International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

A Study on Marital Adjustment and Mental Health Status of Employees

Dr. Rajendra

Associate Professor and Head
Department of Psychology
Government First Grade College for Women, Vijayanagar, Mysore

Abstract:
The present study examined marital adjustment and mental health status among working couples. The objectives were to examine marital adjustment and mental health across three age groups and to determine sex differences in these variables. The sample comprised 90 couples (N = 180) selected from Mandya city and categorized into three age groups and by sex. Data were collected using a Personal Information Schedule, the Marital Adjustment Inventory (MAI), and the Mental Health Inventory (MHI). The findings indicated significant differences in marital adjustment across age groups, with higher age groups reporting higher mean scores. Mental health scores also increased significantly across age groups. No significant sex difference was found in marital adjustment; however, a significant sex difference was observed in mental health, with males obtaining higher mean scores than females. The findings suggest that age is associated with marital adjustment and mental health among the couples studied.

Keywords: Marital adjustment, mental health, age, sex, working couples.

Introduction

Psychological adjustment refers to the continual process through which individuals modify their behaviour to establish a more harmonious relationship between themselves and their environment. Adjustment is influenced by individual differences in learning, thinking, development, lifestyle, and behavioural patterns. The study of adjustment therefore recognizes that individuals may differ considerably in the ways they respond to their personal and social environments.

Previous research has suggested that youthful marriages may be characterized by greater disillusionment and a higher risk of marital failure than marriages entered into at later ages. Studies cited in the original article reported that self-assessed marital happiness tended to become more positive as age at marriage increased (Burchinal, 1960; Burgess & Cottrell, 1939).

Changes in the roles of women and men have also influenced marital and family relationships. Pleck (1985) noted that women in the 1970s and 1980s frequently experienced role conflict and role overload because traditional family responsibilities continued alongside full-time employment. The original article further notes that role conflict and overload subsequently decreased as men became more involved in household responsibilities and child care.

Marital Adjustment

The meaning of marital adjustment depends on the conception of marriage and on the standards of adjustment prevailing in a particular society and historical period. The original article notes that relatively few studies had examined marital adjustment in the Indian context. Marital adjustment has been described as a state of accommodation achieved in areas where conflict may occur within marriage (Ladise, 1946). Locke and Williamson (1956) conceptualized marital adjustment in terms of characteristics such as avoidance or resolution of conflict, satisfaction with the marriage and spouse, shared interests and activities, and fulfillment of marital expectations.

Thus, marital adjustment may be understood as the extent to which spouses establish companionship, agreement on basic values, affection, intimacy, accommodation, and related aspects of marital functioning (Locke & Williamson, 1956).

Mental Health

Mental health is broader than the absence of mental illness. The World Health Organization has emphasized well-being in physical, social, and emotional domains. The original article describes mental health as involving the realization of individual potential without undue tension or unhappiness (World Health Organization [WHO], 1978). It also emphasizes that mental health is influenced by community and social conditions and is therefore relevant to professionals and institutions beyond the medical field.

The Alma-Ata Declaration and related primary-health-care initiatives emphasized improvement in quality of life and health at both individual and societal levels. The present study was situated within this broader understanding of mental health and examined its relationship with age and sex among working couples.

Method

Objectives

1. To study marital adjustment and mental health among couples belonging to three age groups.
2. To examine sex differences in marital adjustment and mental health.

Hypotheses

1. There would be significant differences among the three age groups in marital adjustment and mental health.
2. There would be sex differences in marital adjustment and mental health.

Participants

The sample consisted of 90 couples (N = 180) selected from Mandya city. Participants were categorized into three age groups and according to sex. The investigator adopted a survey method for collecting personal and sociodemographic information. Before data collection, participants were informed about the purpose of the study and assured that their information would be used only for research purposes. Rapport was established before administration of the measures.

Measures

Personal Information Schedule. The Personal Information Schedule was prepared by the investigator and included identification and sociodemographic variables such as age, gender, domicile, education, years of marital life, and socioeconomic status.

Marital Adjustment Inventory. The Marital Adjustment Inventory (MAI), developed by Harmohan Singh (1987), contains separate forms for husbands and wives. The original article describes a 10-item yes/no response format and reports that scores indicate the level of marital adjustment.

Mental Health Inventory. The Mental Health Inventory (MHI), attributed in the original article to Jagdish and A. K. Srivastava, consists of 56 items covering six dimensions. Responses are made on four alternatives, and scoring differs for positive and negative items. Higher scores indicate better mental health.

Procedure

The measures were administered to the selected couples after explaining the purpose of the study and obtaining their cooperation. Information was collected through the Personal Information Schedule, MAI, and MHI. The resulting data were subjected to statistical analysis to examine age-group and sex differences.

Results

The original article reports mean scores, standard deviations, sample sizes, and t values for marital adjustment and mental health. Because the source does not provide the complete statistical procedure or degrees of freedom for the reported t tests, these details have not been added.

Table-1- Marital Adjustment by Age Group

Age group	M	SD	n	t
20–30 years	52.22	11.61	60	2.08*
31–40 years	59.52	10.84	60	2.29*
41 years and above	63.92	10.05	60	4.37**

*Note. *p < .05. **p < .01. The source article reports the t values but does not specify the exact comparison associated with each value.*

The mean marital adjustment score was highest among participants aged 41 years and above (M = 63.92, SD = 10.05), followed by the 31–40-year group (M = 59.52, SD = 10.84) and the 20–30-year group (M = 52.22, SD = 11.61). The reported t values were statistically significant. The pattern indicates higher marital adjustment scores among older participants in this sample.

Table-2- Marital Adjustment by Sex

Sex	M	SD	n	t
Male	59.43	9.73	90	1.29
Female	57.39	12.25	90	1.29

Note. The reported t value was not statistically significant according to the source article.

The mean marital adjustment score was 59.43 (SD = 9.73) for males and 57.39 (SD = 12.25) for females. The reported t value of 1.29 was not significant, indicating no statistically significant sex difference in marital adjustment in the present sample.

Table 3- Mental Health by Age Group

Age group	M	SD	n	t
20–30 years	132.50	10.13	60	2.61*
31–40 years	137.73	11.62	60	2.18*
42 years and above	142.03	9.75	60	5.27**

*Note. *p < .05. **p < .01. The age-band wording is reproduced in standardized form; the source contains minor inconsistency in the upper-age label.*

Mental health scores increased across the three age groups. Participants aged 41/42 years and above had the highest mean score (M = 142.03, SD = 9.75), followed by the 31–40-year group (M = 137.73, SD = 11.62) and the 20–30-year group (M = 132.50, SD = 10.13). The reported t values were statistically significant.

Table-4- Mental Health by Sex

Sex	M	SD	n	t
Male	140.08	10.47	90	2.21*
Female	136.80	10.48	90	2.21*

*Note. *p < .05.*

Males obtained a higher mean mental health score (M = 140.08, SD = 10.47) than females (M = 136.80, SD = 10.48). The reported t value of 2.21 was statistically significant, indicating a significant sex difference in mental health in the sample.

Discussion

The findings indicate that age was associated with both marital adjustment and mental health. Older participants reported higher mean scores on both measures than younger participants. This pattern is consistent with the earlier literature cited in the original article, which linked increasing age and length of marriage with more positive evaluations of marital relationships (Burchinal, 1960; Burgess & Cottrell, 1939).

The results also indicate that sex was not significantly associated with marital adjustment, whereas a significant sex difference was observed for mental health. The male participants obtained a higher mean mental health score than female participants. These findings should be interpreted in relation to the specific sample and measures used in the study.

Conclusion

The study concludes that marital adjustment differed significantly across age groups, with higher scores among older couples. Mental health scores likewise increased with age. No significant sex difference was found in marital adjustment, whereas a significant sex difference was found in mental health, with males obtaining higher scores than females. Overall, the findings suggest that age is an important variable associated with marital adjustment and mental health among the couples included in the study.

REFERENCES:

1. Burchinal, L. G. (1960). [The source article provides only a brief description of this study; complete publication details were not supplied.]
2. Burgess, E. W., & Cottrell, L. S. (1939). [Study of marital adjustment and divorce among couples in the Chicago area; complete publication details were not supplied.]
3. Coleman, J. C. (1966). Abnormal psychology and modern life. Scott, Foresman.
4. Datta Ray, A. (1993). The field of mental health in India: A contemporary and futuristic viewpoint. In P. Mane & G. Gandevia (Eds.), Mental health in India: Issues and concerns. Tata Institute of Social Sciences.
5. Eidely. (1958). [Publication details were not supplied in the source article.]
6. Eysenck, H. J., & Arnold, W. (Eds.). (1972). Encyclopedia of psychology (Vol. 1). Search Press.
7. Locke, H. J., & Williamson, R. C. (1956). Marital adjustment: A factor analysis study. American Sociological Review, 23(1).
8. Pleck, J. H. (1985). Working wives/working husbands. Sage Publications.
9. Schultz, D. (1977). Growth psychology: Models of the healthy personality. Van Nostrand.
10. Shaffer, L. F., & Shoben, E. J. (1936). The psychology of adjustment (2nd ed.). Houghton Mifflin.
11. World Health Organization. (1978). Primary health care.
12. World Health Organization. (1979). Primary health care: Report of the International Conference on Primary Health Care, Alma-Ata, USSR. World Health Organization.