from 19 to 78 years, income ranged between Taka 200 to 11,20,000 and the range of education was from no education to Ph.D. Majority of the respondents were Muslims (397) and 74 respondents were either Hindu, Christian or Bhudhist. They were engaged in different professions such as student, service, business, doctors, engineer, housewife, agriculture etc.

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2.3 : Instruments used

The instruments used for the present study were the following:

(1) Life stress Questionnaire

(2) Coping Scale

(3) Psychological Well-being Scale

(4) Bio-data Form

2.4 : Life Stress Questionnaire

Life stress was measured by the Bangla version of the Life stress Questionnaire (original name is Social Readjustment Rating Scale) developed by Holmes and Rahe (1967). The scale contains 43 items depicting various stressful life events. The score in the scale varies from 100 for death of spouse to for 'minor violations of law'. The life change units assigned to each item checked and then summed up to give a total score. In taking the scale the respondents are asked to check of those events they have experienced during a certain time period (typically six months or the past one year). The validity and reliability of the scale have been established (Holmes and Rahe, 1967; Gunderson and Rahe, 1975;

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Paykel, Prusoff and Uhlenhuth, 1971). The correlation coefficient of the Bangla version of the life stress questionnaire with the English version was found to be .66 which was significant at .01 level. Test-Retest reliabilities over a period of 4 weeks was r.87. In addition the respondents in the present study were asked to write down 5 events (according to severity), from the above list which had created the most stress in him/her in the last six months.

2.5 : Coping Scale

The Coping Scale is a 22 item self-report measure of coping strategies that uses a format similar to the ways of coping checklist (Folkman and Lazarus, 1980). Respondents are first asked to describe a recent stressful life event and then to report the extent to which they used specific coping strategies. The measure is a 4-point Likert type scale ranging from 1(I usually don't do this at all), 2 (I usually do this sometimes), 3 (I usually do this most of the time) and 4(I usually do this always). The items in the scale contribute to one of the following 11 sub-scales. Problem Solving (Items, 1,12,16), Cognitive Restructuring (2,4), Confrontive Coping (3,13,17), Express Emotion (5), Social Support (6,18,21,22), Problem Avoidance (7), Wishful Thinking (8), Social Withdrawal (9,10,19), Self Criticism (11), Religion (14,20) and Acceptance (15).

Although Coping Scale is designed to be self-administered, it can also be administered orally by an interviewer who writes down the respondents answers. It requires about 10 to 15 minutes to complete. Maximum and minimum score of the scale were 88 and 22

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respectively. For developing the Bangla version of the coping scale, several steps were followed such as

(a) translation and adaptation of the ways of coping scale into Bangla,

(b) examination of translation reliability,

(c) testing reliability of the Bangla version of the coping scale.

Translation and adaptation of the Coping Scale

Only those items from the original WOC Scale (Folkman and Lazarus, 1980) found suitable for use with Bangladeshi population were included in the present scale. On the basis of open ended survey some items were dropped and some new items were added. The items added formed the sub-scale, (Religion). The remaining 10 scales were from the original scale. Items like "Playing with video-games", "writing down my experiences in my diary," were dropped.

The translation and adaptation was done by the researcher. In order to determine the linguistic equivalence and simplicity of expression, the Bangla translation of the scale was given to 2 judges. One of them was the senior most Professor of the Department of Psychology and the other judge was from the Department of English. The Bangla Scale

was then given to 10 people of different ages, educational levels and different socio economic status to ascertain whether the items in the scale was understandable or clear to them.

Translation reliability was examined with the help of 20 respondents who were well versed in both Bangla and English. Half of these respondents were given the Bangla version first and than after an interval of two weeks they were given the English version of the scale. The reverse order was followed in case of the rest of the respondents. Translation reliability of the Bangla Coping Scale showed that the two sets of coping scores in English and Bangla version have a high positive correlation (r.86). This indicated that the translation of the coping scale was satisfactory.

Table 9: Correlation of Bangla version coping score with English version scale score

No	Corr. Coef.
20	.86

P∠.01

Correlation Coefficients were computed for assessing the test-retest reliability of the Bangla version of the 11 sub-scales of the Coping Scale and are presented in Table 10.

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Table 10: Test Retest reliability Coefficients of the Coping Scales.

Scale	Corr. Coeff.
1. Problem Solving	.83
2. Cognitive Restructuring	.89
3. Express Emotion	.82
4. Confrontive Coping	.94
5. Social Support	.89
6. Problem Avoidance	.78
7. Wishful Thinking	.72
8. Social Withdrawal	.81
9. Self Criticism	.84
10. Turning to Religion	.58
11. Acceptance	.72

Table 10 shows that reliability coefficients for all the scales were positive and significant at $p \angle .001$.

Evidence supporting the convergent and discriminant validity of the WOC scale have been reported in Tobin et.al (1989) and in D.Zurilla and Chang (1995).

2.6 : Psychological Well-being Scale

Description of the Psychological Well-being Scale

The Psychological Well-being Scale was developed by the author for the present study. It is a 72 item (36 positive and 36 negative) Likert type self-report scale. Each item has 5 alternative responses (1) Does not apply at all, (2) Does not apply, (3) Uncertain, (4) Applies and (5) Applies fully. 9 items were related to physical well-being, 16 items were related to psychological, 11 items to social, 10 items to work-related, 6 items to emotional, 15 items to life satisfaction and 5 items were related to family relationships. For scoring of a positive item, scores of 5, 4, 3, 2 and 1 were assigned and for a negative item reverse scoring was followed. Maximum and minimum scores of the scale were 360 and 72 respectively.

Development of the Psychological Well-being Scale

Item Construction and Preliminary Selection of Items

After thorough survey of related literature, books and opinion of experts in the area, a total of 92 statements (52 positive and 40 negative) were initially written in Bangla covering 7 dimensions of well-being. The dimensions refer to physical, psychological, social, work-related, life satisfaction emotional and family related items. Some items

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were taken from the Subjective well-being questionnaire developed by Nagpal and Sell, (1985) and the psychic Well-being Scale (Nishizawa, 1996). The initial form of the 92 items scale was pre-tested on a sample of 20 respondents (10 urban and 10 rural) of different socio economic classes. On the basis of pre-testing 12 items considered difficult and ambiguous were dropped from the initial pool.

Face validity of the remaining 80 items were judged by 10 judges (8 teachers of the Department of Psychology and 2 Psychiatrists of the Bangabundhu Sheikh Mujib Medical University (BSMMU). The judges were requested to ascertain the appropriateness, relevance and suitability of each item to measure psychological well-being. For every item a 3 point rating choice-very much appropriate, quite appropriate and not at all appropriate was given. The judges were also requested to give their comments, suggestions regarding any items etc.

Scoring and Statistical Analysis of Judge's Ratings

Simple mean was used as a measure to weigh the items. 1,2 and 3 rating points were assigned to the 3 choice-not at all appropriate, quite appropriate and very much appropriate. The mean of each item was determined by dividing the total score for each item by the number of judges. The maximum possible mean for an item was 3 and the minimum possible value of mean was 1. Items with a mean less than 2 were dropped.

TABLE 11: Mean of Judges' Ratings of the Initial Items of the Scale Measuring Psychological Well-being.

	ITEMS	TYPE	MEAN
1	My physical health is good	Positive	3.00
2	I have full of enthusiasm and energy about life	Positive	3.00
3	I have lost confidence from myself	Negative	2.67
4	My relationship with my friends is good	Positive	3.00
5	I suffer from pains in various parts of my body	Negative	3.00
6	When I feel tired, I have a chance to take rest.	Positive	1.33*
7	Everybody likes me	Positive	2.67
8	I often feel sad and depressed	Negative	3.00
9	I have a number of good, loyal friends/ companions.	Positive	3.00
10	I have a happy family life.	Positive	2.67
11	Even minor failures makes me upset	Negative	3.00
12	I can discuss things freely with my family members, friends and neighbours	Positive	3.00
13	I feel dizzy, feel like vomiting	Negative	2.33
14	I have dreams or aspirations for a better future	Positive	3.00
15	When something happens I keep it to myself and try to avoid others	Negative	1.33*
16	Circumstances made it necessary for me to be separated from my family or those I love	Negative	2.33
17	I enjoy being with my friends and doing things with them	Positive	3.00
18	I tire easily, am listless and feel restless.	Negative	3.00
19	I am happy with what I have accomplished in life.	Positive	2.67
20	People always irritates me	Negative	1.67*

21	I have to work very hard	Negative	2.67
22	No one appreciates my work	Negative	2.33
23	I have full freedom for what I want to do	Positive	2.67
24	Taking all things together, I consider myself happy/important	Positive	3.00
25	I often have headache, back and neck pains	Negative	2.67
26	I never get worried about my health	Positive	2.33
27	I feel I am helping others with the work I do	Positive	1.67*
28	I feel disturbed for not having good sleep	Negative	2.33
29	I get angry easily	Negative	3.00
30	I cannot control my emotions	Negative	3.00
31	I sometimes feel sad for no reasons	Negative	3.00
32	My relationship with my husband/wife is good	Positive	3.00
33	My relationship with my father/mother is good	Positive	3.00
34	The people with whom I work like me	Positive	1.33*
35	My relationship with my children is good	Positive	3.00
36	Most of the members of my family feel closely attached to each other	Positive	2.67
37	I suffer very little from cold, cough and fever.	Positive	2.67
38	I often try to do some new things.	Positive	2.33
39	I have disturbed sleep because of anxiety / tension.	Negative	3.00
40	I am satisfied with my present life situation	Positive	1.67*
41	When I think about something or want to do something, I find it difficult to concentrate	Negative	3.00
42	I feel I am worthless	Negative	3.00
43	I am happy about myself/ like who I am	Positive	3.00
44	I feel my life is uninteresting / boring	Negative	2.67
45	I don't think my life is useless	Positive	3.00
46	I don't care what happens and feel like giving up	Negative	2.67

	and running away		
47	When something bad happens think a lot about it, though I know it will not help me	Negative	1.33*
48	I can easily relax and have fun	Positive	3.00
49	I feel I have lost all confidence about myself	Negative	3.00
50	I can concentrate well with my every day work	Positive	3.00
51	People often insult me or make fun of me	Negative	2.67
52	My financial condition is good	Positive	1.67*
53	I have many people whom I can count on to help me	Positive	2.67
54	I can get along well with my family and neighbours	Positive	3.00
55	It is difficult for me to bear all my family expenses	Negative	1.67*
56	People criticize what I do	Negative	2.33
57	My work gives me personal satisfaction, dignity and pride	Positive	3.00
58	My work is too simple, boring and uninteresting	Negative	2.67
59	At work I have to fight to get ahead	Negative	2.67
60	My work makes me feel important and powerful	Positive	3.00
61	Where I work, I have a chance to learn and improve myself	Positive	2.67
62	If necessary, I have the capacity to handle any type of stressful situation	Positive	3.00
63	When I feel sad, I try very hard to hide my feelings from others	Negative	1.67*
64	I feel I need a lot of support and encouragement	Negative	2.67
65	I get upset easily when I am criticized	Negative	3.00
66	I have a good capacity to give or take decision about anything	Positive	2.67

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67	I sometimes worry about my psychological well-being	Negative	2.67
68	I do not like to participate in any kind of social activities	Negative	1.33*
69	I feel my life is miserable / sad	Negative	3.00
70	There is no one I really care about or who cares about me	Negative	2.67
71	People are against or disagree with me when I want to do something	Negative	2.33
72	I feel I am a burden to my family	Negative	1.33*
73	I am quite happy / satisfied with my educational qualifications	Positive	3.00
74	I feel my life is worth while	Positive	3.00
75	I can handle my own problems	Positive	3.00
76	I get irritated easily	Negative	3.00
77	I feel much better if I can stay away from others or have to do nothing for them	Negative	3.00
78	I often suffer from heart palpitations	Negative	2.33
79	I sometimes faint	Negative	2.67
80	No matter what I do, I know it will not be right	Negative	2.33

* items dropped

Out of 80 items, 12 items with a mean less than 2 were dropped and 4 new items recommended by the judges were added.

4 (1 negative and 3 positive) new items added to the initial scale

1. I like to be alone (আমি একা থাকতে পছন্দ করি)।

2. I like to entertain guests (অতিথি আপ্যায়ন পছন্দ করি)।

3. Work has made me feel independent in different ways. (কাজ আমাকে বিভিন্ন দিক থেকে স্বাবলম্বী করেছে)।

4. I have a chance to apply my knowledge and experience in my work. (কাজের মধ্যে আমি আমার জ্ঞান, অভিজ্ঞতা প্রয়োগ করার সুযোগ পাই)।

The total number of items in the scale was 72.

Item selection for the final scale:

Item Analysis

The final selection of the items of the psychological well-being scale was done by item analysis. The 72 item Likert type scale was administered on 92 subjects (46 male and 46 female). Respondents were all adults (above 18 years of age) and were in different professions such as student, service, business, teaching, housewife, engineer, unskilled labour etc.

TABLE 12 : Corrected Item-total Correlation and Scale Variance if Item Deleted for Items of Psychological Well-being (PWD).

ITEM	CORRECTED ITEM-TOTAL CORRELATION	ALPHA IF ITEM DELETED	ITEM	CORRECTED ITEM-TOTAL CORRELATION	ALPHA IF ITEM DELETED
1	.66	.9607	37	.62	.9609
2	.70	.9607	38	.73	.9605
3	.53	.9611	39	.58	.9610
4	.58	.9611	40	.54	.9611
5	.51	.9612	41	.73	.9606
6	.41	.9616	42	.72	.9605
7	.68	.9607	43	.43	.9614
8	.42	.9617	44	.72	.9618
9	.45	.9614	45	.36	.9617
10	.44	.9614	46	.58	.9612
11	.55	.9611	47	.46	.9616
12	.65	.9607	48	.74	.9606
13	.43	.9614	49	.70	.9606
14	.32	.9618	50	.47	.9622
15	.65	.9608	51	.66	.9608
16	.68	.9607	52	.74	.9606
17	.55	.9610	53	.55	.9610
18	.70	.9626	54	.41	.9623
19	.58	.9610	55	.64	.9608
20	.59	9609	56	.73	.7607

21	.66	.9607	57	.65	.9608
22	.54	.9611	58	.58	.9610
23	.49	.9620	59	.51	.9624
24	.39	.9816	60	.56	.9610
25	.48	.9613	61	.63	.9608
26	.39	.9615	62	.75	.9605
27	.49	.9612	63	.64	.9608
28	.41	.9619	64	.39	.9615
29	.42	.9623	65	.44	.9616
30	.42	.9619	66	.54	.9611
31	.60	.9609	67	.73	.9606
32	.42	.9621	68	.52	.9612
33	.55	.9611	69	.45	.9617
34	.53	.9611	70	.64	.9618
35	.49	.9620	71	.67	.9607
36	.77	.9603	72	.76	.9607

Results of item analysis show that corrected item-total correlation for all the 72 items were significant at p.01. All the items were found to be significantly contributing to the total scale score. So, in the final scale all the 72 items were retained.

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Determining Reliability

For determining reliability Alpha (Cronbach) Reliability for the whole scale as well as for each of the 7 dimensions of the scale and Test-Retest reliability were computed.

Sample.

The scale was administered on 92 respondents (46 male and 46 female) belonging to different socio-economic classes. Their ages ranged from 18 to 65 years. Out of 92, 48 respondents were from urban and 44 from rural areas. Education of the respondents ranged from no education to Masters' level, and they were engaged in different professions.

(1) Coefficient alpha. Cronboch's alpha for the whole scale as well as for each of the 7 dimensions obtained from 92 subjects are presented in Table 13.

Table 13: Cronbach's Alpha for each dimension of the psychological well-being and for the whole scale.

Dimension	Value of Alpha
Physical	.82
Psychological	.76
Social	.68
Work-related	.60
Life Satisfaction	.56
Emotional	.48
Family Relationships	.88
Whole Scale	.88

The above table shows the value of alpha (Cronbach's) ranged between .48 to .88 and for the whole scale was .88.

2. Test-Retest Reliability:

Test-Retest reliability was determined by computing Pearson Correlation on a sample of 50 respondents (25 male and 25 female. Purposive sampling technique was used to ensure the availability of the respondents for the retest of the scale after 4 weeks. All the subjects were adults (above 18 years of age) and residents of Dhaka City. Their education ranged between H.S.C to Masters' level. Some of them were students of Dhaka University and the rest were either engaged in different professions or housewives. The correlation coefficient was found to be r.86 which was significant at .01 level of significance.

Determining validity

1. Convergent validity of the psychological well-being scale (PWB) was checked with the Bangla version 12 item GHQ (General Health Questionnaire Goldberg , 1972). The sample consisted of 50 respondents from different socioeconomic classes and from both urban and rural areas. Their ages ranged from 21 to 60 years. Respondents were first administered the psychological well-being scale and than the 12 item GHQ questionnaire. The correlation coefficient between the scores of PWB and GHQ was found to be r.76 which was significant at .01 level of significance.

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Table 14: Correlation of PWB score with GHQ score.

No of Subjects	Corr. Coef.
50	.76

p ∠ .01

2. Criterion-related validity of psychological well-being scale was also determined. 15 mental patients and 15 normal persons matched in respect of age, education, sex were administered the PWB scale Out of 15, 11 patients were attending the out-patient clinic of BSMMU and the rest 4 were indoor patients.

Table 15: Type of patients according to number, gender, age and education.

Type of Patient	No	Sex	Age	Education
Depression	6	M-F 2-4	24-43	HSC-MA
Schizophrenia	4	M-F 4-0	19-57	No education-BSC
Neurotic	5	M-F 3-2	27-33	SSC-MA
Total	15			

The normal group of respondent's (9 male and 6 female) ages ranged between 22-60 years and their education level ranged from no education to MA/MSc degree.

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Table 16: Validity of PWB Scale

Sample	No	Mean	sd	t
Normal	15	295.33	24.54	6.78*
Mental Patients	15	216.13	36.33	

*p<.001

2.7 : Bio-data Sheet

A bio-data Sheet containing some personal information was attached with the questionnaires. (Appendix A & B). It included information regarding sex, age, religion, education, marital status, place of residence (urban or rural), monthly income, occupation, family type (single or joint), number of siblings, number of children if married, with whom living and members of family or others living with him.

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2.8: Procedure:

Standard data collection procedure was followed to collect the data of the present study from both urban and rural sites. Two research assistants, one graduate student and one ex-student of the Department of Psychology were given training on how to administer the questionnaires, specially to illiterate respondents. They were briefed about the purpose and objectives of the study so that they could answer to any querries made by the respondents. The meaning of each items in the questionnaires were made clear to them, so that when presenting the items verbally to respondents with no or low education, the original meaning remains the same.

Before conducting the main study, all the three questionnaires with bio-data sheet were pre-tested on a small sample of 60 respondents. 32 respondents (14 male and 18 female) were from urban site and 28 respondents (16 male and 12 female) were from rural sites. The purpose of the pilot study was to determine mainly the time requirement, suitability of the questionnaire and linguistic difficulty. Although all the questionnaires are designed to be self administered, it was decided as a result of pre-test experience to interview respondents with low educational background. The researcher along with the research assistants visited the selected sample areas of Dhaka city in order to survey the feasibility of the study. Lists of the selected households were then prepared by the assistants. Each

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respondent was approached individually with a letter from the researcher briefly explaining the purpose of the study and requesting them to cooperate with the research work (Appendix I & J). The decision to send a letter was made on the basis of pretest experience which greatly helped in convincing the respondents to participate. The rate of refusal was found to be less in the main study compared to pilot study. When participants willingness was ascertained, the research assistants proceeded. They were first asked to fill up the bio-data form which contained some personal information regarding age, sex, marital status, monthly income, education etc. Before completing the questionnaires, respondents were asked to read the instructions carefully printed on top of the questionnaires. It should be mentioned here that all respondents did not complete the questionnaires in front of the research assistants. In fact majority of literate respondents requested the research assistants to leave the questionnaires for a day or two. In such cases, the research assistants collected the questionnaires later at their convenience Necessary clarifications were also provided over telephone whenever asked by the respondents. For respondents with no or low educational background, the items were presented verbally in simple language and their responses were noted down. Respondents were finally thanked for participating in such a laborious job. It needs to be mentioned also that the research assistants had to visit the homes or work places of a few respondents more than twice to collect the questionnaires. Participants were also assured all information given by them would be kept confidential and would be used only for research purpose.

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Data of 250 respondents from all the selected areas within each thana of Dhaka city were successfully completed. But in case of rural area, 29 questionnaires of (21 female and 8 male) respondents were either incomplete, refused or respondents were not found available. Therefore 221 questionnaires could be successfully completed.

2.9: Scoring and Coding of Responses

The researcher scored all the responses (as mentioned in the description of the scales) accordingly and made the necessary coding for data analysis.

Data entry and analysis

Data entry and all necessary analysis was done using SPSS for window package. Data were analyzed as follows:

1. Descriptive statistics for each variable was calculated (Frequency, Percentage, Mean and Standard Deviation.

2. Chi-Square Analysis was computed to see if life stress differed significantly between male, female, rural, urban and different age levels of respondents.

3. Analysis of variance (2×2) was applied to see if different coping strategies and psychological well-being varied as a function of gender and residential status.

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4. a) One way ANOVA was applied to see if different coping strategies varied as a function of different age level.

   b) If psychological well-being varied as a function of marital status, family type and occupation.

5. Correlation of coefficient was computed to see the relationship between psychological well-being and some selected variables, namely education, income, age of respondents, life stress, adaptive coping, non-adaptive coping, no of children, and no. of siblings.

6. a) To consider the effects of each independent variables on psychological well-being a Stepwise Regression was performed.

   b) Stepwise Regression was also computed to see the effects of each coping strategy (adaptive and non-adaptive) on psychological well-being.

The results of the study are presented in the next chapter.

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RESULT

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CHAPTER III

RESULT

The purpose of the present study was to investigate life stress, coping strategies and psychological well-being (PWB) of men and women in urban and rural setting. The objectives of the research were :

1. To assess and compare the sources of life stress experienced by males and females in rural and urban setting,

2. To assess and compare coping strategies adopted by males and females in rural and urban areas,

3. To assess and compare psychological well-being of males and females in urban and rural setting, and

4. To identify predictors of psychological well-being.

Life stress, adopted coping strategies and psychological well-being assessed in the dissertation were analyzed using appropriate statistical technique Results of these analysis are presented in three sections.

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Section I describes life stress and the effects of gender, residential status and age on life stress.

Section II describes coping strategies and coping strategies as a function of gender, residential status and age.

Section III discusses psychological well-being and the effects of some sociodemographic variables and also some correlates of psychological well-being.

3.1 : Stress: Gender, Residential Status and Age

The 43 items in the social Readjustment scale (SRS) were grouped into nine categories of stressors. These were marital, family /interpersonal, occupational, financial, social/environmental, legal, health, other relationship and personal stress. For each type of stressor, frequencies were calculated and Chi-square analysis was performed to see if there was any significant difference in stress between male, female, urban, rural, and respondents of different age levels. The results of these analyses are presented in table 17 through Table 21.

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TABLE 17: Frequency and Percentage of Life Stress of Respondents.

LIFE STRESS GROUPED BY TYPES	FREQUENCY (REPORTED)	PERCENTAGE (%)
MARITAL	186	39.5%
FAMILY / INTER-PERSONAL	318	67.5%
OCCUPATIONAL	218	46.3%
FINANCIAL	311	66%
SOCIAL / ENVIRONMENTAL	261	55.4%
LEGAL	17	3.6%
HEALTH	182	38.6%
OTHER RELATIONSHIP	25	5.3%
PERSONAL	289	61.4%

Highest frequency and percentage was reported for family / interpersonal and the lowest for legal stress.

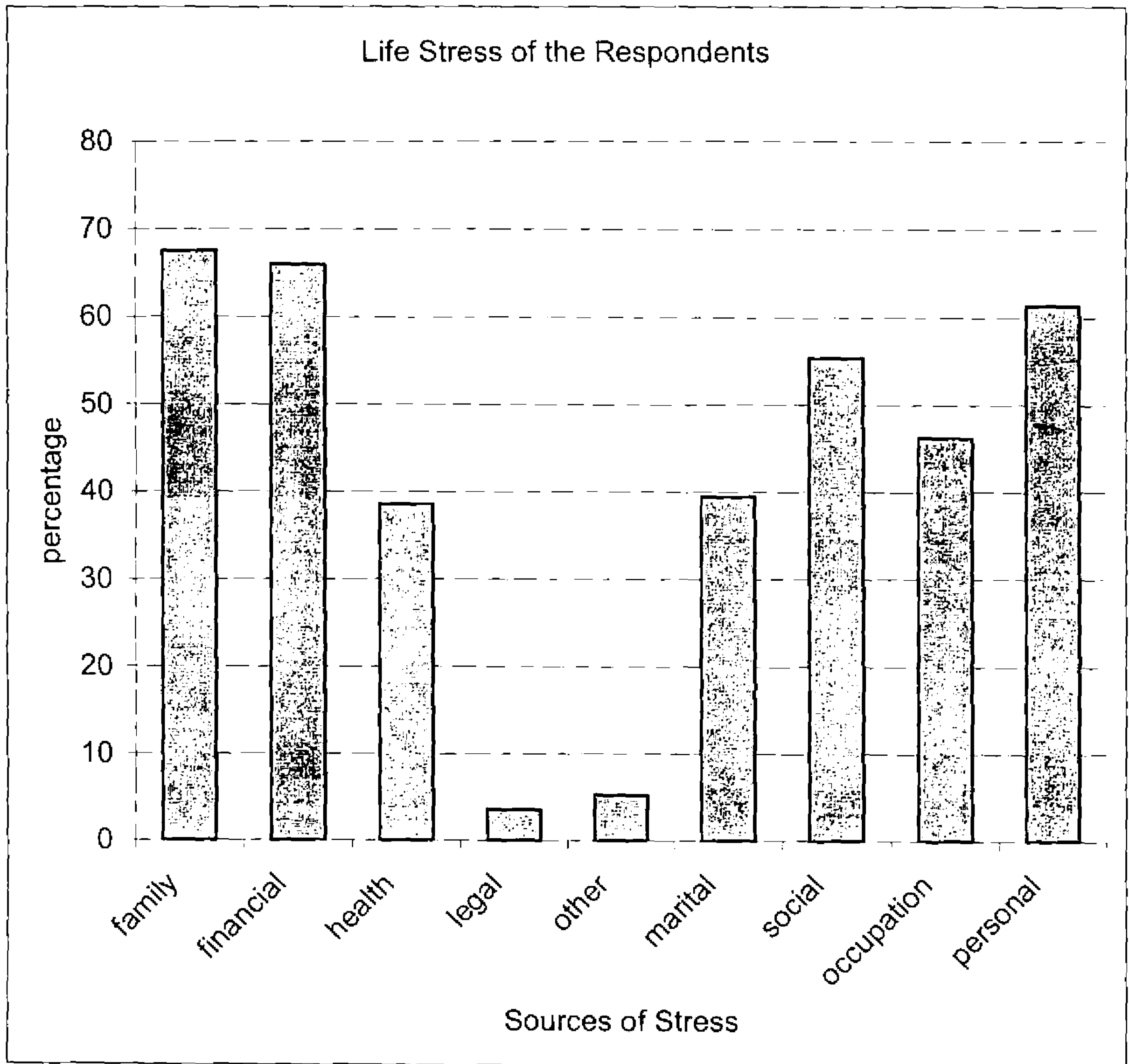

FIGURE 1: Percentage of Life Stress of the Respondents.

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TABLE 18 : Life Stress by Gender with Chi-Square Value.

LIFE STRESS GROUPED BY TYPES	FEMALE	MALE	X^2	df	Sig
MARITAL	90 (48.4%)	96 (51.6%)	1.621	3	NS
FAMILY / INTERPERSONAL	164 (51.6%)	154 (48.4%)	14.102	5	.05
OCCUPATIONAL	75 (34.4%)	143 (65.6%)	15.733	4	.005
FINANCIAL	145 (46.6%)	166 (53.4%)	2.999	3	NS
SOCIAL / ENVIRONMENTAL	125 (47.9%)	136 (52.1%)	3.277	3	NS
LEGAL *	-	-	-	-	-
HEALTH	106 (58.2%)	76 (41.8%)	.048	1	NS
OTHER RELATIONSHIP *	-	-	-	-	-
PERSONAL	142 (49.1%)	147 (50.9%)	11.684	6	NS

* There was no variation for Legal and Other relationship variable, so X^2 statistics was not calculated.

TABLE 19: Life Stress by Residential Status with Chi-Square Value.

LIFE STRESS GROUPED BY TYPES	RURAL	URBAN	X^2	df	Sig
MARITAL	101 (54.3%)	85 (45.7%)	1.688	3	NS
FAMILY / INTERPERSONAL	167 (52.5%)	151 (47.5%)	20.789	5	.001
OCCUPATIONAL	84 (38.5%)	134 (61.5%)	10.158	4	.05
FINANCIAL	158 (50.8%)	153 (49.2%)	3.762	3	NS
SOCIAL / ENVIRONMENTAL	126 (48.3%)	135 (51.7%)	11.712	3	.05
LEGAL *	–	–	–	–	–
HEALTH	93 (51.1%)	89 (48.9%)	6.777	1	NS
OTHER RELATIONSHIP *	–	–	–	–	–
PERSONAL	124 (42.9%)	165 (57.1%)	26.288	6	.0005

* No statistics was computed for Legal and other relationship variable because there was no variation.

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TABLE 20: Life Stress for Female Respondents by Residential Status with Chi-Square Value.

LIFE STRESS GROUPED BY TYPES	RURAL	URBAN	X^2	df	Sig
MARITAL	49 (54.4%)	41 (45.6%)	1.703	3	NS
FAMILY / INTERPERSONAL	88 (53.7%)	76 (46.3%)	7.759	5	NS
OCCUPATIONAL	28 (37.3%)	47 (62.7%)	3.633	4	NS
FINANCIAL	70 (48.3%)	75 (51.7%)	4.438	3	NS
SOCIAL / ENVIRONMENTAL	48 (38.4%)	77 (61.6%)	7.25	3	NS
LEGAL *	–	–	–	–	–
HEALTH	55 (51.9%)	51 (48.1%)	5.302	1	.01
OTHER RELATIONSHIP *	–	–	–	–	–
PERSONAL	52 (36.6%)	90 (63.4%)	17.931	6	.01

* No variation for Legal and other relationship, so X^2 statistics was not calculated.

TABLE 21:Life Stress for Male Respondents by Residential Status with Chi-Value

LIFE STRESS GROUPED BY TYPES	RURAL	URBAN	X^2	df	Sig
MARITAL	52 (54.2%)	44 (45.8%)	.731	2	NS
FAMILY / INTERPERSONAL	79 (51.3%)	75 (48.7%)	15.600	3	.001
OCCUPATIONAL	56 (39.2%)	87 (60.8%)	7.363	3	NS
FINANCIAL	88 (53%)	78 (47%)	.077	2	NS
SOCIAL / ENVIRONMENTAL	78 (57.4%)	58 (42.6%)	3.850	2	NS
LEGAL *	–	–	–	–	–
HEALTH	38 (50%)	38 (50%)	1.754	1	NS
OTHER RELATIONSHIP *	–	–	–	–	–
PERSONAL	72 (49%)	75 (51%)	11.322	5	.05

* Because of insufficient cell variation, no X^2 statistics was calculated for Legal and other relationship variable.

TABLE 22:Life Stress by Different Age Level of Respondents with Chi-Square Value.

LIFE STRESS GROUPED BY TYPES	EARLY ADULTH OOD (18-30 yrs)	LATE ADLTHOOD (31-45 yrs)	MIDDLE AGE (46-59 yrs)	OLD AGE (60 and above)	X^2	df	Sig
MARITAL	69 (37.1%)	54 (29%)	56 (30.1%)	7 (3.8%)	16.75	9	.05
FAMILY / INTERPERSONAL	102 (32.1%)	81 (25.5%)	106 (33.3%)	29 (9.1%)	17.39	15	NS
OCCUPATIONAL	69 (31.7%)	62 (28.4%)	78 (35.8%)	9 (4.1%)	4.98	12	NS
FINANCIAL	91 (29.3%)	80 (25.7%)	117 (37.6%)	23 (7.4%)	10.47	9	.003
SOCIAL / ENVIRONMENTAL	84 (32.2%)	66 (25.3%)	88 (33.7%)	23 (8.8%)	9.83	9	NS
LEGAL *							
HEALTH	50 (27.5%)	34 (18.7%)	74 (40.7%)	24 (13.2%)	5.92	3	NS
OTHER RELATIONSHIP *							
PERSONAL	102 (35.3%)	70 (35.3%)	92 (31.8%)	25 (8.7%)	20.00	18	NS

* X^2 Statistics was not computed for Legal and other relationship variable because of no cell variation.

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Table 17 shows that the highest frequency and percentage was reported for family / interpersonal stress (67.5%) by the respondents of the study. The next highest percentage was reported for financial (66%), followed by personal (61.4%), social / environment (55.4%). The results in Table 18 indicates that female and male respondents differed significantly in family / interpersonal $[X^2(5)=14.102, p\angle.05]$ and occupational stress $[X^2(4)=15.733, p\angle.05]$. Female respondents reported more family / interpersonal stress (164, 51.6%) than males (154, 48.4%). On the other hand, male respondents experienced more occupational stress (143, 65.6%) than female respondents (75, 34.4%). Table 19 shows significant difference between rural and urban respondents in family / interpersonal $[X^2(5)=20.789, p\angle.001]$, occupational $[X^2(4)=10.158, p\angle.05]$, social / environmental $[X^2(3)=11.712, p\angle.05]$, and personal stress $[X^2(6)=26.288, p\angle.0005]$. Rural people reported significantly more family / interpersonal (167, 52.5%) than urban people (151, 47.5%). In case of occupational stress, urban people experienced more (134, 61.5%) than rural (84, 38.5%). Similarly urban respondent had more social / environmental and personal stress (135, 51.7%), (165, 57.1%) than rural respondents (126, 48.3%) and (124, 42.9%) respectively. To see if gender differences exist within each residential status, data were further analyzed. It appears from Table 20 that rural and urban females differed significantly in health and personal stress. Rural females reported more health problems than urban females $[X^2(1)=5.302, p\angle.001]$. On the other hand urban females had more personal stress than rural females $[X^2(6)=17.931, p\angle.01]$. Family/ interpersonal stress was reported more by rural males (79, 51.3%) than urban males (75, 48.7%). Significantly more personal stress ($<.05$) was found for urban males than their rural counterparts .

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Chi-square analysis of life stress by different age levels revealed significant differences in marital and financial stress (Table 22). Marital problems were reported significantly more by early adulthood age group respondents (69, 37.1%), whereas middle age respondents faced more financial stress (117, 37.6%).

3.2 : Coping strategies: Gender, Residential Status and Age.

TABLE 23: Mean and SD of each Coping Strategies.

COPING STRATEGIES	MEAN	SD
CONFRONTIVE COPING	4.59	1.84
COGNITIVE RESTRUCTURING	4.91	1.66
EXPRESS EMOTION	2.43	.94
PROBLEM AVOIDANCE	2.00	.99
PROBLEM SOLVING	7.51	2.32
RELIGION	6.75	1.64
WISHFUL THINKING	1.85	1.10
ACCEPTANCE	2.52	1.02
SELF-CRITICISM	2.04	1.08
SOCIAL SUPPORT	9.97	3.11
SOCIAL WITHDRAWAL	5.80	2.22

Highest mean score was obtained for social support (X9.97) followed by problem solving (X=7.51), religion (X6.75) and social withdrawal (X=5.80).

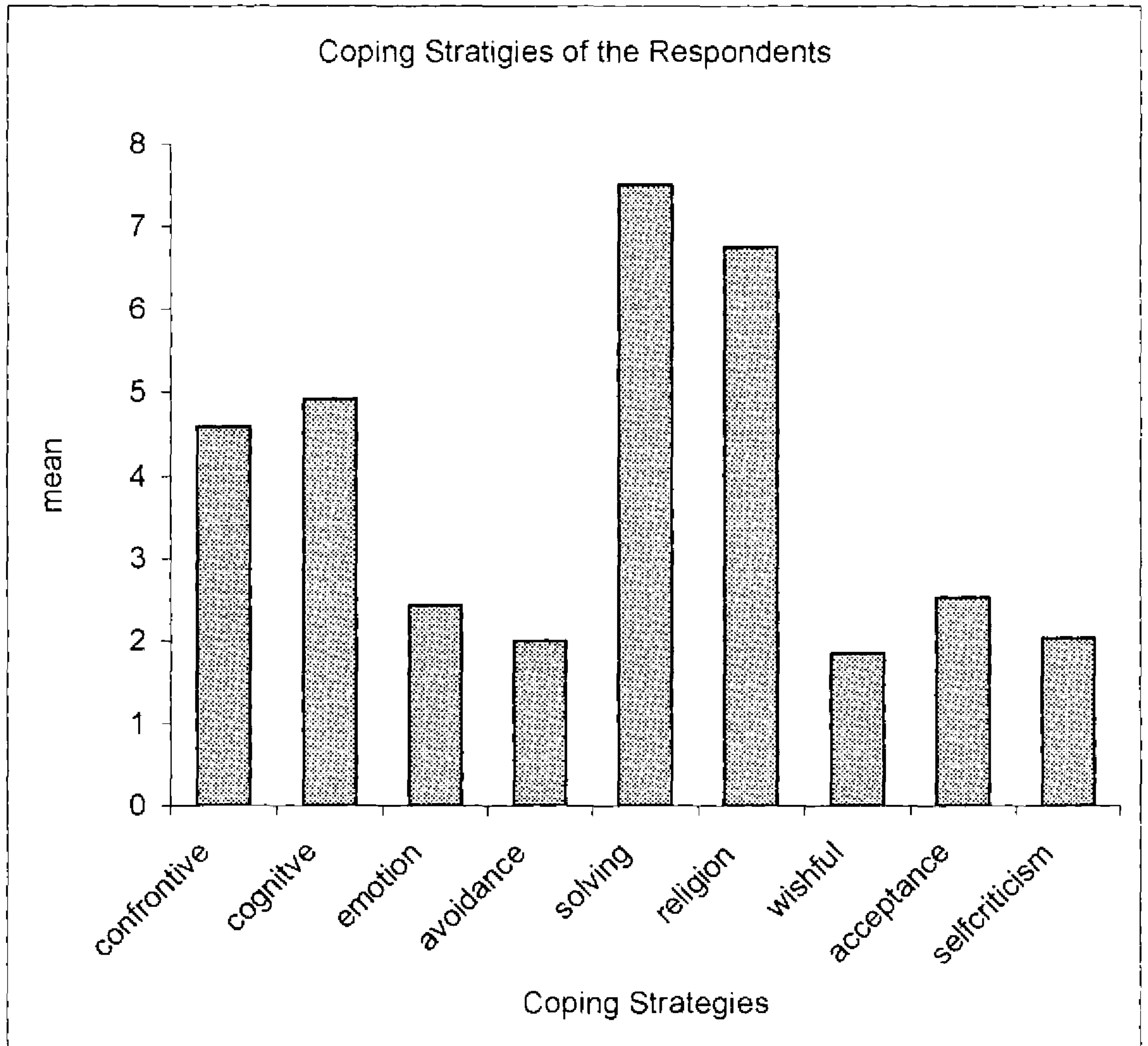

FIGURE 2: Mean of each Coping Strategies of the Respondents

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In order to assess the effect of gender and residence on different types of coping strategies 2x2 ANOVA was applied. Table 24 through Table 34 presents the mean (SD) of each coping strategy with F-value

TABLE 24: Mean and SD of Confrontive Coping Strategy According to Gender and Residence of Respondents with F-Value.

GENDER Vs RESIDENCE	FEMALE	MALE	TOTAL
RURAL	4.41(1.30)	4.88(2.06)	4.66(1.76)
URBAN	4.34(1.65)	4.73(2.13)	4.53(1.91)
TOTAL	4.37(1.50)	4.80(2.09)	

GENDER : F=6.477(df 1, 467; P<.01)
RESIDENCE : F, 454
GENDER x RESIDENCE : F=.058

The main effect of gender was significant at ∠.01. Neither the main effect of residence nor interaction effect were found to be significant

TABLE 25: Mean and SD of Cognitive Restructuring Coping Strategy according to Gender and Residence of Respondents with F-Value.

GENDER Vs RESIDENCE	FEMALE	MALE	TOTAL
RURAL	4.31(1.49)	4.08(1.51)	4.19(1.50)
URBAN	5.46(1.51)	5.64(1.58)	4.55(1.54)
TOTAL	4.94(1.60)	4.88(1.73)	

GENDER : F=.003

RESIDENCE : F=93.303(df 1, 467; P∠.001)

GENDER x RESIDENCE : F=2.124

The main effect of residence was significant at ∠.001. Neither the main effect of gender, nor interaction effect was found to be significant.

TABLE 26:Mean and SD of Express Emotion Coping Strategy according to Gender and Residence of Respondents with F-Value

GENDER Vs RESIDENCE	FEMALE	MALE	TOTAL
RURAL	2.30(1.10)	2.36(.97)	2.33(1.03)
URBAN	2.63(.93)	2.38(.76)	2.51(.86)
TOTAL	2.48(1.02)	2.37(.86)	

GENDER : F=1.393

RESIDENCE : F=3.828 (df 1, 467; P∠.05)

GENDER x RESIDENCE : F=3.219

The main effect of residence was significant at ∠.05. Neither the main effect of gender, nor the interaction effect was found significant.

TABLE 27: Mean and SD of Problem Avoidance Coping Strategy according to Gender and Residence of Respondents with F-Value

GENDER Vs RESIDENCE	FEMALE	MALE	TOTAL
RURAL	1.90(.87)	2.04 (.93)	1.98 (.90)
URBAN	2.10 (1.00)	1.96 (1.13)	2.03 (1.07)
TOTAL	2.01 (.95)	2.00 (1.04)	

GENDER : F=.006

RESIDENCE : F=.301

GENDER x RESIDENCE : F=2.246

Neither the main effects, nor the interaction between gender and residence was found to be significant.

TABLE 28:Mean and SD of Problem Solving Coping Strategy according to Gender and Residence of Respondents with F-Value

GENDER Vs RESIDENCE	FEMALE	MALE	TOTAL
RURAL	6.39(2.15)	6.71 (2.49)	6.56 (2.34)
URBAN	8.24 (2.02)	8.45 (1.89)	8.34 (1.95)
TOTAL	7.40(2.27)	7.60 (2.36)	

GENDER : F=1.761

RESIDENCE : F=82.077 (df 1, 467; P∠.001)

GENDER x RESIDENCE : F=.085

The main effect of residence was found to the significant at <.001. Neither the main effect of gender, nor the interaction effect was found to be significant.

TABLE 29: Mean and SD of Religious Coping Strategy according to Gender and Residence of Respondents with F-Value

GENDER Vs RESIDENCE	FEMALE	MALE	TOTAL
RURAL	7.31(1.25)	6.25 (2.07)	6.74 (1.81)
URBAN	7.01 (1.43)	6.51 (1.48)	6.76 (1.47)
TOTAL	7.14(1.36)	6.38 (1.79)	

GENDER : F=26.835(df 1, 467; P∠.001)

RESIDENCE : F= .003

GENDER x RESIDENCE : F=3.722(df 1, 467; P∠.05)

The main effect of gender ∠=.001 and the interaction between gender and residence was significant at ∠.05, but no significant effect of gender on religion was found.

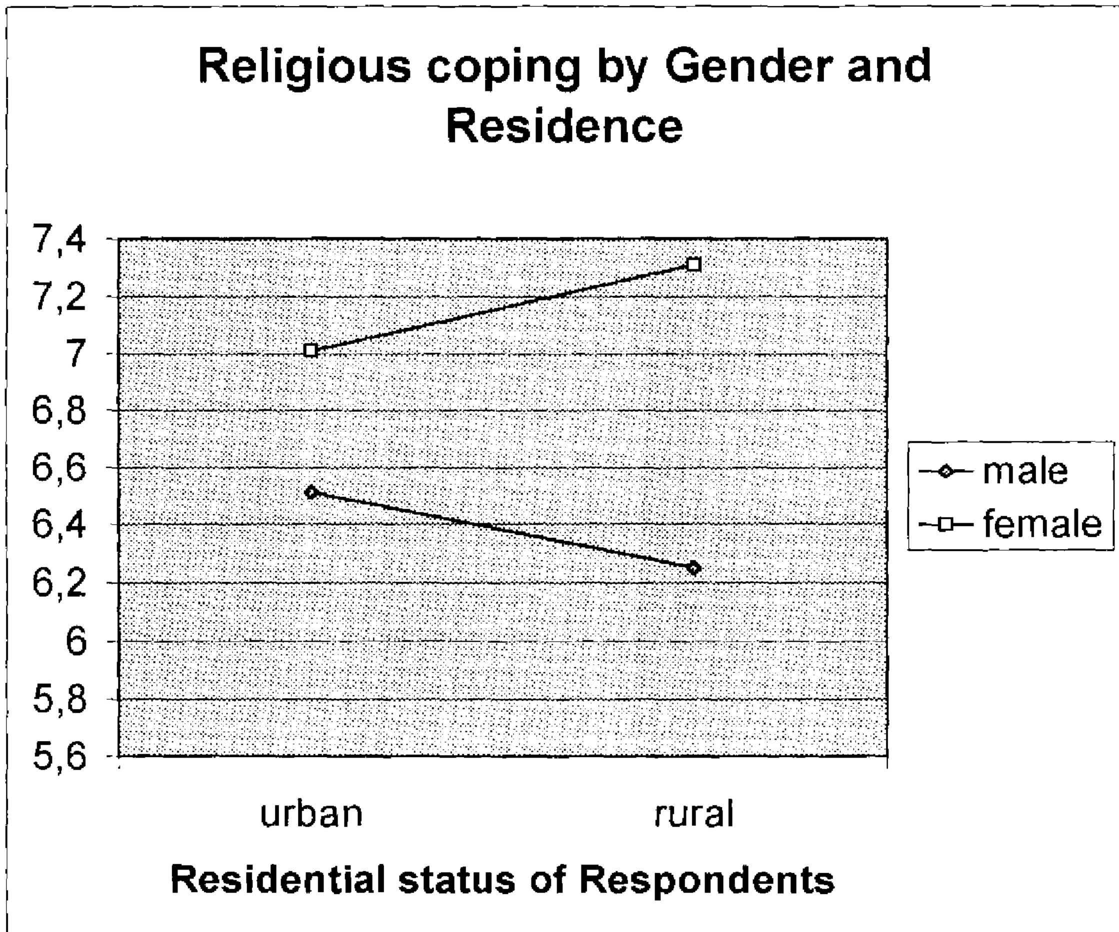

FIGURE 3: Mean of Religious Coping Strategy by Gender and Residence.

TABLE 30: Mean and SD of Wishful Thinking Coping Strategy according to Gender and Residence of Respondents with F-Value

GENDER Vs RESIDENCE	FEMALE	MALE	TOTAL
RURAL	1.97(1.19)	1.89 (1.15)	1.93 (1.17)
URBAN	1.81 (1.06)	1.74 (1.02)	1.77 (1.04)
TOTAL	1.88(1.12)	1.81 (1.08)	

GENDER : F=.563

RESIDENCE : F= 2.418

GENDER x RESIDENCE : F=.002

Neither the main effects, nor the interaction effect was found to be significant

TABLE 31:Mean and SD of Acceptance Coping Strategy according to Gender and Residence of Respondents with F-Value

GENDER Vs RESIDENCE	FEMALE	MALE	TOTAL
RURAL	2.72 (1.04)	2.36 (1.00)	2.53 (1.03)
URBAN	2.62 (1.04)	2.42 (.98)	2.52 (1.01)
TOTAL	2.66(1.04)	2.39 (.99)	

GENDER : F=8.462(df 1, 467; P∠.01)

RESIDENCE : F= .058

GENDER x RESIDENCE : F= F.675

The main effect of gender was found to be significant at <.01. Neither the main effect of residence , nor the interaction effect was found significant.

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TABLE 32: Mean and SD of Self Criticism Coping Strategy according to Gender and Residence of Respondents with F-Value

GENDER Vs RESIDENCE	FEMALE	MALE	TOTAL
RURAL	2.31(1.18)	1.82 (1.20)	2.05 (1.21)
URBAN	2.26 (.99)	1.82 (.86)	2.04 (.95)
TOTAL	2.28(1.08)	1.82 (1.04)	

GENDER : F=21.962(df 1, 467; P∠.001)

RESIDENCE : F= .067

GENDER x RESIDENCE : F=.083

The main effect of gender was found significant at <.001. Neither the main effect of residence nor the interaction effect was found significant.

TABLE 33: Mean and SD of Social Support Coping Strategy according to Gender and Residence of Respondents with F-Value

GENDER Vs RESIDENCE	FEMALE	MALE	TOTAL
RURAL	9.10(2.60)	8.87 (3.02)	8.98 (2.83)
URBAN	11.16 (2.95)	10.54 (3.22)	10.85 (3.10)
TOTAL	10.23(2.97)	9.73 (2.23)	

GENDER : F=2.542

RESIDENCE : F= 45.740 (df 1, 467; P∠.001)

GENDER x RESIDENCE : F=.530

The main effect of residence was found significant at <.001. Neither the main effect of gender, nor the interaction effect was found significant.

TABLE 34: Mean and SD of Social Withdrawal Coping Strategy according to Gender and Residence of Respondents with F-Value

GENDER Vs RESIDENCE	FEMALE	MALE	TOTAL
RURAL	4.96(1.62)	6.07 (2.35)	5.55 (2.11)
URBAN	6.02 (2.29)	6.01 (2.29)	6.02 (2.29)
TOTAL	5.54(2.08)	6.04 (2.31)	

GENDER : F=6.423, (df 1, 467; P∠.05)

RESIDENCE : F= 5.716 (df 1, 467; P∠.05)

GENDER x RESIDENCE : F=7.765, (df 1, 467; P∠.05)

The two main effects and the interaction effects of gender X residence on social withdrawal coping strategy was found to be significant at <.05

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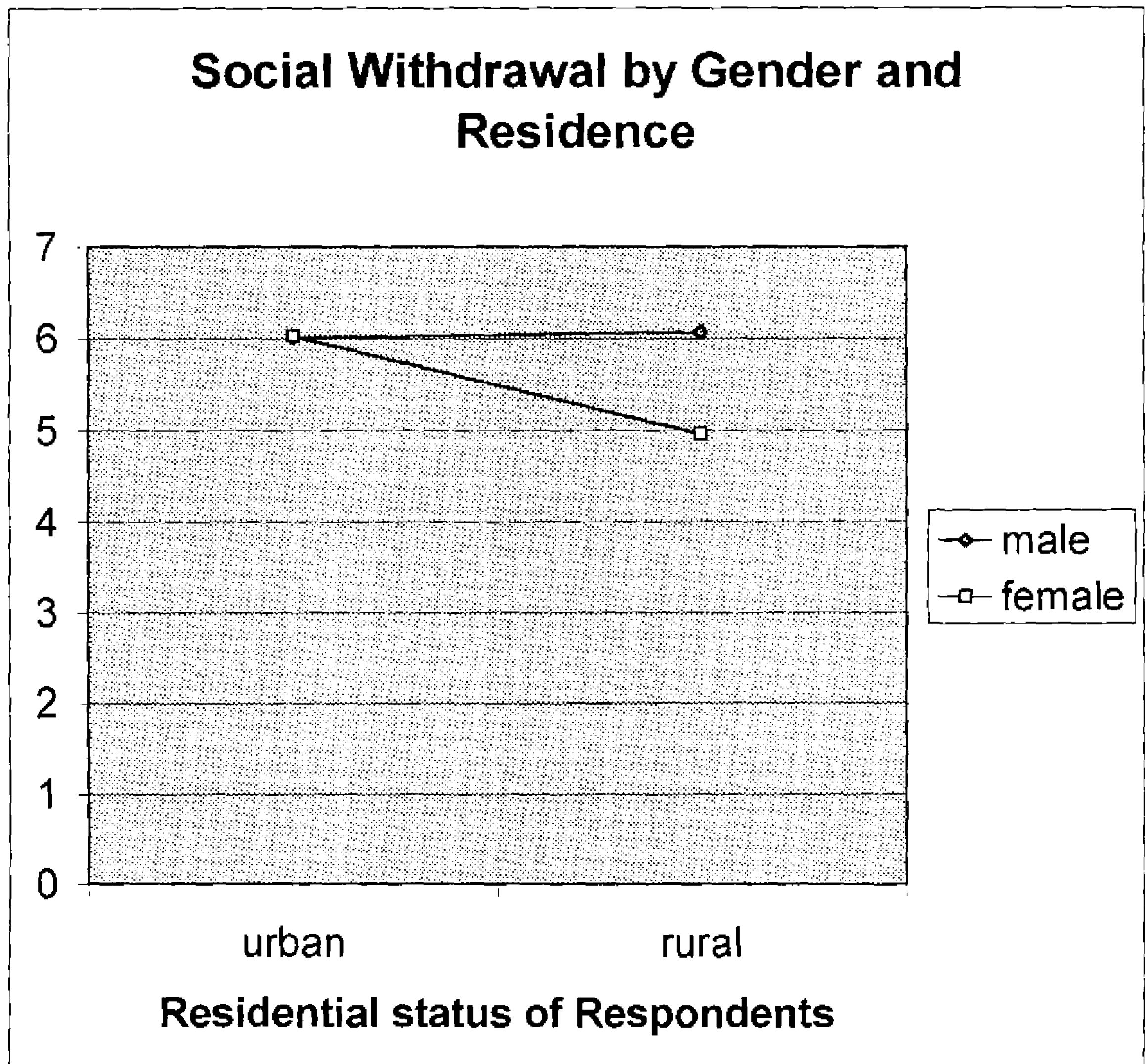

FIGURE 4:Mean of Social Withdrawal Coping Strategy by Gender and Residence.

Table 23 shows the highest mean score was obtained for social support coping strategy (X=9.97) and the lowest mean was obtained for wishful thinking (X =1.85) by the respondents. As can be seen from the tables (24-34) also significant difference in confrontive coping, religion, acceptance, self criticism and social withdrawal coping strategies was observed between male and female respondents. Males adopted significantly more confrontive coping (X=4.80) and social withdrawal (X=6.04) than females (X4.37 and X5.54) respectively. Female respondents adopted more religion (X=7.14), acceptance (X=2.66), and self-criticism (X=2.28) than males (X=6.38, X=2.39 and X=1.82) respectively.

Urban respondents differed significantly from rural respondents in cognitive restructuring, express emotion, problem solving, social support and social withdrawal coping strategies. Urban people use more cognitive restructuring (X=5.55), express emotion (X=2.51), problem solving (X=8.34) social support (X=10.85) and social withdrawal (X=6.02) techniques than the rural people (X=4.19, X=2.33, X=6.56, X=8.98 and X=5.55) respectively.

A significant interaction effect of gender and residence was observed for religion F=3.722(df 1, 467; $p<.05$) and social withdrawal coping F=7.765 (df 1, 467; $p<.05$). Rural females had the highest mean score (X=7.31) and urban males the lowest mean score (X=6.25) for religion. Rural males on the other hand had the highest mean score (X=6.07) and rural females had the lowest score (X=4.96) for social withdrawal.

Data were further analyzed to see if different coping strategies varied a function of different age levels. For the purpose of analysis age of the respondents were divided into four categories : early adulthood(18-30), late adulthood(31-45), middle age (46-59), and old age (60 above). Table 35 shows the mean and SD and one way ANOVA of different coping strategies according to different age levels of the respondents.

TABLE 35: Mean and SD of different coping strategies according to different Age level of Respondents with F-Values.

COPING STRATEGIES	EARLY ADULTHOOD (160)	LATE ADULTHOOD (124)	MIDDLE AGE (154)	OLD AGE (33)	F	Sig.
PROBLEM SOLVING	7.38 (2.05)	7.76 (2.37)	7.60 (2.46)	6.76 (2.50)	1.883	NS
COGNITIVE RESTRUCTURING	4.70 (1.73)	4.96 (1.54)	5.10 (1.72)	4.85 (1.52)	1.603	NS
CONFRONTIVE COPING	4.80 (2.02)	4.67 (2.05)	4.39 (1.50)	4.24 (1.41)	1.781	NS
EXPRESS EMOTION	2.34 (.99)	2.52 (.86)	2.47 (.94)	2.30 (1.02)	1.202	NS
SOCIAL SUPPORT	9.29 (2.88)	10.05 (3.01)	10.71 (3.28)	9.48 (3.11)	5.921	.001
PROBLEM AVOIDANCE	1.91 (.89)	2.02 (1.02)	2.00 (1.02)	2.39 (1.17)	2.181	NS
WISHFUL THINKING	1.78 (.99)	1.60 (1.13)	1.84 (1.13)	2.36 (1.25)	2.726	.05
SOCIAL WITHDRAWAL	6.29 (2.18)	6.10 (2.32)	5.22 (2.04)	4.94 (2.05)	9.029	.001
SELF CRITICISM	1.91 (1.06)	2.10 (1.02)	2.06 (1.09)	2.42 (1.28)	2.362	NS
RELIGION	6.44 (1.87)	6.53 (1.69)	7.11 (1.27)	7.39 (1.30)	7.012	.001
ACCEPTANCE	2.39 (1.05)	2.40 (.98)	2.65 (1.02)	3.00 (.83)	4.724	.005

Obtained results indicate significant differences in social support, wishful thinking, social withdrawal, religion and acceptance coping strategies between the respondents of different age levels. Early adulthood age group had the lowest mean for social support (X=9.24), religion (X=6.44), and acceptance (X=2.39). Late adulthood age group respondents had the lowest mean score for wishful thinking (X=1.60). The highest mean for social support coping was obtained by the middle age group respondents (X=10.71). Old age group was found to use most wishful thinking (X=2.36), religion (X=7.39), and acceptance (X=3.00), and least social withdrawal coping strategies (X=4.94).

3.3: Psychological Well-being

(i) Gender, Residential Status and Psychological Well-being

To investigate the effect of gender and residence on psychological well-being (PWB), the obtained data were analyzed by using two way analysis of variance. The results of ANOVA with mean (SD) are presented in Table 36.

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TABLE 36: Mean and SD of Psychological Well-being scores by Gender and Residence with F-value.

GENDER Vs RESIDENCE	FEMALE	MALE	TOTAL
RURAL	214.52 (37.92)	233.65 (35.71)	224.74 (37.90)
URBAN	258.43 (35.47)	262.78 (35.65)	260.60 (35.56)
TOTAL	238.60 (42.58)	248.63 (38.48)	243.77 (40.78)

GENDER : F=12.349, (df 1, 467; P∠.001)

RESIDENCE : F= 119.547 (df 1, 467; P∠.001)

GENDER x RESIDENCE : F=4.899, (df 1, 467; P∠.05)

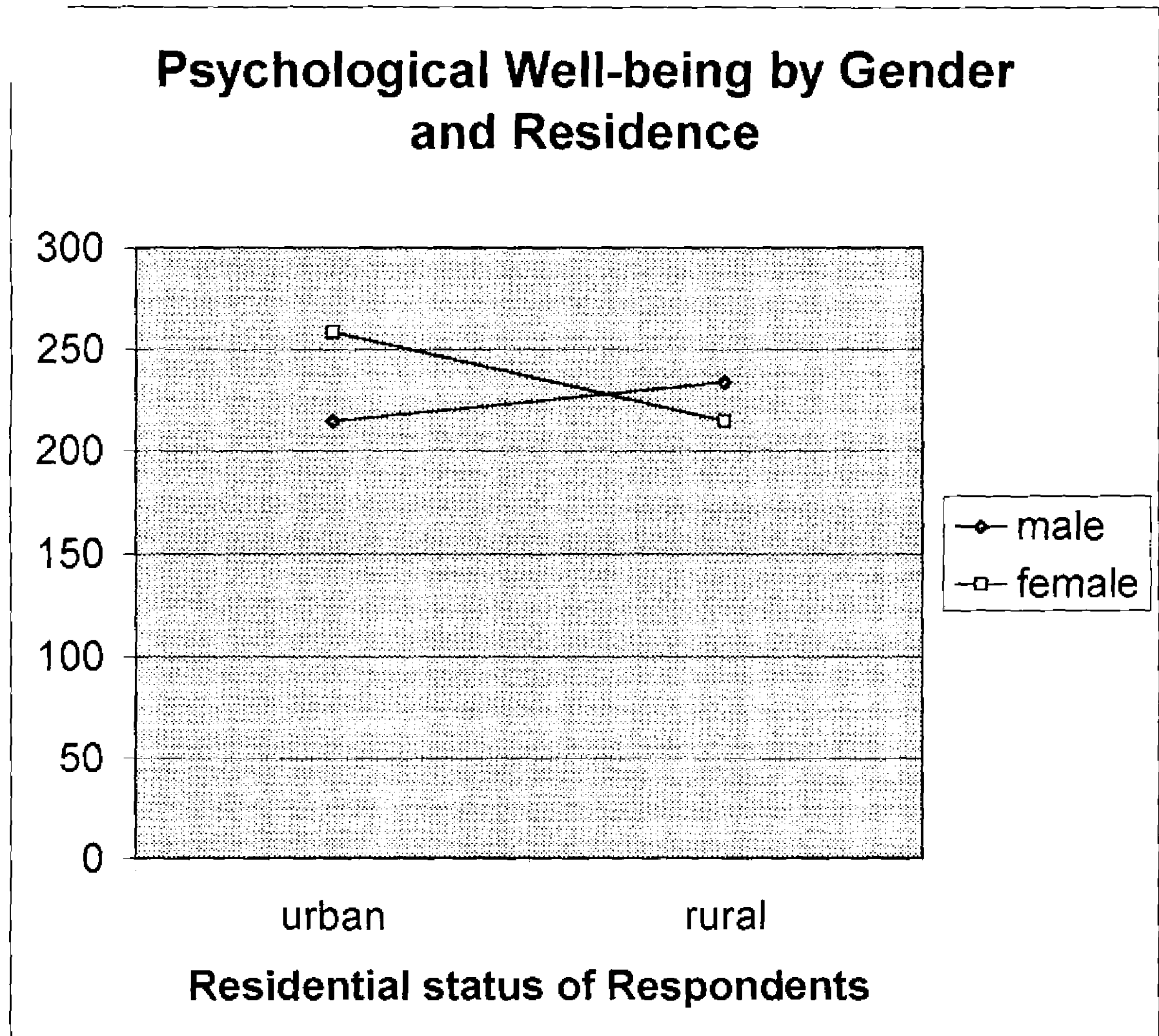

FIGURE 5: Mean of Psychological Well-being by Gender and Residence.

The overall psychological well-being of the respondents was found to be higher in general as indicated by the mean PWB score (X=243.77; scale range 72-360).

It appears from Table 36 that the main effects of both gender and residence and also the interaction between gender x residence were significant, viz psychological well-being varied as a function of both gender and residence. Urban male respondents had significantly higher psychological well-being (X=262.78). Rural women had the lowest PWB scores (X=214.52) indicating poorest psychological well-being .

(ii) Marital Status, Family Type, Occupation and PWB

The study also intended to see whether marital status, family type and occupation had any effect on psychological well-being of the respondents. One way analysis of variance was computed and the results are presented in Table 37, 38 and 39.

TABLE 37: Mean and SD of Psychological Well-being scores by Marital Status of respondents with F-value.

MARITAL STATUS	N	MEAN	SD
UNMARRIED	76	243.95	35.44
MARRIED	327	251.26	37.81
WIDOW	38	205.84	43.86
DIVORCED	13	237.08	30.42
SEPARATED	6	187.33	28.58
ABONDONED	6	191.67	35.71
REMARRIED	5	187.40	31.20

$F=14.705(6,464; p<.001)$

Table 37 shows that the main effect of marital status (F=14.705(df=6, 464, p<.001) was significant. In other words, psychological well-being varied according to marital status. Married respondents scored the highest (X=251.26), and those in the category of separated scored the lowest (X=187.33). This means separated have the poorest PWB.

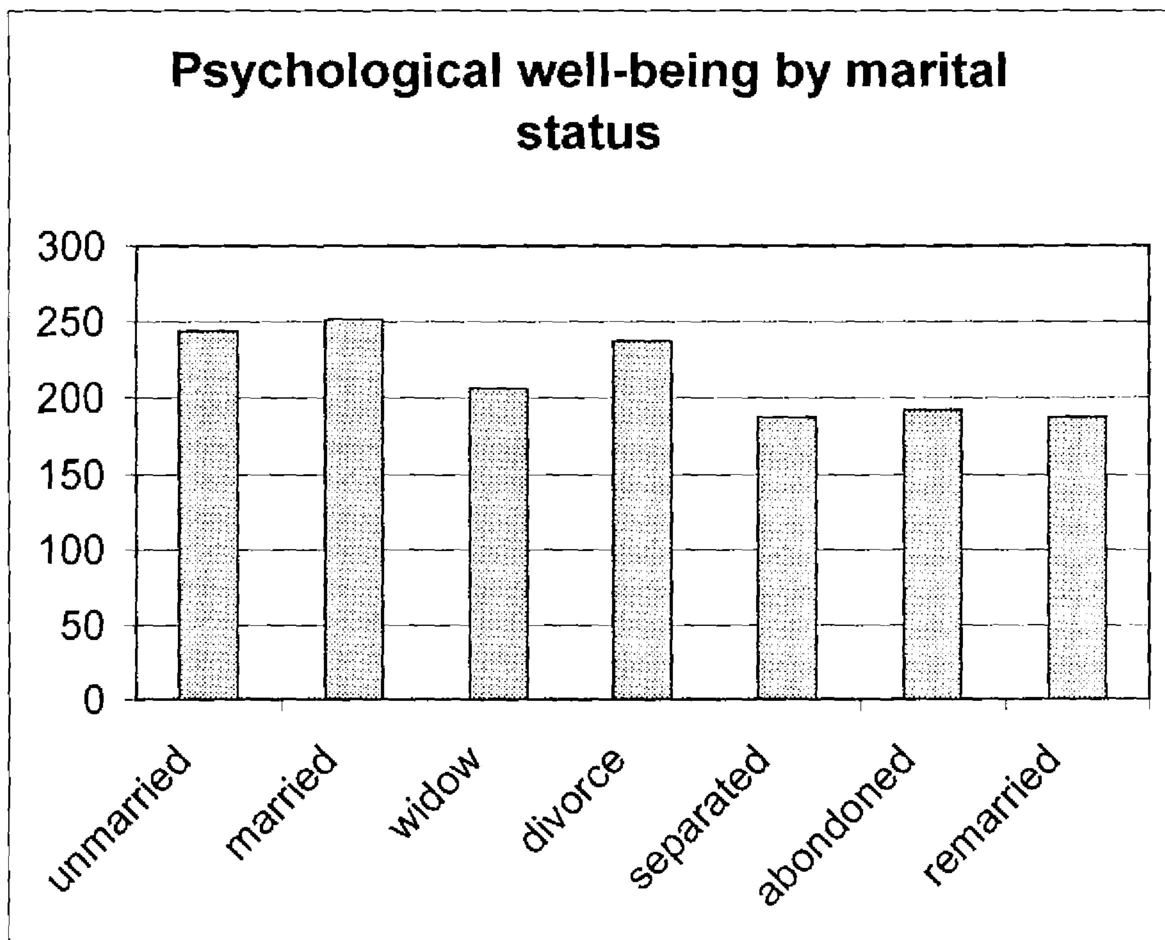

FIGURE 6: Mean of Psychological Well-being by Marital Status of Respondents.

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Family type was classified as single and joint. Single family meant only the immediate family members of the respondents comprising of father, mother and siblings. On the other hand, joint family meant extended family members living together such as grandparents, uncle, aunts, cousins etc. Table 38 shows the mean (SD) of psychological well-being scores by family type with F-value.

TABLE 38: Mean and SD of Psychological Well-being scores by Family Type of respondents with F-value.

FAMILY TYPE	N	MEAN	SD
SINGLE	282	248.30	35.86
JOINT	189	237.03	46.47

$F=8.787$ ($df=1, 470$; $p<.05$)

Obtained results indicate that family type had significant effect on respondents psychological well-being Respondents living in single family had better PWB ($X=248.30$) than those living in joint family ($X=237.03$).

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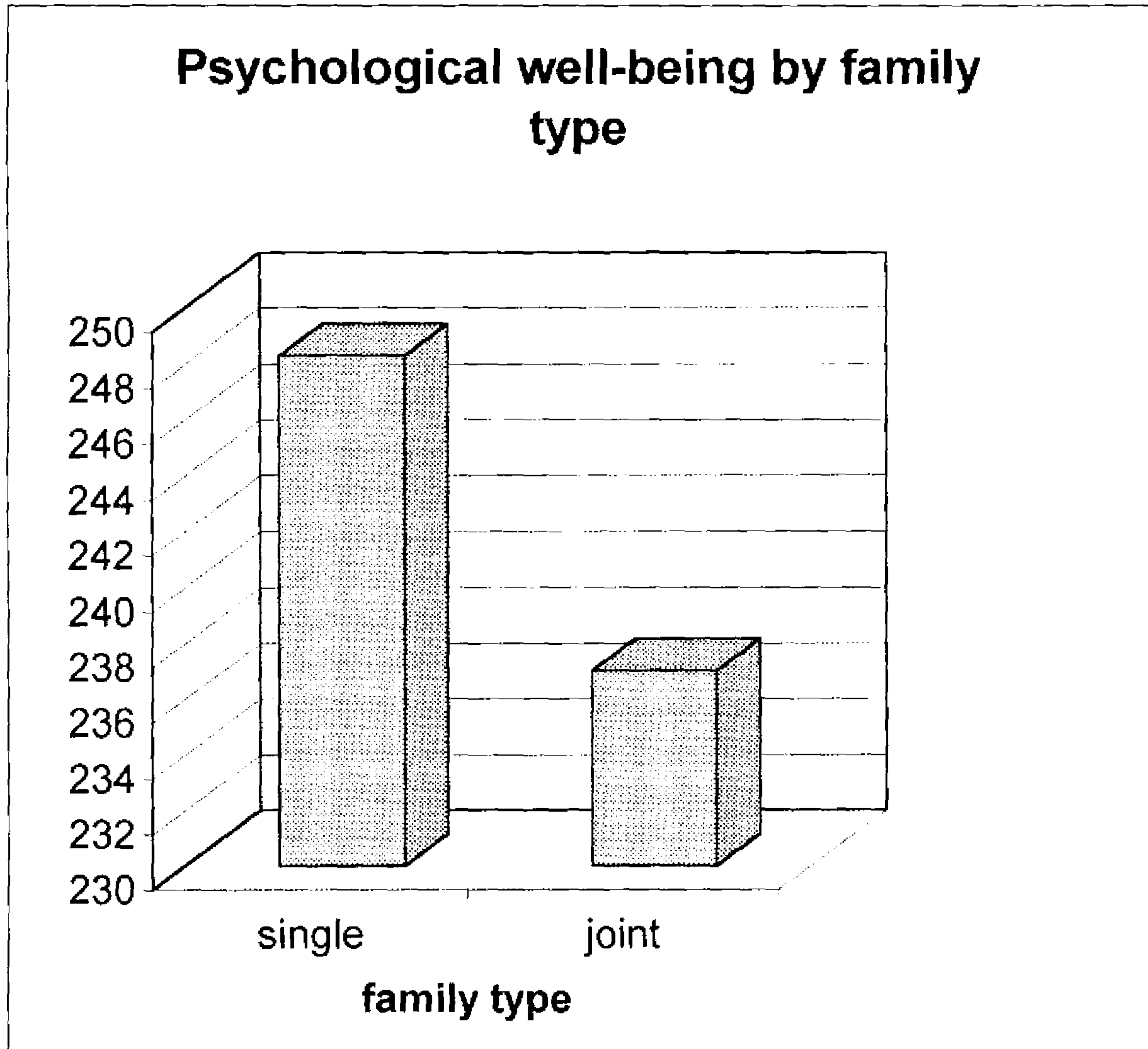

FIGURE 7: Mean of Psychological Well-being by Family Type of Respondents.

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TABLE 39: Mean and SD of Psychological Well-being scores by Occupation of respondents with F-value.

OCCUPATION	N	MEAN	SD
STUDENT	49	247.20	32.64
HOUSEWIFE/UNEMPLOYED	109	226.32	41.69
SERVICE	147	258.48	35.27
BUSINESS	34	259.53	35.36
PROFESSIONAL	21	285.86	30.48
SEMI-SKILLED/UNSKILLED	100	223.01	35.39
RETIRED	8	251.63	43.37
REEMPLOYED	3	299.67	4.04

$F=17.583$ (df 7, 463; $p<.0005$).

The main effect of occupation ($F=17.583$ (df 7, 463; $P<.0005$) was also found to be significant, which mean PWB varied according to different types of occupation. It appears from Table 39 that the reemployed respondents had the highest PWB ($X=299.67$) score, and those doing semiskilled / unskilled job had the lowest ($X=223.01$) PWB score, indicating poor PWB.

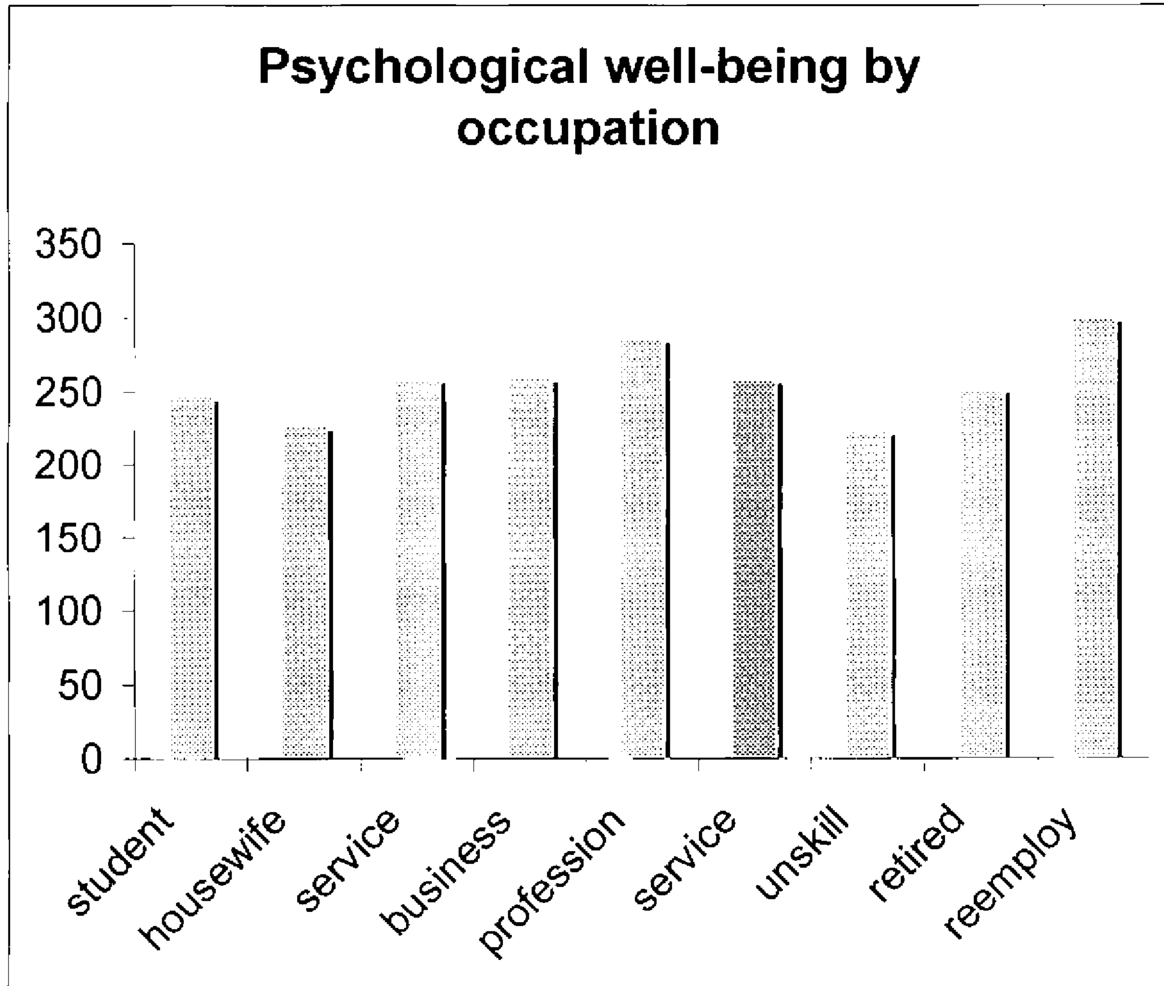

FIGURE 8: Mean of Psychological Well-being by Occupation of Respondents.

(iii) Correlates of Psychological Well-being (PWB)

To investigate the relationship between several variables in the study correlation of coefficient was computed for some selected variables, namely, psychological well-being, education, income, age, life stress, adaptive coping, non-adaptive coping, no of children and no of siblings. Table 40 presents the mean and SD of independent and dependent variable. Table 41 report correlation matrix between the dependent and each independent variable as well as inter-correlation among independent variables.

TABLE 40: Mean and SD for variables tested in the model of Psychological well-being.

VARIABLES	MEAN	SD
PSYCHOLOGICAL WELL-BEING	243.77	40.78
EDUCATION	12.18	6.73
INCOME	18160.21	54415.36
AGE	38.87	13.15
LIFE STRESS	175.95	96.11
ADAAPTIVE COPING	29.41	5.76
NON-ADAPTIVE COPING	20.97	4.68
NO OF CHILDREN	2.13	1.88
NO OF SIBLINGS	5.16	2.16

Dependent Variable : Psychological well-being.

TABLE 41: Correlation Matrix among Psychological well-being and Independent variables.

VARIABLES	1	2	3	4	5	6	7	8	9
PSYCHOLOGICAL WELL-BEING		.555**	.280**	-.037	-.236**	.387**	-341**	-312**	.-070
EDUCATION			.229**	-.015	-.160**	.439**	-182**	-388**	-140**
INCOME				.014	-.083	.181**	-133**	-.103*	-.110*
AGE					.130**	.047	.092*	.637**	.189*
LIFE STRESS						-.089	.175**	.186**	.067
ADAPTIVE COPING							-.024	-161**	.064
NON ADAPTIVE COPING								.161**	000
NO OF CHILDREN									.211**
NO OF SIBLINGS									

* Correlation significant at p<.05 level (2-tailed)

** Correlation significant at p<.01 level (2 tailed)

In the top row of the correlation matrix of Table 41, simple correlation of each independent variable with dependent variable psychological well-being is presented. The results indicated that education of the respondents had the strongest positive correlation ($r=.555$, $p<.0005$), adaptive coping the second ($r=.387$ $p<.0005$). High negative correlation was obtained for non-adaptive coping ($r= -.341$, $p<.0005$) followed by no. of children ($r=-312$; $p<.0005$). The correlation between PWB and income was also found to be significant ($r=.280$; $p<.0005$). No significant relationship between PWB with age and no of siblings was found. Results of Table 41 further indicated that there were strong Intercorrelations among independent variables.

To consider the effects of each independent variable on psychological well being, a Stepwise Regression analysis was performed. (Table 42, 43).

Stepwise multiple regression permits the study of the relationship between a set of independent variables and a dependent variable, while accounting for the interrelationships among the independent variables. In this procedure, order of variable inclusion is based on an item's contribution to the explained variance. Here the direct effect of each independent variable on the psychological well being is estimated by the partial standardized regression coefficient with all other independent variables in the equation (Table 42). R 2- change is also calculated for determining the relative importance of each independent variable (Table 43). The joint effects of significant predictor variables on psychological well-being was estimated by R-square (Table 43). The overall F-test was also performed for determining the joint influences of all independent variables to the variation of psychological well-being (Table 44).

TABLE 42: Stepwise Multiple Regression of Psychological well-being on Independent variables.

INDEPENDENT VARIABLES	STANDARDIZED BETAS (BS)	t	Sig
CONSTANT		21.360	.0005
EDUCATION	.384	8.899	.0005
INCOME	.122	3.369	.001
LIFE STRESS	-.109	-3.000	.003
ADAPTIVE COPING	.175	4.458	.0005
NONADAPTIVE COPING	-.231	-6.375	.0005
NO OF CHILDREN	-.081	-2.117	.003

Dependent Variable : Psychological Well-being

For low level of tolerance of Beta coefficients two variables were not considered into the regression equation. These were age and no of siblings of the respondents. The partial standardized betas (s) of the above table indicated that all the other variables in the model were predictors of psychological well-being . Education was found to be the strongest predictor of psychological well-being (B=.384, p<.0005), non-adaptive coping (B=-.231, p<.0005), adaptive coping (B=.175, p<.0005), income (B=.122, p<.001), life stress (-.109, p<.003) and no of children (-.081, p<.003).

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TABLE 43: Selected Statistics from Regression of PWB on education, non- adaptive coping, adaptive coping, income, life-stress and no of Children.

INDEPENDENT VARIABLE	R	R-SQUARE	R-SQUARE CHANGE	F-CHANGE	SIG. F
EDUCATION	.555	.308	.308	208.676	.0005
NON ADAPTIVE COPING	.606	.368	.060	44.214	.0005
ADAPTIVE COPING	.631	.399	.031	23.964	.0005
INCOME	.642	.412	.014	10.888	.001
STRESS	.651	.423	.011	8.877	.003
NO OF CHILDREN	.661	.437	.005	4.483	.03

Dependent Variable : Psychological Well-being.

R 2 indicated (Table 43) that these six variables account for 43.7% variance of psychological well-being. Results of regression analysis shows that the strongest predictor of PWB was education which alone explained 30.8% of variance. Correlation coefficient (Table 41) and standardized beta (Table 42) also confirmed the positive relationship between education and PWB. Higher the education of the respondents, the better is their psychological well-being. Nonadaptive coping was the second important predictor of PWB. R2 change indicated that 6.0% variance of PWB was accounted for by the nonadaptive coping. Significant negative correlation (Table 41) and significant beta (Table 42) also revealed that more the people adopted nonadaptive coping strategies, the poorer was their PWB.

The third important predictor of PWB is adaptive coping, which explained 3.1% variance of PWB. Significant positive correlation and significant beta suggests, the more people use adaptive coping, the higher is their PWB scores. The next important predictor is income which explained 1.4% variance. Higher the income of the respondents, the better is their PWB. Stress explained 1.1% variance of PWB. Negative correlation and significant beta suggest more the stresses experienced by the people, the lower was their PWB. Significant negative correlation and significant beta for no. of children as a predictor of PWB, reveals that respondents having more children have poor PWB.

TABLE 44: The overall F-test for regression of Psychological Well-being on edu., non-adaptive coping, adapt. cop., inc., stress and no of children.

	SS	Df	MS	F	Sig.
REGRESSION	341665.8	7	48809.396	51.355	.0005
RESIDUAL	440046.4	463	950.424		
TOTAL	781712.1	470			

Dependent Variable: Psychological Well-Being.

The significant F-test [$F(7,463)=51.355$; $p<.0005$] of the above table indicated that variation in PWB was accounted for by joint linear influences of education, nonadaptive coping, adaptive coping, income, stress and no of children.

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(iv) Coping strategies and Psychological well-being

Separate Regression analysis was conducted for each of the eleven coping strategies to identify the best predictors of psychological well being . Only those predictors that accounted for a significant amount of the variance for PWB were included in the final model. These coping strategies are problem solving (adaptive), self criticism (nonadaptive), confrontive coping (adaptive), cognitive restructuring (adaptive), and social withdrawal (nonadaptive). The other six strategies were not considered in the regression equation, because of low level of tolerance of beta coefficients. Results of the analysis are presented in Tables 45, 46 and 47.

TABLE 45: Mean and SD for the variables tested in the model of Psychological Well-being.

VARIABLES	X	SD
PROBLEM SOLVING	7.51	2.32
SELF CRITICISM	2.04	1.08
CONFRONTIVE COPING	4.59	1.84
COGNITIVE RESTRUCTURING	4.91	1.66
SOCIAL WITHDRAWAL	5.80	2.22
PSYCHOLOGICAL WELLBEING	243.77	40.78

Dependent Variable : Psychological Well-being.

TABLE 46: Stepwise multiple regression of Psychological Well-being on problem solving, self criticism, confrontive coping, cognitive restructuring and social withdrawal.

INDEPENDENT VARIABLE	STANDARDIZED BETA (S)	t	Sig.
CONSTANT		25.696	.0005
PROBLEM SOLVING	.325	7.436	.0005
SELF CRITICISM	-.258	-6.758	.0005
CONFRONTIVE COPING	-.243	-5.959	.0005
COGNITIVE RESTRUCTURING	.154	3.646	.0005
SOCIAL WITHDRAWAL	.097	2.463	.01

Dependent Variable : Psychological Well-being.

The partial standardized betas (BS) indicated that all the variables in the model were predictors of PWB. These were problem solving (B=.325, p<.0005), self criticism (B=-.258, p<.0005), confrontive coping (B=-.243, p<.0005), cognitive restructuring (B=.154, p<.0005) and social withdrawal (B=.097, p<.01). Thus it appears from Table 46 that problem solving coping strategy was the strongest predictor of PWB, although all the variables had highly significant standardized Bs.

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TABLE 47: Selected statistics from regression of Psychological Well-being on problem solving, self criticism, confrontive coping , cognitive restructuring and social withdrawal.

INDEPENDENT VARIABLE	R	R-SQUARE	R-SQUARE CHANGE	F-CHANGE	Sig. F
PROBLEM SOLVING	.552	.304	.304	205.065	.0005
SELF CRITICISM	.623	.388	.084	63.941	.0005
CONFRONTIVE COPING	.652	.426	.037	30.055	.0005
COGNITIVE RESTRUCTURING	.662	.438	.013	11.175	.001
SOCIAL WITHDRAWAL	.668	.446	.007	6.066	.01

Dependent Variable : Psychological Well-being.

R2 indicated that these five variables accounted for 44.6% variance of PWB (Table 47). The strongest predictor of PWB was problem solving which alone explained 30.4% of variance. It is revealed that people with better PWB use more adaptive (problem solving) coping strategy. On the other hand, people with poor PWB adopt non-adaptive (self criticism) coping strategy. R2 change shows that 8.4% variance was accounted for by this strategy. The other three predictors of PWB were confrontive coping (3.7%), cognitive restructuring (1.3%), and social withdrawal (0.7%).

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TABLE 48: The overall F-test for regression of Psychological Well-being on coping strategies (adaptive and non-adaptive).

	Ss	Df	Ms	F	Sig.
REGRESSION	348309.7	5	69661.932	74.741	.0005
REDIDUAL	433402.5	465	932.048		
TOTAL	781712.1	470			

The significant test [F(5), 465=74.741; p<.0005] of the above table suggests variation in psychological well-being was accounted for by joint linear influences of these coping strategies.

In summary, the findings of the study reveal that respondents in general reported more family/interpersonal stress, adopted most social support coping strategy and their psychological well-being was higher as indicated by the mean psychological well-being score.

The findings of the Chi-square show significant differences among respondents as follows:

(a) Significant gender differences were observed for family / interpersonal and occupational stress. Females experienced more family / interpersonal stress and males experienced more occupational stress than their respective counterparts.

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(b) Rural and urban respondents differed significantly in family / interpersonal, occupational, social / environmental, and personal stress. Rural people experienced more family/ interpersonal and urban respondents experienced more occupational social/ environmental and personal stress.

(c) Rural and urban females differed significantly in health and personal stress. Rural females reported more health stress than urban females. Urban females on the other hand reported more personal stress than their respective counterparts.

(d) Significant differences in family/interpersonal and personal stress was found for rural and urban males. Family / interpersonal stress was reported more by rural males than urban, whereas significantly more personal stress was reported by urban males than their rural counterparts.

(e) The different age groups differed significantly in marital and financial stress. Marital problems were experienced more by early adulthood age group respondents whereas middle age group respondents faced more financial stress.

Findings of Analysis of variance (2x2) shows significant differences among respondents as follows:

(a) Significant gender differences was found for confrontive coping, religion, acceptance, self-criticism and social withdrawal coping strategies. Males adopted more confrontive and social withdrawal coping strategies than females, and females adopted more religion, acceptance and self criticism than their respective counterparts.

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(b) Urban and rural respondents differed significantly in cognitive restructuring, express emotion, problem solving, social support and social withdrawal coping strategies. Urban people use more cognitive restructuring , express emotion, problem solving, social support and social withdrawal coping than their rural counterparts.

(c) Significant interaction effect of gender and residence was observed for religion, and social withdrawal coping strategies. Rural females had the highest mean score and urban males had the lowest mean score for religion. In contrast urban males adopted social withdrawal strategy the most and rural females adopted the least social withdrawal strategy.

(d) Significant differences in psychological well-being was found between female and male respondents. Males had better psychological than their female counterparts.

(e) Rural and urban respondents showed significant differences in psychological well-being. Urban people had higher psychological well-being scores than the rural people.

(f) Significant interaction effects of gender and residence was found for psychological well-being. Urban males had the highest psychological well-being, and rural females had the poorest psychological well-being.

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Results of one way analysis of variance showed significant differences among respondents as follows:

(a) The different age group of respondents differed significantly in social support, wishful thinking, social withdrawal, religion and acceptance coping strategies. Early adulthood age group used the least social support, religion and acceptance. Late adulthood age group respondents had the least wishful thinking scores. Social support coping strategy was adopted most by the middle age group respondents. Old age group was found to use most wishful thinking, religion, and acceptance, and least social withdrawal coping strategies.

(b) Marital status, family type and occupation of respondents showed significant effects on psychological well-being. Married respondent's psychological well-being scores was the highest, and those in the category of separated had the poorest psychological well-being. Respondents living in single families had better psychological well-being than those living in joint families. Reemployed respondents had the highest psychological well-being, and those doing semiskilled / unskilled job had the poorest psychological well-being.

Results of correlation of coefficient among the dependent variable (psychological well-being) and some selected variables show:

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(a) Significant positive correlation exists between psychological well-being and education, income and adaptive coping strategies. Higher the educational qualification and income of the respondents the higher was their psychological well-being. The more people used adaptive coping strategies, the better was their psychological well-being.

(b) Significant negative correlation was observed between psychological well-being and life stress, non-adaptive coping and number of children of the respondents. The more the respondents experienced life stress the poorer was their psychological well-being. The more people adopted non-adaptive coping strategies, the lower was their psychological well-being. Psychological well-being was lower for respondents having more children.

Results of Stepwise Multiple Regression analysis show:

(a) Education was found to be the strongest predictor of psychological well-being, followed by non-adaptive, adaptive, income, life stress and number of children.

(b) Problem solving coping strategy was the strongest predictor of psychological well-being followed by self-criticism, confrontive coping, cognitive restructuring and social withdrawal.

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DISCUSSION

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CHAPTER IV

DISCUSSION

The question of what constitutes the good life has been pondered for millennia. Yet only in the last decade has the study of well-being become a systematic scientific endeavor. A review of research on well-being conducted in 1967 by Wilson concluded that the happy person is a "young, healthy, well-educated, well-paid, extroverted, optimistic, worry free, religious, married person with high self-esteem, job morale, modest aspirations, of either sex and of a wide range of intelligence." In the backdrop of what is known about well-being – western style, it is significant to note that well-being in many non western cultural contexts may not include all these factors. The present dissertation was based on the idea to study psychological well-being from the psychosocial context of Bangladesh. Gender discrimination, rural-urban disparity and many other adverse conditions prevailing in the country raised the subsequent research questions:

1. What are the typical sources of stress experienced by the people of Bangladesh?

2. How do these people try to cope with these stresses?

3. How is the psychological well-being of these people?

4. What are the relationships between stress, coping strategies and psychological well-being?

5. Are there any gender, residential status and age differences in the above?

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An effort was also made to find out which socio-demographic variables are the best predictors of psychological well-being, and which coping strategies adopted is the most effective for the promotion of better psychological well-being.

With these objectives, the present study was an attempt to search for the answers to these questions. The results of the study are presented in the previous chapter. This chapter discusses on the findings of the study. For convenience of discussion the findings are categorized in the following parts.

1. LIFE STRESS : Gender, residential status, and age.

2. COPING STRATEGIES : Gender, residential status, and age.

3. PSYCHOLOGICAL WELL-BEING : Gender, residential status, marital status, family type, and occupation.

4. Correlates of Psychological Well-being.

4.1 LIFE STRESS.

Life Stress : Gender, Residential Status and Age

In this section, stress is treated as dependent variable while gender, residential status and age are treated as independent variables. All information regarding these variables were obtained from the respondents during data collection phase.

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Table 17 shows the sources of stress (in frequency and percentage) reported by the respondents in general. The highest frequency and percentage was reported for family / interpersonal, followed by financial and personal stress. The possible reasons for such findings are discussed below according to the different category of the stressors.

(a) Marital Stress

The study results found significant differences in marital stress between the different age levels of the respondents. Early adult age group respondents reported significantly more marital stress than the other age groups. Several reasons for such findings may be extended. Early adulthood is the age when people start a new life — career, marriage, becoming a parent etc. Numerous studies have shown that the stress of separation, divorce, marital discord, death of a spouse have greater effects on the individuals at early adulthood compared to other ages (Chase-Lansdale, 1996; Heatherington and Stanley-Hagan, 1995). They also found that such stress places both men and women at risk for psychological and physical difficulties. The present findings failed to show any significant gender and rural urban differences with respect to marital stress. This is inconsistent with the findings of Amato (1994) who studied the impact of divorce on men and women in India and the U.S. The results of their study showed that Indian women experience more stress than men and also suffer more hardships than U.S. women.

(b) Family / Interpersonal stress

The study found significant gender differences in family / interpersonal stress. Female respondents reported more family stress than the males. Women generally report having experienced a greater number of family stressors than men do (Gleenglass and Noguchi, 1996). One reason may be that women are confronted with multiple roles: wife, mother, employee, etc. Evidences show women experience stress and strain from role conflict in balancing multiple responsibilities (Nelson et. al., 1990). A significant amount of stress is also found to be related to securing adequate dependent care and other issues of family life. (Bhagat, et. al, 1990; Zedech and Mosier, 1990). The daily workload is particularly heavy for women because they still do most of the chores at home (Frankenhauser, 1991). Though more and more women are entering the workforce and taking new roles, cooking, washing, cleaning, taking care of the family members are still women's responsibilities. Some traditional cultural expectations also contribute to women's stress. These are the expectations from the in-laws, especially mother-in law, sister-in-law etc. Because of the large amount of time devoted to household activities, women sometimes have problems combining all the responsibilities including satisfying her in-laws, and this might ultimately lead to misunderstandings and bad relationships with them.

Having a sick member in a family adds to the stress in a already stressful day – the chances are the extra stress befalls the women rather than the men. Even in today's

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world, if both parents have careers outside the home, the women are expected to take care of the sick. Such family stress may restrict the personal freedom and produce very important changes in interpersonal relationships (Leventhal, Leventhal, Van Nguyun, 1985; Michela, 1987; Skelton and Dominian, 1973).

Urban – rural comparison also showed significant differences in family / interpersonal stress. Rural respondents reported more family stress than their urban counterparts. More rural respondents in the study lived in a joint family compared to urban, so it is quite reasonable to experience more family problems with more members living together, as some ingrained values are still dominant in Bangladeshi rural society. No significant difference regarding family / interpersonal stress was found between the respondents of different age levels.

(c) Occupational Stress

Males and females differed significantly in occupational stress. Men reported more job related stress than women. This finding is consistent with the findings of Bohm and Rodin (1985) who also reported men experienced more job stress than women. Several explanations can be offered. Men and women have different roles. Men are traditionally seen as the breadwinner in the family and women are the homemaker. All family expenses like education, health, food, housing etc are men's responsibility. So any kind of problems related to job like transfer, trouble with the boss, retirement, job

loss etc are more likely to affect a male than a female. Women on the other hand, have been assumed to be somehow unaffected by such problems, perhaps reflecting the stereotype that employment is a secondary role for most women and that they work out of choice, not necessity.

Urban and rural respondents also showed significant differences in occupational stress. Urban respondents experienced more occupational stress than rural people. Rural life is comparatively simple and less stressful than urban life. Most of the rural respondents were either farmers or were in semiskilled / unskilled jobs. In contrast, urban people have to face a lot of stress and competition in getting a new job, promotion, salary, job security and other facilities. No significant differences between the different age groups was found for occupational stress.

(c) Financial Stress

Financial stress differed significantly between the respondents of different age levels. It was found that middle age group respondents reported more financial stress than the other groups. It is said that middle age is a diversified, heterogeneous period for both men and women. Though middle age is the time when people are more or less satisfied with their life interms of job security, higher positions and more pay etc. but other great responsibilities arrive for the parents to bear. The three most important areas which concerns them most are education, marriage and health. In our country, it is the parents responsibility to bear all expenses related to education and marriage of the sons and daughters. In most of the rural areas of Bangladesh, dowry system is still prevalent, so parents with low income find it very difficult to get their daughters married off.

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Another major concern of middle age adults is the health status. This is the time when some general decline in physical fitness begins to show with other problems. Meeting the medical costs is an additional burden for the family. Male, female, rural and urban comparison failed to show any significant difference in financial stress.

(d) Social/Environmental Stress.

The study results showed significant differences between rural and urban respondents in social / environmental stress. Urban respondents experienced more social / environmental stress than rural respondents. As mentioned earlier, urban living compared to rural is more stressful partly because of the crowded living conditions, traffic, noise and air pollution. In addition to these, a wide variety of other environmental and social conditions produce stress on urban people. Some of these are limited resources and consequently lack of adequate housing, children's schooling, recreation and social activities. An increasing number of poor people in Dhaka city live in slums, in rented rooms, or in shared quarters in boarding. Many people also live and work in the city leaving their families in village home. The study however, did not show any significant gender and age differences in social and environmental stress.

(e) Health Stress.

Urban and rural females differed significantly in health related stress. Rural females reported more health problems than urban females. In rural Bangladesh, women's state of health is more closely linked to social and cultural norms. Since a large number of the women are still illiterate, their health status is insecure. They are often the

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last to be fed in the household and they carry the greatest burden of work. They are treated with less care, fed less nutrient food, and rarely taken to the hospital when sick. In contrast, with the fast changing attitudes, urban women enjoy the same status as men do. Another reason may be the availability of better health care services in Dhaka city. The different age group of respondents did not differ significantly with respect to health stress.

(g)Personal Stress.

Personal stress was reported significantly more by urban respondents than their respective counterparts. Though no significant gender difference was observed for personal stress, rural and urban females, rural and urban males were found to differ significantly. In both the areas, urban females and urban males experienced more personal problems related to achievements, failure, change in personal habits, spending holidays etc. People living in Dhaka city on the one hand enjoy the benefits of urban living and on the other hand, has to face the great challenges of meeting the basic requirements of modern living standards.

(h)Legal Stress.

A very few respondents reported experiencing legal stress such as jail term, minor illegal offences etc. One reason might be that this aspect is a bit sensitive issue considering the sociocultural context of Bangladesh. So, it is not clear whether respondents in the present study have or have not given honest answers. No analysis, therefore, could be done as there was not variation.

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(i) Other Relationship Stress

The present results also showed no variation in other relationship variable, so no analysis could be conducted.

4.2.COPING STRATEGIES.

Coping Strategies: Gender, Residential Status and Age

In order to see the effect of gender and residential status on each of the coping strategies 2x2 ANOVA was applied. One way ANOVA was used to see the effect of different age levels. The results of each of the coping strategies are discussed separately.

The study findings (Table 23) show that in general social support coping strategy was adopted most by the respondents of the study. The next strategy used most was problem solving, followed by religion and social withdrawal. Wishful thinking was adopted least by the respondents of the present study.

(a) Confrontive Coping

Consistent with the findings of previous study (Aaron et. al, 1997), the present study also found significant gender differences in the use of confrontive coping strategy. Males adopted more confrontive coping than females . This difference might have resulted from

the differences in the ways boys and girls were reared and also through sex role socialization. Bangladeshi women, like those from many other countries are not allowed to display aggression because it does not fit the feminine image.

Rural urban comparison showed no significant differences in the use of confrontive coping strategy. With regard to age effect, the finding contradicts with the findings of Folkman et. al, (1987) who found young and middle aged adults used more confrontation and aggression.

(b) Cognitive Restructuring

The present study found significant difference in the use of cognitive restructuring coping strategy between urban and rural respondents. Urban people were found to use more cognitive restructuring than rural respondents. According to Billings and Moos (1981) individuals with higher educational level and income reported greater use of strategies where efforts are made to create positive meaning by focusing on personal growth. This might possibly explain why urban people differed from rural in the use of this strategy. No significant gender and age differences was found for the use of cognitive restructuring strategy.

(c) Express Emotion

The present study failed to find any evidence of gender differences in the use of express emotion. Previous studies however, have found women tend to use more express emotion

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strategy than men (Ptacek et. al. (1994). But Gleenglass and Noguchi (1996) conclude that when men and women are similar in occupation and education, no gender differences was observed in the use of coping strategies. Results showed that urban respondents adopted more express emotion strategy than rural respondents. One possible explanation that can be given is that urban people are confronted with many different types of stressors, including the daily hassles. Some research indicates that high levels of crowding, air pollution, noise make people feel physically uncomfortable. People feel aroused, they are more likely to dislike others around them, they want to leave the place and they view their surroundings more negatively (Langer and Saegert, 1977; Ruback and Pandey, 1992). Personality type also plays an important role in expressing emotion which the present did not take into account. It is suggested that future studies including personality characteristic should be done is order to arrive at a definite conclusion.

(d) Problem avoidance

The present study failed to show any significant difference in the use of problem avoidance coping strategy between male, female, urban, rural and respondents of different age levels. Contradictory findings have been reported in previous studies. In one study, Japanese college students have been shown to be higher on avoidant coping styles than Australian students (Radford, Mann, Ohta and Nakane, 1993). In contrast, Aldwin and greenberger (1987) failed to find a significant difference on the same coping strategy for Asian American versus Caucasion American students. A number of possible factors

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may account for such finding. Respondents in the present study might have found other coping strategies more helpful in dealing with stressful situations.

(e) Problem solving

The study result revealed an interesting finding. Males and females did not differ significantly in the use of problem solving strategy. Though some studies have reported greater use of problem solving by men, but other studies have also shown that when men and women are similar in occupation and education, no gender differences were found (Gleenglass and Noguchi, 1996). The present finding indicates that in our society women are equally capable of dealing effectively with the environment and realistically can cope with solutions of life problems with the men. Previous prejudices about perceived sex roles of women such as submissiveness, inferior to men, etc are gradually diminishing as society is changing.

Rural urban comparison showed that urban respondents adopted more problem-solving strategy than their rural counterparts. One possible explanation for such difference may be that rural areas are still backward in almost all indices of development, viz, education, income, health etc.

(f) Religious Coping Strategy

The present findings showed significant difference between males and females in the use of religious coping strategies. Females adopted more religion than males. This finding lends support to the findings of Bijur and others (1993) who found that females have

consistently shown a stronger interest in religion than males have. Compared to men, they participate more in both organized and personal forms of religion, and are more likely to feel that religion is an important dimension of their lives. A significant interaction between gender and residence was also found (<.05). Rural women had the highest mean score for religion which indicated that they turn more to religion to cope with their stressful life events.

Religion is an important aspect of people's lives around the world. A number of studies have shown that meaningful religious faith not only is related to happiness, but is the ability to cope effectively with stress (Gallup and Jones 1989). There is a disagreement among the psychologists about whether religion is an adaptive or nonadaptive coping strategy. According to some prayer and religious commitment are defensive, less effective coping strategy, but others have found religious coping adaptive as it is sometimes associated with levels of personal initiative and competence (Paloutzian, 1996).

Respondents of different age levels also differed significantly in the use of religious coping. Old age group respondents were found to adopt religion the most than the other age groups. This is consistent with our popular belief that religion can play important roles in the lives of elderly adults.

(g) Wishful thinking

Only old age group respondents were found to use more wishful thinking strategy than

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the other groups. In one study, adults in old age, compared to younger adults were more likely to have a strong interest in spirituality and pray (Gallup and Jones, 1989). The present finding contradicts with the findings of Frydenberg and Lewis (1993) who found women tend to use more wishful thinking than men. Also no significant difference between rural and urban respondents were found.

(h) Acceptance

Significant gender differences in the use of acceptance coping strategy was found in the present study. Female respondents used more acceptance than their male counterparts. This finding is consistent with the findings of Aaron et. al, (1997) who also found females were more likely to accept responsibility for the situation than the males. This finding also confirms with our cultural expectations that women should be submissive, learn to live with their problems rather than confronting it.

Though rural urban comparison showed no significant difference, but respondents of different age groups differed significantly in the use of acceptance. Old age group had the highest mean score than the other groups. Several factors may contribute to this difference, such as social and family expectations, readiness for making proper adjustment to the changes experienced during this period of life. In our society, majority of the elderly people live in extended families, preferably the son for emotional and financial support. According to Satlin, (1994); Weintraub, Powell and Whitla, (1994) successful adjustment require effort and coping skills. Sometimes they are perceived as

incapable of thinking clearly, doing things on their own, boring or even a burden to the family. Hence, accepting the situation may be the best way to avoid any problems in and outside the family.

(i) Self-Criticism.

Males and females differed significantly in the use of self criticism coping strategy. Females tend to put the blame on themselves more than the males. This finding also fits with our cultural norms and expectations, where societal sex role perception plays an important role in dealing with stressful situations. Previous studies have suggested that men use more adaptive, whereas women tend to use more nonadaptive coping skills (Ptacek et. al., 1994).

However, no significant difference in self criticism was found between urban and rural respondents, and respondents of different age groups. In one study though Frydenberg and Lewis (1993) found older people were more likely to blame themselves than younger adults. This is particularly surprising, considering the sociocultural context of Bangladesh.

(j) Social Support.

The present study failed to find any evidence of gender difference in seeking social support. This contradicts with the findings of Frydenberg and Lewis, (1993); Aaron et. al, (1997), who found women were more likely to seek social support than their male counterparts.

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Significant differences between rural and urban respondents was found for social support coping strategy Urban residents sought more social support than rural residents. Sources of stress experienced by the respondents in the present study was found to vary with residential status. Urban respondents reported more stress related to family / interpersonal occupational, social / environmental and personal stress than the rural respondents. As mentioned earlier urban living is more complex, demanding and more challenging than rural living. This explains why people living in the cities need more social support. Studies have also found an association between social support and mental health (Leavy, 1983). Social support, the knowledge that we are part of a mutual network of caring, interested others enables us to lower our levels of stress and to cope better with the stress we do undergo (Uchino, Uno and Holt-Lunstad, 1999; McCabe et. al, 2000).

Though Folkman et al (1987) concluded from their studies that people at all ages seek social support, the present study found middle age group respondents needed social support the most compared to the other groups. Middle age group respondents in the present were found to report more financial stress. According to Folkman et. al, (1987) much of the social support comes from marital relationships, close friends and relatives. So, it is quite reasonable to believe that social support from significant others can bring solution to many difficult problems in life.

(k) Social Withdrawal

The study results showed significant gender and rural urban differences in the use of social withdrawal coping strategy. Also a significant interaction effect of gender and

residence was found. It is interesting to find that both rural and urban males adopted social withdrawal coping strategy more than their respective counterparts. This finding suggests that males try to cope with stress by watching T.V. listening to radio, going to cinema or by avoiding people, whereas females as mentioned earlier adopt religion as a coping criteria. Rural and urban comparison also found significant difference in social withdrawal coping strategy. Urban respondents adopted more than rural respondents. Television with different satellite channel provide excellent source of entertainment for urban people, which in turn helps them reduce their stress. No significant difference in the use of social withdrawal was found between respondents of different age groups.

4.3.PSYCHOLOGICAL WELL-BEING

Psychological Well-being : Gender, Residential Status, Marital Status. Family Type, and Occupation

The overall psychological well-being of the respondents in general was found to be higher as indicated by the mean score (Table 36). The minimum score in the PWB scale was 72 and the maximum score was 360 with mean of 180. This means that respondents psychological well-being was higher compared the scale mean.

(a) Gender, Residential Status and Psychological Well-being

The present study revealed significant differences in psychological well-being between male and female, rural and urban respondents ($p<.001$), and also the interaction between

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gender and residence was found to be significant (<.05). The highest psychological well-being mean score was obtained by the urban male respondents, whereas lowest mean score was obtained by the rural female respondents. Numerous empirical studies which examined the effects of gender on psychological well-being have consistently reported that women in general tend to experience higher levels of negative affect than men (Brody and Hall, 1993; Manstead, 1992; Nolen- Heksema and Rusting, 1999). Women reported more internally focused moods such as sadness, fear, nervousness, shame and guilt which subsequently mirrored the elevated rates of internalizing disorders such as depression, anxiety disorders and eating disorders. In contrast some other studies have reported no significant gender differences (Allen and Hacoun, 1976; Averill, 1983; Brody, 1993).

Several explanations might be extended for the present findings. A possible reason may be the existing sociocultural situation in Bangladesh. The status of women particularly in the rural areas is still linked to patriarchal social and cultural norms. Women are valued less than men and are sometimes regarded as a burden to the family. They are treated with less care, fed less nutrient food, and their health and lives in some places are still seriously threatened by customs and traditional practices.

Though urban living is more stressful than rural living in terms of living cost, competition, housing etc. it was interesting to find both men and women living in Dhaka city had better psychological well-being than men and women in the villages. Education, employment opportunities, health care and other facilities might have been the possible influencing factors.

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(b) Marital Status and Psychological Well-being

Table 37 clearly demonstrates that psychological well-being varied significantly according to the marital status of the respondents. Married respondents psychological well-being score was the highest, and the lowest psychological well-being score was obtained by the separated group. The present finding lends support to Wilson's study (1967). One criterion of positive well-being that emerged from this study was that "being married". According to Rubin (1984) majority of men and women in his study viewed their spouses as best friends. In another study, Brown and Gary (1985) found women said they would go to their husbands first for support if they had a serious problem, and many women also named their husbands as one of the three people closest to them. Though the present study did not explore marital satisfaction, relationship between husband and wife, the findings are consistent with Daniel (1995) who reported that those who displayed more signs of marital maladjustment showed more psychiatric symptoms and had lower levels of life satisfaction and purpose in life.

The stress of divorce and separation placed both men and women at risk for psychological and physical difficulties (Chase Lansdale, 1996; Heatherington and Stanley-Hagan, 1995). Women suffer more hardship than men, because of their economic dependence on men and also for the existing cultural beliefs. Thus it seems fair to conclude from research evidences that married people have better mental health than do persons whose marriage dissolve.

(c) Family type and Psychological Well-being

The study also found significant differences in psychological well-being between respondents living in single and joint families Respondents living in single families had better psychological well-being scores than those living in joint families. This finding contradicts with the findings of Mahmuda (1998) who found no significant effect of family structure on psychological well-being . One possible explanation that could be given is that as more and more women are increasingly entering the work force, independent living may be preferred more than extended living. Some sociocultural expectations also contributes to women's stress and thus lower their psychological well-being. Besides the household chores they are expected to take care of husbands, children, in laws etc. Moreover, in our country it is generally the head of the family's responsibility to bear all expenses of the members of the family – food, clothing, education, health etc. Therefore, people with low income might find it difficult to bear the extra burden. But this is not always true. People also feel happier living in joint families with parents, aunts, uncles and grandparents. Future studies with larger representative samples from all socioeconomic status are needed to arrive at a definite conclusion.

(d) Occupation and Psychological Well-being

Table 39 indicates that psychological well-being varied significantly according to different types of occupation. A surprising and interesting finding was revealed in the current study. The reemployed respondents had the highest mean psychological well-being score. People generally seek reemployment after retirement. The crisis theory,

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proposed by Miller (1989) posited that retirement creates an "identity crisis" and consequently reduces the self-esteem of the retirees. They often find that they have lost opportunities for social interaction, miss the power and influence they had. According to Bohm and Rodin, (1985); and Bradford (1986), reemployment brings a feeling of being useful and competent because people who retire from their job are hired as organizational experts with more pay, benefit and other facilities.

Respondents in the semiskilled / unskilled category had the poorest psychological well-being. This category included rickshaw drivers, farmers, housemaid etc. These people are deprived of both the objective and subjective components of well-being. Feeling of insecurity, worry dissatisfaction is reflected in their poor psychological well-being.

4. 4. CORRELATES OF PSYCHOLOGICAL WELL-BEING

In this section, some selected variables, namely education, income, age of respondents, life stress (total score), adaptive coping strategies, nonadaptive coping strategies, number of children and number of siblings were correlated with psychological well-being. This helped to see how each of these variables (independent) was related with the dependent variable (psychological well-being), and also the intercorelation among the various variables. The results are discussed below separately for each of these variables. The study findings reveal that the most important correlates of psychological well-being was education, income, life stress, adaptive and nonadaptive, coping strategies and no of children.

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(a) Education and Psychological Well-being

Results of multiple stepwise regression analysis (Table 42) showed education was the strongest predictor of psychological well-being ($p<.0005$) which alone explained 30.8% of variance. Correlation coefficient (Table 41) and standardized beta (Table 42) also confirmed the positive relationship between education and psychological well-being. There is no doubt that education affects men and women's opportunities in life. Education opens door to employment, earnings, career and social advancement. It also influences their health and increases the life satisfaction of the people. Similar findings was also reported by Mahmuda (1998) who found respondents having high education had better psychological well-being than respondents with low education. A person with a high education, independent life, vocation and good income is likely to perceive his wishes fulfilled to a larger extent and thus it causes to have a more positive outlook toward everyday life activity (Nagpal and Sell, 1985).

(b) Income and psychological well-being

Strong positive correlation was also found between income and psychological well-being ($r= .280$, $p<.0005$). In support of the finding, it can be said that high income not only brings material wealth but also render one's life safe, secure and comfortable. A number of studies relating income with psychological well-being across and within cultures have reported that throughout the world most people desire a high level of material wealth, that is good homes, appliances, universal education, a varied diet, good medical treatment and amenities of modern comfortable living Diener,(2000); Oishi, (2000). Easterlin (1974) found wealthier persons were happier than poorer persons.

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(c) Age and Psychological well-being

The study failed to show any significant relationship between age and psychological well-being. Contradictory findings have been reported in previous research. Wilson (1967) found younger individuals had higher psychological well-being than older ones. Campbell et. al, (1976) concluded from their study that American younger than 35 years were the happiest and while those 75 years older were the least happy group. But numerous other studies showed no age effects on psychological well-being. (Cantril, 1965; Inglehart 1990; Alston, 1974; Andrews and Withey, 1976).

(d) Life stress and psychological well-being.

A significant negative correlation was found between life stress and psychological well-being. ($p<.01$). A good number of researches have consistently reported the impact of life stress on our physical and psychological health. Among the symptoms that develop from prolonged stress are anxiety, depression, irritability, fatigue, loss of appetite, headache etc. In one study, Daniel (1995) reported that those respondents who displayed more signs of marital maladjustments showed more psychiatric symptoms and lower levels of life satisfaction. In another study, Wang et al. (2000) studied the post earthquake quality of life. The results showed victims suffered significantly more psychological distress in terms of depression, somatization and anxiety, and reported poor quality of life and well-being.

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The psychological well-being of family members with schizophrenic patients was studied by Addington et. al., (2000). The results indicated that family members were significantly distressed as a result of having a family member with schizophrenia and reported poor psychological well-being. Similar findings were also reported by Kahana et. al (1995); and Amato, (1994).

(e)Coping Strategies and Psychological Well-being

Consistent with the findings of previous research, the present study also found significant positive correlation between adaptive coping strategies and psychological well-being ($p<.005$), and high negative correlation between the use of nonadaptive coping strategies and psychological well-being ($p<.005$). This finding suggest that people who adopt adaptive coping skills in dealing with stressful life events have higher psychological well-being, while those who adopt nonadaptive coping strategies have poor psychological well-being. Numerous empirical studies which examined the relationship between coping strategies and psychological well-being have reported that, in general, optimism has been associated with the use of more adaptive, engaged coping activities, such as problem solving, cognitive restructuring etc. whereas pessimism has been associated with the use of more maladaptive, disengaged coping activities such as problem avoidance, social withdrawal (Chang, 1995; Long and Sangster, 1993; Scheier and Carver, 1985).

Then to identify the best predictor of psychological well-being a stepwise regression analysis was conducted further. Out of eleven, only five coping strategies were

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considered in the final model of psychological well-being. These included problem solving, self-criticism, confrontive coping, cognitive restructuring and social withdrawal. The results of regression revealed that problem solving strategy was the strongest predictor of psychological well-being ($p<.0005$) although all the other strategies had highly significant standardized Bs.

More informative conclusions could have been drawn, if the present study measured the psychological symptoms associated with poor psychological well-being. But in support of the present findings, it can be said that generally people who see themselves negatively and are anxious, depressed, guilt prone tend more to put blame on themselves and avoid social participation, and other involvements with people. Support for the present finding also comes from Aldwin and Greenberger's study (1987). Social withdrawal was found to be the best predictor of psychological symptoms which indicated poor psychological well-being.

(f) No of Children and Psychological Well-being

The study also found significant negative correlation between number of children and psychological well-being ($p<.0005$). This suggests that respondents with large families have poor psychological well-being. Less education, low income and consequently inadequate housing, food might have contributed to such finding.

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(g) No of Siblings and Psychological Well-being

The study did not find any significant relationship between no of siblings and psychological well-being. One possible reason might be that only adults participated in the study. Majority of the respondents were settled in their lives with their job, families etc. Hence, to see the specific effect of family size on psychological well-being, younger age groups should be included in the sample.

The Correlation Matrix (Table 41) showed the intercorrelation among the several variables under study. The results are discussed below :

(i) Significant positive correlation was found between education and income ($p<.01$), adaptive coping strategy ($p<.01$).As mentioned earlier, higher education means better job, high salary, and high social status. Education also helps individuals to cope with difficult problems confidently and realistically. In contrast, significant negative correlation was observed between education and nonadaptive coping, life stress , no of children and no of siblings.

(ii) Significant positive correlation was found between income and adaptive coping ($p<.01$). This means higher the income the more likely is the use of adaptive coping strategies. Nonadaptive coping, no. of children and no of sibling showed significant negative correlation.

(iii) Significantly positive correlation was found between age of the respondents and life stress. This suggests that life stress increase, with age. Nonadaptive coping strategy was also found to be positively correlated with age. This confirms with the findings of Felton

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and Revenson, (1987), Folkmen et. al., (1987). Rather than becoming highly emotional when faced with stressful circumstances , older adults tended to cope by using denial, repression and other passive strategies.

(iv) Significant positive correlation was also found between life stress and nonadaptive coping strategy. Individuals who experienced more life stresses were more likely to adopt nonadaptive coping strategies.

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SUMMARY AND CONCLUSION

CHAPTER V

SUMMARY AND CONCLUSION

The present study attempted to investigate life stress, coping strategies and psychological well-being of men and women living in urban and rural setting. A total of 471 adults ((243 men and 228 women) were randomly selected from 5 thana area of Dhaka city and 2 villages adjacent to Dhaka city. Life stress was measured by the Bangla version of The Social Readjustment Scale (SRC) developed by Holmes and Rahe (1967). The Coping Scale and the Psychological well-being Scales were developed for the present study to measure the respondents coping behavior and psychological well-being.

Present findings have not only revealed the typical sources of stress experienced by male, female, urban and rural respondents of different age levels, but has also indicated the significance of using adaptive coping strategies for the promotion of better psychological well-being. Numerous studies have linked stress with different forms of psychopathology (Elkin, and Rosch, 1990; Karasek et al., 1988; Hurrell and Colligan, 1987; Salvendy and Smith, 1981). The findings, therefore, certainly points to the urgency of implementing stress management interventions and other wellness programs. A growing body of clinical literature provides strong support for the existence and efficacy of many stress management techniques (Everly, 1989). Some coping skills are as follows:

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(a) Relaxation techniques

Benson (1974) was one of the pioneers to identify relaxation as a natural counter response to the stress response. These take many forms like progressive muscle relaxation (Jacobson, 1929), physical relaxation, meditative relaxation etc. Yoga is also recommended as an effective technique for stress management. Researchers have pointed out that these techniques have far reaching therapeutic consequences.

(b) Physical exercise.

This include different types of exercise like walking, jogging, swimming, aerobics etc. Cooper (1982) has long advocated aerobic exercise to reduce stress.

(c) Diet.

Good dietary practices contribute to a person's overall health, making the person less vulnerable to distress (Ornish, 1990).

(d) Social skills training.

Psychiatric rehabilitation programs help individuals learn the skills needed to better manage their symptoms and daily life stresses. These include making friends and participation in various social activities. Research has shown that social skill training is an effective tool not for reducing symptoms but it also helps to improve personal

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interaction. (Liberman et al. 1993; Wallace, 1995). Education emerged as the strongest predictor of psychological well-being. This indicates higher the educational qualification of the respondents, the better was their psychological well-being . This finding is expected to make the policy makers more aware to undertake effective education and income generating programmes for improving the quality of life of the people in general.

Early childhood programmes can be started. This will help prepare children entering school especially children from the first generation of learners in their families.

The results of the study also suggests that rural people, especially women deserve particular attention. Despite the increased participation of women in paid employment, some ingrained gender values are still dominant in Bangladeshi rural society. They contribute to the perpetuation of dowry, to the overall acceptance of men's authority within the household, and to the inhibition of women's mobility and actions (Rozario, 2002). The health status of these women is also insecure. All these make it difficult for the women to aspire more for their achievements. Hence, it is strongly recommended to address gender values directly through education on gender issues for both boys and girls starting from primary school level. Steps should also be taken at all levels to counter violence against women and other forms of gender oppression.

Study results also puts special emphasis on health care services with explicit attention to distributional issues between rich and poor, city and village, men and women and to investigate ways of addressing these issues effectively (e.g. through universal health insurance).

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In addition to the above discussion, it is important to address several potential limitations of the present study.

First, the sample was not representative of the whole population of Bangladesh. Urban sample was drawn only from Dhaka city and rural sample from 2 villages adjacent to Dhaka city.

Second, the study did not take full account of the whole spectrum of variables that might affect an individual's psychological well-being, such as personality characteristics, perceived social support etc.

Third, religious variables was not included in the analysis due to lack of enough variation within the group. Majority were Muslims (397) and only 74 were from other religion. To ensure a more conclusive result, future studies should include sample from all religious groups.

Recommendations : Bangladesh Context.

Based on the findings, the present study extended few recommendations from the context of Bangladesh.

1. A broad based and well controlled nationwide survey on psychological well-being need to be conducted to confirm the generalizability of the findings.

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2. Family, environmental and job related stress studies needs to be conducted thoroughly to know the extent and severity of the problems.

3. Women issues can particularly be highlightened so that we can have better understanding of working, non working women's sources of stresses and their coping strategies.

4. The study also points to some fruitful areas to explore, such as marital relationship, parent-child relationship, acceptance by others in relation to psychological well-being.

5. For management of stress, mere knowledge of awareness is not enough. Vigorous training programs are necessary to develop skills to meet the stresses before it becomes a problem.

6. Finally, comprehensive stress management programs at national level consisting of health professionals and psychologists might help to improve both physical and psychological well-being of people in rural and urban setting.

Despite the few drawbacks of the study, in conclusion it can be said that the findings are crucial for sustainable human development. Therefore, the top policy priority should be "Invest early and ambitiously in basic education and health while fostering gender equity." (Human Development Report, 2003).

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APPENDICES

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APPENDIX A

English version of the Bio-data Form

Personal Information

1. ID No..
2. Sex Female / Male
3. Age .... years
4. Religion ....
5. Educational Qualification ....
6. Marital Status
   - Unmarried
   - Married
   - Widow
   - Divorced
   - Separated
   - Abondoned
   - Remarried

7. Residence Rural/Urban ....
   Thana ....

8. Present Monthly income
   Personal .... Taka / Family .... Taka

9. Occupation
   Type and Designation-
   - Student
   - Housewife / Working
   - Retired
   - Reemployed

10. Family type Single / Joint
11. No. of siblings ....
12. No. of children .... son .... daughter.
    (if married)

13. Other than you, who are the other members living in your family.
    - Husband / Wife
    - Unmarried son / daughter
    - Married son / daughter
    - Grandchildren
    - other

14. With whose family you are living with,
    - Parents family
    - Own family
    - Brother / Sister family
    - Father in low / Mother in law's family
    - Alone
    - Son / daughter's family.
    - Other

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APPENDIX B
Bangla version of the Bio-data Form

ব্যক্তিগত তথ্য

১. আইডি নং ....

২. লিঙ্গ মহিলা/পুরুষ

৩. বয়স .... বছর

৪. ধর্ম ....

৫. শিক্ষাগত যোগ্যতা

(শেষ ধাপ উল্লেখ করুন).......................................

৬. বৈবাহিক অবস্থা

(যথাস্থানে টিক চিহ্ন দিন

অবিবাহিত

বিবাহিত

বিধবা/বিপত্নীক

তালাক প্রাপ্ত

বিচ্ছিন্ন

পরিত্যাক্তা

পুনঃবিবাহিত

৭. বাসস্থান গ্রাম/শহর এর নাম ....

জেলা..

৮. বর্তমান মাসিক আয়

ব্যক্তিগত............................টাকা / পারিবারিক.................................টাকা

৯. পেশা

পেশার ধরন ও পদবী উল্লেখ করুন

ছাত্র/ছাত্রী

গৃহিনী/কর্মজীবি

অবসরপ্রাপ্ত

অবসরের পর পুনরায় নিয়োজিত

১০. পরিবারের ধরন একক / যৌথ

১১. ভাই বোনের সংখ্যা ....

১২. সন্তানের সংখ্যা --------ছেলে--------মেয়ে

(বিবাহিত হলে)

১৩. আপনার পরিবারে আপনি ছাড়া আর কে কে বর্তমানে একসাথে আছেন? (যথাস্থানে টিক চিহ্ন দিন)

স্বামী/স্ত্রী

অবিবাহিত ছেলে/মেয়ে

বিবাহিত ছেলে/মেয়ে

নাতি / নাতনি

অন্যান্য

১৪. থাকার ব্যবস্থাঃ

আপনি কার সংসারে আছেন?

(যথাস্থানে টিক চিহ্ন দিন)

পিতা মাতার সংসারে

নিজের সংসারে

ভাই/বোনের সংসারে

শ্বশুরের/শাশুড়ীর সংসারে

একা

ছেলের /মেয়ের সংসারে

অন্য কারো সংসারে

(উল্লেখ করুন)

APPENDIX : C
English Version of the Life Stress Questionnaire

Holmes and Rahe Life Stress Questionnaire. (Please put a tick (√) mark on those events that you have experienced in the last 6 months and 1 year).

	Life event	6 month	1 year
1	Death of Spouse	☐	☐
2	Divorce	☐	☐
3	Marital Separation	☐	☐
4	Jail term	☐	☐
5	Death of close family member	☐	☐
6	Personal injury or illness	☐	☐
7	Marriage	☐	☐
8	Fired from work	☐	☐
9	Marital Reconciliation	☐	☐
10	Retirement	☐	☐
11	Change in health of family member	☐	☐
12	Pregnancy	☐	☐
13	Sex difficulties	☐	☐
14	New family member	☐	☐
15	Business Readjustment	☐	☐
16	Change in financial state	☐	☐
17	Death of close friend	☐	☐
18	Change to different line of work	☐	☐
19	Change in number of arguments with spouse	☐	☐
20	Mortgage over Taka 10,000/-	☐	☐
21	Foreclosure of mortgage or loan	☐	☐
22	Change in responsibilities at work	☐	☐
23	Child leaving home	☐	☐
24	Trouble with in-laws	☐	☐
25	Outstanding personal achievement	☐	☐
26	Spouse begins or stops work	☐	☐
27	Begin or end school	☐	☐
28	Change in living conditions	☐	☐
29	Revision of personal habits	☐	☐
30	Trouble with boss	☐	☐
31	Change in work hours or conditions	☐	☐
32	Change in residence	☐	☐
33	Change in school	☐	☐
34	Change in recreation	☐	☐
35	Change in religious activities	☐	☐
36	Change in social activities	☐	☐
37	Mortgage or loan less than Taka 10,000/-	☐	☐
38	Change in sleeping habits	☐	☐
39	Change in number of family get-togethers	☐	☐
40	Change in eating habits	☐	☐
41	Vacation	☐	☐
42	Eid	☐	☐
43	Minor violations of law	☐	☐

APPENDIX : D
Bangla Version of the Life Stress Questionnaire

হোমস্ রাহে জীবন চাপ প্রশ্নমালা

গত ছয় মাস এবং এক বছরে নিম্নলিখিত যে ঘটনাগুলি আপনার জীবনে ঘটেছে সেগুলিতে টিক (√) চিহ্ন দিন।

		৬মাস	১বছর
১	স্বামী/স্ত্রীর মৃত্যু	☐	☐
২	বিবাহ বিচ্ছেদ	☐	☐
৩	স্বামী/স্ত্রীর আলাদা থাকা	☐	☐
৪	জেলে বা অন্য কোথাও আটক থাকা	☐	☐
৫	পরিবারের নিকট আত্মীয়ের মৃত্যু	☐	☐
৬	আপনি নিজে গুরুতর অসুস্থ বা আহত হওয়া	☐	☐
৭	উদ্বাহ	☐	☐
৮	চাকুরী থেকে বরখাস্ত হওয়া	☐	☐
৯	স্বামী/স্ত্রীর মনোমালিন্যের পুনরায় মিটমাট হয়ে যাওয়া	☐	☐
১০	চাকুরী থেকে অবসর গ্রহন	☐	☐
১১	পরিবারের কোন সদস্যেও আচরণ বা স্বাস্থ্যের গুরুতর পরিবর্তন	☐	☐
১২	গর্ভধারণ	☐	☐
১৩	যৌণ অসুবিধা	☐	☐
১৪	পরিবারে নতুন সদস্যের আগমন(জন্ম, অথবা দত্তক গ্রহণ বা বৃদ্ধ কোন সদস্যের আগমন)	☐	☐
১৫	ব্যবসায়ে গুরুত্বপূর্ণ পুনর্বিন্যাস (যেমন একাধিক ব্যবসায় একত্রিত করা, দেউলিয়া হওয়া ইত্যাদি)	☐	☐
১৬	অর্থনৈতিক অবস্থার গুরুত্বপূর্ণ পরিবর্তন	☐	☐
১৭	ঘনিষ্ট বন্ধুর মৃত্যু	☐	☐
১৮	ভিন্নধর্মী পেশা গ্রহণ বা পেশার পরিবর্তন	☐	☐
১৯	স্বামী-স্ত্রীর ভিতর বিভিন্ন বিষয় (যেমন বাচচা লালন পালন, ব্যক্তিগত অভ্যাস নিয়ে কথা কাটাকাটি যথেষ্ট বৃদ্ধি পাওয়া অথবা হ্রাস পাওয়া)	☐	☐
২০	দশ হাজার টাকার বেশী লগ্নিকরা (যেমন বাড়ী কেনা, ব্যবসায়ে শেয়ার কেনা ইত্যাদি)	☐	☐
২১	নির্ধারিত সময়ের পূর্বেই দেনা শোধ করা /বন্ধকী জিনিস ছাড়িয়ে আনা	☐	☐
২২	কাজের দায়িত্বের গুরুত্বপূর্ণ পরিবর্তন(যেমন পদোন্নতি, অবনতি, বদলী ইত্যাদি)	☐	☐
২৩	ছেলে-মেয়ের বাসা থেকে চলে যাওয়া (যেমন বিয়ে হয়ে শ্বশুড় বাড়িতে যাওয়া বা বিদেশে যাওয়া বা পড়ার জন্য হোষ্টেলে বা পূর্ববর্তী স্থানে যাওয়া	☐	☐
২৪	শ্বশুড় বাড়ীর আত্মীয় স্বজনকে কেন্দ্র করে কোন গোলমাল	☐	☐
২৫	উল্লেখযোগ্য ব্যক্তিগত কৃতিত্ব অর্জন	☐	☐
২৬	স্ত্রীর বাইরে চাকুরীতে যোগদান অথবা চাকুরী ছেড়ে দেওয়া	☐	☐
২৭	স্কুলের পড়াশুনা শেষ করা অথবা শুরু করা	☐	☐
২৮	বাসস্থানে উল্লেখযোগ্য পরিবর্তন (নতুন দালান তৈরী করা, রিমডেল, মেরামত, খারাপ হওয়া, আশেপাশে এ ধরনের পরিবর্তন)	☐	☐
২৯	ব্যক্তিগত অভ্যাসের পরিবর্তন (বিশেষ করে পোষাক, আচারব্যবহার, বন্ধুবান্ধব বিষয়ে)	☐	☐
৩০	উর্দ্ধতন কর্মচারীর সংগে মনোমালিন্য	☐	☐
৩১	কাজের সময় বা শর্তেও বিশেষ পরিবর্তন ।(যেমন কাজের সময় বেড়ে যাওয়া বা কমে যাওয়া, কাজের শর্তের পরিবর্তন)	☐	☐
৩২	বাসা বদল/বাসস্থান বদল	☐	☐
৩৩	নতুন স্কুলে ভর্তি হওয়া	☐	☐
৩৪	চিত্তবিনোদন ব্যবস্থায় গুরুত্বপূর্ণ পরিবর্তন	☐	☐
৩৫	ধর্মীয় উপাসনার ব্যাপারে গুরুত্বপূর্ণ পরিবর্তন(আগের তুলনায় খুব বেশী বা কম)	☐	☐
৩৬	সামাজিক কার্য কলাপে গুরুত্বপূর্ণ পরিবর্তন (যেমন ক্লাব, নাচতে যাওয়া, সিনেমা দেখা, আত্মীয়ের বাড়ী বেড়াতে যাওয়া ইত্যাদি)	☐	☐
৩৭	দশ হাজার টাকার কমূল্যেও কোন ঋণ গ্রহণ করা (যেমন টেলিভিশন কেনা, ফ্রিজ কেনা, ইত্যাদি)	☐	☐
৩৮	নিদ্রার পরিবর্তন (পূর্বের তুলনায় বেশী বা কম ঘুম হওয়া)	☐	☐
৩৯	পারিবারিক মেলামেশা আগের চেয়ে বেশী বা কম হওয়া	☐	☐
৪০	খাদ্যাভ্যাসের বিরাট পরিবর্তন, যেমন আগের চেয়ে বেশী বা কম খাওয়া, বেশী দামী বা কমদামী খাদ্য, খাওয়ার পরিবেশের পরিবর্তন ইত্যাদি	☐	☐
৪১	অল্পদিনের ছুটিতে যাওয়া	☐	☐
৪২	ঈদের ছুটিতে যাওয়া	☐	☐
৪৩	ছোট খাট অপরাধ বা আইন অমান্য করা (যেমন ট্রেন বা বাসের টিকেট না করা, ট্রাফিক আইন অমান্য করা, শান্তি ভংগ করা ইত্যাদি।	☐	☐

(উপরে) আপনি যে বিষয়গুলো উল্লেখ করেছেন তার মধ্যে এমন পাঁচটি বিষয় ক্রমানুসারে উল্লেখ করুন যা গত ছয় মাসে আপনার উপর মানসিকভাবে সবচেয়ে বেশী চাপ সৃষ্টি করেছে।

APPENDIX : E
English Version of the Coping Scale

COPING SCALE

People respond in different ways when they confront difficult or stressful situations in their lives. In this questionnaire we ask you to indicate what you generally do or feel when you experience stressful events. There are no right or wrong answers. Choose the most accurate answer for you – not what you think most people would say or do. Indicate what you usually do by choosing one from the four answers listed below.

1. I usually do not do this at all.
2. I usually do this sometime
3. I usually do this most of the time.
4. I usually do this always.

1	I work on solving the problem in the situation.	1	2	3	4
2	I convince myself that things are'nt quite as bad as they seem.	1	2	3	4
3	I speak foul language / or get annoyed in such situations.	1	2	3	4
4	I look for something good in what has happened	1	2	3	4
5	I let my emotions / feelings out.	1	2	3	4
6	I discuss with others about how I feel.	1	2	3	4
7	I avoid thinking or doing anything about the problem	1	2	3	4
8	I hope a miracle would happen	1	2	3	4
9	I avoid being with people	1	2	3	4
10	Listen more to music or radio	1	2	3	4
11	I blame myself	1	2	3	4
12	I try to come up with a strategy about what to do in this situation	1	2	3	4
13	Fight with others	1	2	3	4
14	I put my trust in god	1	2	3	4
15	I accept everything or learn to live with it	1	2	3	4
16	I take additional action to get rid of the problem	1	2	3	4
17	Damage public property	1	2	3	4
18	I take advice from someone about what to do in this situation	1	2	3	4
19	To think about it less, I go to the cinema or watch television	1	2	3	4
20	I seek God's help	1	2	3	4
21	Talk to someone who could help me in this situation	1	2	3	4
22	I ask people what they did in such situations	1	2	3	4

APPENDIX : F
Bangla Version of the Coping Scale

অভিযোজন প্রশ্নমালা

জীবনের কঠিন বা চাপমূলক পরিস্থিতির সাথে খাপ খাইয়ে নেয়ার জন্য মানুষ বিভিন্ন উপায় অবলম্বন করে। এই প্রশ্নমালায় আমরা জানতে চাই আপনি এই ধরনের চাপের সম্মুখে কি করেন অথবা তখন আপনার অনুভূতি কেমন হয়। এখানে ঠিক অথবা ভুল উত্তর নাই। তাই যে উত্তরটি সবচেয়ে বেশী আপনার জন্য প্রযোজ্য সেটি বেছে নিন। অন্যরা এই পরিস্থিতিতে কি করে তা চিন্তা করবেন না- আপনি নিজে সাধারণতঃ কি করেন নীচের চারটি উত্তরের মধ্যে থেকে একটিতে টিক (√) চিহ্ন দিন।

১= আমি সাধারণতঃ এটা করিনা
২= আমি সাধারণতঃ এটা মাঝেমাঝে করি
৩= আমি সাধারণতঃ এটা বেশীরভাগ সময় করি
৪= আমি সাধারণতঃ এটা সবসময় করি

১	আমি এই পরিস্থিতিতে সমস্যার সমাধান করতে চেষ্টা করি	১	২	৩	৪
২	নিজেকে বোঝাতে চেষ্টা করি যে, পরিস্থিতি যতটা খারাপ ভাবছি, সব কিছু ততটা খারাপ নয়	১	২	৩	৪
৩	এমন পরিস্থিতিতে আমি গালিগালাজ/বিরক্তি প্রকাশ করি	১	২	৩	৪
৪	যা ঘটছে তার মধ্যে আমি ভাল কিছু খুজে বের করতে চেষ্টা করি	১	২	৩	৪
৫	আমি আমার আবেগ/অনুভূতিগুলি প্রকাশ করি	১	২	৩	৪
৬	আমার কেমন লাগে তা অন্যদের সাথে আলোচনা করি	১	২	৩	৪
৭	আমি সমস্যা সম্বন্ধে চিন্তা বা কিছু করা পরিহার করি	১	২	৩	৪
৮	আমি আশা করি অলৌকিক কিছু ঘটবে	১	২	৩	৪
৯	মানুষকে এড়িয়ে চলি	১	২	৩	৪
১০	বেশী করে গান অথবা রেডিও শুনি	১	২	৩	৪
১১	আমি নিজেকে দোষী মনে করি	১	২	৩	৪
১২	এই পরিস্থিতিতে কি করা যায় সে রকম একটা কৌশল বের করতে চেষ্টা করি	১	২	৩	৪
১৩	অন্যদের সাথে মারামারি করি	১	২	৩	৪
১৪	আমি তখন আল্লাহর উপর বিশ্বাস রাখি	১	২	৩	৪
১৫	আমি সব কিছু মেনে নেই অথবা এই সমস্যা নিয়ে বেঁচে থাকার চিন্তা করি	১	২	৩	৪
১৬	অতিরিক্ত কিছু কাজ করে সমস্যা এড়িয়ে যাই	১	২	৩	৪
১৭	অন্যের জিনিস পত্রের ক্ষতি করি	১	২	৩	৪
১৮	এই পরিস্থিতিতে কি করতে হবে তা এমন একজনের কাছ থেকে উপদেশ নেই	১	২	৩	৪
১৯	যাতে করে কম চিন্তা করতে হয় তাই সিনেমা দেখতে যাই অথবা টিভি দেখি	১	২	৩	৪
২০	আমি আল্লাহর সাহায্য প্রার্থনা করি	১	২	৩	৪
২১	যে এমন পরিস্থিতিতে আমাকে সাহায্য করবে এমন কারও সাথে কথা বলি	১	২	৩	৪
২২	অন্যেরা এমন পরিস্থিতিতে কি করেছে তা জিজ্ঞাসা করি	১	২	৩	৪

APPENDIX : G

English version of the psychological Well-being Scale

PSYCHOLOGICAL WELL BEING QUESTIONNAIRE

Below are some statements regarding psychological well being. For every statements there are 5 responses, (1) does not apply at all, (2) does not apply, (3) uncertain, (4) applies (5) applies fully. Please read each statement and put a (√) tick on the one which best indicates how well the statement applies to you.

The information given by you will be kept confidential and will be used for research purpose only. Thank you.

		Does not apply at all	Does not apply	Uncertain	Applies	Applies fully
1	My physical health is good					
2	I have full of enthusiasm and energy about life					
3	I have lost confidence from myself					
4	My relationship with my friends is good					
5	I suffer from pains in various parts of my body					
6	Everybody likes me					
7	I often feel sad and depressed					
8	I have a number of good, loyal friends/ companions.					
9	I have a happy family life.					
10	Even minor failures makes me upset					
11	I can discuss things freely with my family members, friends and neighbours					
12	I feel dizzy, feel like vomiting					
13	I have dreams or aspirations for a better future					
14	Circumstances made it necessary for me to be separated from my family or those I love					
15	I enjoy being with my friends and doing things with them					
16	I tire easily, am listless and feel restless.					
17	I am happy with what I have accomplished in life.					

18	I have to work very hard					
19	No one appreciates my work					
20	I have full freedom for what I want to do					
21	Taking all things together, I consider myself happy/important					
22	I often have headache, back and neck pains.					
23	I never get worried about my health.					
24	I feel disturbed for not having good sleep.					
25	I get angry easily.					
26	I cannot control my emotions.					
27	I sometimes feel sad for no reasons.					
28	My relationship with my husband/wife is good.					
29	My relationship with my father/mother is good.					
30	My relationship with my children is good.					
31	Most of the members of my family feel closely attached to each other.					
32	I suffer very little from cold, cough and fever.					
33	I often try to do some new things.					
34	I have disturbed sleep because of anxiety / tension.					
35	When I think about something or want to do something, I find it difficult to concentrate.					
36	I feel I am worthless.					
37	I am happy about myself / like who I am.					
38	I feel my life is uninteresting / boring .					
39	I don't think my life is useless.					
40	I don't care what happens and feel like giving up and running away.					
41	I can easily relax and have fun.					
42	I feel I have lost all confidence about myself.					
43	I can concentrate well with my every day work.					
44	People often insult me or make fun of me.					
45	I have many people whom I can count on to help me.					

46	I can get along well with my family and neighbours.					
47	People criticize what I do.					
48	My work gives me personal satisfaction, dignity and pride.					
49	My work is too simple, boring and uninteresting.					
50	At work I have to fight to get ahead.					
51	My work makes me feel important and powerful.					
52	Where I work, I have a chance to learn and improve myself.					
53	If necessary, I have the capacity to handle any type of stressful situation.					
54	I feel I need a lot of support and encouragement.					
55	I get upset easily when I am criticized.					
56	I have a good capacity to give or take decision about anything.					
57	I sometimes worry about my psychological well-being.					
58	I fell my life is miserable / sad.					
59	There is no one I really care about or who cares about me.					
60	People are against or disagree with me when I want to do something.					
61	I am quite happy / satisfied with my educational qualifications.					
62	I fell my life is worth while.					
63	I can handle my own problems.					
64	I get irritated easily.					
65	I feel much better if I can stay away from others or have to do nothing for them.					
66	I often suffer from heart palpitations.					
67	I sometimes faint.					
68	No matter what I do, I know it will not be right.					
69	I like to be alone.					
70	I like to entertain guests.					
71	Work has made be feel self-dependent in different ways.					
72	I have a chance to apply my knowledge and experience in my work.					

APPENDIX : H
Bangla Version of the Psychological Well-being Scale

নিম্নে মানসিক সুস্থতাবোধ সংক্রান্ত কিছু উক্তি আছে। প্রতিটি উক্তির পাশে পাঁচটি উত্তর যেমন (১) একেবারেই প্রযোজ্য নয়, (২) প্রযোজ্য নয়, (৩) অনিশ্চিত, (৪) প্রযোজ্য, (৫) সম্পূর্ণ প্রযোজ্য দেওয়া আছে। অনুগ্রহ করে প্রতিটি উক্তি পড়ে যে উত্তরটি আপনার নিজের বলে বিবেচনা করেন সে উত্তরটিতে √ টিক চিহ্ন দিন।

অপনার দেওয়া তথ্যের গোপনীয়তা সম্পূর্ণভাবে রক্ষা করা হবে এবং তা কেবলমাত্র গবেষণার কাজে ব্যবহার করা হবে। ধন্যবাদ।

		একেবারেই প্রযোজ্য নয়	প্রযোজ্য নয়,	অনিশ্চিত	প্রযোজ্য	সম্পূর্ণ প্রযোজ্য
১	আমার শারীরিক স্বাস্থ্য ভাল					
২	জীবন সম্বন্ধে আমার পুরো উৎসাহ ও উদ্দীপনা আছে					
৩	আমি নিজের উপর থেকে আস্থা হারিয়ে ফেলেছি					
৪	আমার সাথে আমার বন্ধু/বান্ধবীদের সম্পর্ক ভাল					
৫	আমার শরীরের বিভিন্ন অংশের যন্ত্রণায় আমি ভুগি					
৬	আমাকে সবাই পছন্দ করে					
৭	আমি প্রায়ই দুঃখিত ও বিষন্নতাবোধ করি					
৮	আমার বেশ কিছু ভাল ও বিশ্বাসী বন্ধু/সঙ্গী আছে					
৯	আমার পারিবারিক জীবন সুখের					
১০	ছোট খাট বিফলতাও আমাকে উত্তেজিত করে তোলে					
১১	পরিবারের সদস্য বন্ধু বান্ধব অথবা প্রতিবেশীদের সাথে আমি প্রয়োজনে খোলাখুলি আলাপ সহজেই করতে পারি					
১২	আমার মাথা ঝিম ঝিম করে, বমি বমি লাগে					
১৩	আমি সুন্দর জীবনের স্বপ্ন দেখি বা আশা করি					
১৪	পরিস্থিতি আমাকে পরিবার অথবা যাদের আমি ভালবাসি তাদের কাছ থেকে আলাদা করেছে					
১৫	বন্ধু-বান্ধবের সাথে থেকে এবং তাদের সাথে কাজ করে আমি আনন্দ পাই					
১৬	আমি অল্পতেই ক্লান্ত, অনীহা এবং অস্থিরতাবোধ করি					
১৭	আমি আমার জীবনে যা কিছু অর্জন করেছি তা নিয়ে সুখী					
১৮	আমাকে অনেক বেশী পরিশ্রম করতে হয়					
১৯	আমার কাজের প্রশংসা কেউ করে না					
২০	আমি যা করতে চাই তা করার আমার পুরো স্বাধীনতা আছে					
২১	সব কিছু বিবেচনা করে আমি নিজেকে সুখী/মূল্যবান বলে মনে করি					
২২	আমার প্রায়ই মাথা, পিঠ/ঘাড়ে ব্যাথা হয়					
২৩	আমি কখনোই আমার স্বাস্থ্য সম্পর্কে উদ্বিগ্ন হইনা					
২৪	ভাল ঘুম না হওয়ার কারনে আমি অসুবিধা বোধ করি					
২৫	আমি চট করে রেগে যাই					
২৬	আমি আবেগ নিয়ন্ত্রণ করতে পারি না					
২৭	বিনা কারণে আমি মাঝে মাঝে দুঃখ অনুভব করি					
২৮	আমার সাথে আমার স্বামী/স্ত্রীর সম্পর্ক ভাল					
২৯	আমার সাথে আমার বাবা/মার সম্পর্ক ভাল					
৩০	আমার সাথে আমার সন্তানদের সম্পর্ক ভাল					
৩১	আমার পরিবারের অধিকাংশ সদস্য ঘনিষ্টভাবে একে অপরের কাছাকাছি					
৩২	সর্দি, কাঁশি, জ্বর আমার খুব কমই হয়					
৩৩	আমি প্রায়ই নুতন ধরনের কিছু কাজ করার চেষ্টা করি					
৩৪	দুশ্চিন্তার কারণে আমার ঘুমের ব্যাঘাত ঘটে					
৩৫	আমি যখন কিছু চিন্তা করি বা কিছু করতে চাই তখন মনোনিবেশ না করতে পেরে অস্থিরবোধ করি					
৩৬	নিজেকে একজন অপদার্থ বলে মনে হয়					
৩৭	আমি নিজেকে নিয়ে সুখী/নিজেকে পছন্দ করি					
৩৮	আমার জীবন নিরানন্দময় বা একঘেয়েমিপূর্ণ বলে আমি মনে করি					

৩৯	আমার জীবনকে আমি অপ্রয়োজনীয় বলে মনে করি না					
৪০	ডক হবে আমি তা নিয়ে মোটেই চিন্তা করি না এবং আমার মনে হয় সব কিছু ছেড়ে আমি পালিয়ে যাই					
৪১	আমি সহজেই আনন্দ, আরাম করতে পারি					
৪২	নিজের উপর থেকে আস্থা হারিয়ে ফেলেছি বলে আমার মনে হয়					
৪৩	দৈনন্দিন কাজ কর্মে আমি ভালভাবে মনোযোগ দিতে পারি					
৪৪	অন্যেরা আমাকে প্রায় অপমান করে অথবা আমাকে নিয়ে হাসি তামাসা করে।					
৪৫	আমার অনেকেই আছে যাদের উপর আমি সাহায্যের জন্য নির্ভর করতে পারি					
৪৬	পরিবার এবং পাড়া-প্রতিবেশীদের সঙ্গে আমি ভালই মানিয়ে চলতে পারি					
৪৭	লোকে আমার কাজের সমালোচনা করে					
৪৮	আমার কাজ আমাকে ব্যক্তিগত সন্তুষ্টি, মর্যাদা ও গৌরববোধ করায়					
৪৯	আমার কাজ খুব সহজ, একঘেয়েমি এবং নিরানন্দময় মনে হয়					
৫০	কাজে নিজেকে টিকিয়ে রাখার জন্য আমাকে সংগ্রাম করতে হয়					
৫১	আমার কাজ আমাকে গুরুত্বপূর্ণ এবং শক্তিশালী অনুভব করায়					
৫২	যেখানে আমি কাজ করি সেখানে আমি শেখার এবং নিজের উন্নতি করার সুযোগ পেয়েছি					
৫৩	প্রয়োজনে যে কোন ধরনের চাপমুলক পরিস্থিতির সম্মুখীন হওয়ার ক্ষমতা আমার আছে					
৫৪	আমি মনে করি আমার অনেক সাহায্য ও উৎসাহের প্রয়োজন					
৫৫	আমাকে নিয়ে সমালোচনা করলে আমি সহজেই ভেঙ্গে পড়ি					
৫৬	কোন বিষয়ে সিদ্ধান্ত দেওয়ার বা নেওয়ার আমার ভাল ক্ষমতা আছে					
৫৭	আমি মাঝে মাঝে আমার মানসিক সুস্থতা নিয়ে উদ্বিগ্ন হই					
৫৮	আমি মনে করি আমার জীবন দুঃখময়					
৫৯	আমার এমন কেউ নেই আমি যার জন্য ভাবি অথবা সে আমার জন্য ভাবে					
৬০	আমি কিছু করতে চাইলে সবাই বাঁধা দেয় বা বিরোধিতা করে					
৬১	আমার শিক্ষাগত যোগ্যতা নিয়ে আমি বেশ খুশী					
৬২	আমি আমার জীবনকে মূল্যবান মনে করি					
৬৩	আমার সমস্যা আমি নিজেই মোকাবেলা করতে পারি					
৬৪	আমি অল্পতেই বিরক্ত হই					
৬৫	অন্য লোকদের কাছ থেকে দুরে থাকতে পারলে এবং তাদের জন্য কিছু করতে না হলে বেশী ভাল বোধ করি					
৬৬	আমি প্রায়ই হৃদপিন্ডের ধরফরানিতে ভূগি					
৬৭	আমি মাঝে মাঝে মুর্ছা যাই					
৬৮	আমি যা কিছু করি না কেন, আমি জানি তা ঠিক হবে না					
৬৯	আমি একা থাকতে পছন্দ করি					
৭০	অতিথি আপ্যায়ন পছন্দ করি					
৭১	কাজ আমাকে বিভিন্ন দিক থেকে স্বাবলম্বী করেছে					
৭২	কাজের মধ্যে আমি আমার জ্ঞান, অভিজ্ঞতা প্রয়োগ করার সুযোগ পাই					

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APPENDIX : I

English version of the letter to the Respondents.

Dear Respondents.

I would like to request you to participate in a research studying mental health. In this research, we are trying to learn more about life stress, coping behavior and its effect on our psychological well-being. If all goes well, we hope the findings of the study will help the psychologists and other mental health professionals of our country to extend their services to improve the psychological well-being of the people of our country.

The information gathered from you will remain confidential. It will be used only for a scientific report, in which your name will not be identified . If you would like to have further information or questions, please call me at 9668670, evenings.

Thank you very much for your cooperation.

Author.

APPENDIX : J

Bangla version of the letter to the Respondents.

প্রিয় উত্তরদাতা,

মানসিক স্বাস্থ্য বিষয়ক একটি গবেষণায় আপনাকে অংশ গ্রহণ করার জন্য অনুরোধ করছি। এই গবেষণায় আমরা মানসিক সুস্থতাবোধের উপর মানসিক চাপ এবং অভিযোজনের প্রভাব সম্মন্ধে জানতে চাচ্ছি। যদি সব ঠিক থাকে, এই গবেষণার ফলাফল আমাদের দেশের মনোবিজ্ঞানী এবং অন্যান্য মানসিক স্বাস্থ্য পেশাজীবিদের তাদের প্রশিক্ষণ ও জ্ঞান দ্বারা আমাদের দেশের লোকের মানসিক স্াস্থ্যের উন্নতি আনতে পারবেন বলে আমরা আশা করি।

আপনার কাছ থেকে নেয়া তথ্য গোপন থাকবে। ইহা শুধু মাত্র বৈজ্ঞানিক প্রতিবেদনের কাজে ব্যবহার করা হবে, যেখানে আপনার নামের উল্লেখ থাকবে না। আপনার যদি আরও কিছু জানার থাকে তবে অনুগ্রহ করে আমাকে সন্ধ্যায় ৯৬৬৮৬৭০ নম্বরে ফোন করুন।

আপনার সহযোগীতার জন্য ধন্যবাদ।

গবেষক