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The effect of age on role expectation, role strain, well-being and health in dual-earner couples

[1] Sameshta, [2] Dr. Sunita Agarwal

[1] Ph.D. Scholar. (F.R.M.) Department of Home Science, University of Rajasthan, Jaipur, Rajasthan, India
[2] Associate Professor. (F.R.M.) Department of Home Science, University of Rajasthan, Jaipur, Rajasthan, India

Abstract
Nearly everyone have high role expectations in different roles and due to high role expectations they experience role strain, or negative affect. At any age, strain is a part of life. Young and old alike have to face difficult situations and overcome obstacles. Long term increased strain is associated with poorer health and poorer well-being. One way to improve wellbeing and perceived health in young populations is to assist in strain management. Thus keeping the above facts in mind the present study was conducted on 200 dual earner couples in Jaipur city of Rajasthan state. To study the effect of age on dependent variables, chi-square test was used. The result shows that there was significant relationship between age and dependent variables i.e. role expectation, role strain, coping strategies, perceived health problems and subjective well-being. The results indicate that as age increases the role expectations and role strain decreases and coping strategies, and subjective well-being increase among females. While, among male spouses as age increases coping strategies also increase but role expectations, role strain and subjective well-being were not dependent on age among males.

Keywords: age, role expectation, role strain, coping strategies, perceived health problems, subjective well-being

1. Introduction

Traditionally, the major responsibility of women has been perceived to be the maintenance of the family including home and childcare, and breadwinning was the main responsibility of men. However, with more and more women entering the workforce and pursuing careers, these clearly defined gender roles were forced to change (Sevim, 2006) [21]. Most women do not have responsibility only in one domain anymore, they have to balance the competing demands of both work and family domains (Sun, 2005) [23]. Moreover, since their spouses work outside home and have relatively limited capacity or resources to care for the family and home, men have to increase their engagement in the home or family domain to compensate for the women's decreased engagement in these domains (Lou *et al*., 2006) [17]. Consequently, having multiple roles, as opposed to only one primary role, requires balancing the demands of these roles for both men and women (Johansson, *et al*., 2007) [15].

Having multiple roles, such as worker, mother/father, and caregiver for elderly parents, may lead to role conflict (Coty & Wallston, 2008) [6]. Goode (1960) [13] found that people engaged in several roles experience role conflict, overload, and strain, resulting in poor well-being. Previous studies have shown that stressful experiences are more frequent among women compared with men, due to discrimination and interrupted employment history owing to family caregiving responsibilities (Muller & Volkov, 2009) [18]. Consequently, as increasing numbers of women enter the paid labor force, the conditions of work, both in the home and at work, may contribute to greater risk of depression.

Nearly everyone experiences role strain, or negative affect. Yet people vary widely in the amount of negative affect reported in response to stress, as well as the amount of stress to which they are exposed. This type of systematic within-person variation is known as intraindividual variability (Nesselroade, 1988). Specifically, older adults report less negative affect than midlife and younger adults (Charles, *et al*, 2001) [5]. Some perspectives suggest that older adults are less reactive to stress than younger adults. Diehl, *et al*, (1996) [8] found that older adults displayed greater impulse control than did younger adults when dealing with stressors. An alternative explanation for age differences in the amount of reported stress may be that older individuals cope in a different way than their younger counterparts.

Well-being has become an increasingly popular concept with growing attention from policy makers and health care organisations (Department of Health 2009) [7]. Well-being appears to be more stable with age compared to perceived health levels, though data is limited and varied. Stone *et al*. (2010) [22] revealed that well-being increases dramatically after 50 years of age. Similarly, other studies have reported that well-being has a U- shaped relationship with age in many countries (Blanchflower and Oswald 2008) [3]. Furihata *et al*. (2012) [12] reported that perceived health decreases with age, they further revealed that age increases the risk of many chronic illnesses.

Past studies have shown that long term increased stress is associated with poorer physical and mental health and poorer well-being (Wiernik *et al*. 2014; Burns and Machin 2013) [26, 4]. One way to improve wellbeing and perceived health in young populations is to assist in stress management. The evidence suggests that older adults have lower stress levels and higher wellbeing than young adults, but still report poorer perceived health. Whilst the relationship between stress, well-being and perceived health in younger adults suggests that stress management and well-being interventions may improve perceived health in younger samples (Teh *et al*. 2013) [24]. An alternative explanation for age differences in the amount of

reported stress may be that older individuals cope in a different way than their younger counterparts. This could be due to the fact that people are better able to regulate their experiences and emotions as they get older. Older adults used coping strategies to a great extent compared to younger groups because as the age increases the life experiences also increase and an individual can handle the problematic situation through past experiences.

2. Methodology

2.1 Locale of the Study

The present study was conducted in Jaipur city of Rajasthan state.

2.2 Sample Selection

Total 40 organisations were selected for data collection, which are expected to meet out the objectives of the study i.e. such organisations 1) where a good number of females are working, 2) work has to be done as per the MNCs or large organisation management system, 3) where the employee is supposed to work hard meet out their targeted work in stipulated time and 4) minimum working hours being 8 hrs.

Five female respondents and their husbands were randomly selected from each organisation after acquiring the list of workers from the organisation. Those female respondents were selected who fulfil the study criteria. The study criteria was (1) nuclear family (2) husband-wife and at least one child living together (3) youngest child below 12 years of age and (4) husband – wife each having at least eight hours job period. Twenty-five female respondents and their husbands were randomly selected from each zone and selection of the male respondents was through female respondents. Total 200 dual earner couples (200 wives and 200 husbands) were selected for the study.

2.3 Instruments

2.3.1 Age

It is defined as the number of years completed by respondent at the time of interview. For the purpose of grouping age will be categorized as:

Age Group	Score Assigned
▪ 25-30 years.	1
▪ 31-36 years.	2
▪ 37 years and above.	3

2.3.2 Role Expectation

In this study, to assess role expectation, the 'Life Role Salience Scale' (LRSS) developed and validated by Amatea *et al* (1986) was used.

2.3.3 Role Strain

To assess role strain of the female spouses 'Women's Role strain Inventory' developed by Lengacher and Sellers in 2003 was used. To assess role strain of the male spouses' aforesaid inventory was used after suitable gender effect modification.

2.3.4 Coping Strategies

Coping strategies were measured by using the Ways of Coping Questionnaire (WCQ) developed by Folkman and Lazarus in 1988 after suitable modification.

2.3.5 Perceived Health Problems

In the study, for assessing the health problems of the dual-earner couples, a questionnaire was prepared by investigator.

2.3.6 Subjective Well-Being (SWB)

In the study, for assessing the well-being of the dual-earner couples, the Subjective Well-Being Inventory (SWBI) developed by Sell & Nagpal in 1992 was used.

2.4 Research Design

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

2.5 Procedure of Data Collection

The questionnaire was distributed to the female respondents in their working places after the permission of their managing director along with written and verbal instruction that explained the nature and scope of the study. Two sets of the questionnaire were distributed to each respondent, one to be filled by female respondents and other by male respondents i.e. their spouses. Respondents were requested to complete the questionnaire without discussing their responses with others. After few days questionnaire were collected by investigator.

2.6 Data Analysis

The variations in the dependent variables were examined according to different independent variables. To study this dependence of dependent variables on different categories of age, chi-square test of independence was used by forming the contingency tables.

3. Results & Discussion

The present study examines the relationship between age and dependent variables i.e. role expectations, role strain, management strategies, perceived health problems and subjective well-being and the influence of age on dependent variables. The findings in this respect are presented here.

Table 1: Chi-Square values depicting relationship between Age and Role Expectation among Wives (Female) N= 400 (200+200)

Age	Role Expectation			Total	Chi-Square Value	Level of Significance
	Low	Average	High			
25- 30 years	0	45 (43.7%)	58 (56.3%)	103 (100%)	7.390	0.05
31- 36 years	0	30 (57.7%)	22 (42.3%)	52 (100%)		
37 years & above	0	30 (66.7%)	15 (33.3%)	45 (100%)		
Total	0	105 (52.5%)	95 (47.5%)	200 (100%)		

It was observed that majority (56.3%) of the female spouses in the age group of 25 years- 30 years showed a high level of role expectations, while 43.7 percent exhibited average level of role expectations. Majority of female spouses in the age group of 31- 36 years (57.7%) and 37 years and above (66.7%) attributed an average level of role expectations. The chi-square

value of age and role expectation was 7.390, which was significant at 0.05 level. This indicates that the categories of role expectations were dependent on age groups because as the age increases the role expectation decreases among females. The reason is that in young age females perceived high role expectations in different roles i.e. parental role, marital role, homecare role as well as occupational role because this is the starting phase of life and in this stage they want to give their best performance in different roles. But, with an increase in age their role expectations decreases in different roles. Biçaksiz (2009) concluded that increase in age is associated with decreases in family-to-work enhancement and family salience, but increase in work salience.

Table- 2: Chi-Square values depicting relationship between Age and Role Expectation among Husbands (Males) N= 400 (200+200)

Age	Role Expectation			Total	Chi-Square Value	Level of Significance
	Low	Average	High			
25- 30 years	1 (2.1%)	31 (64.6%)	16 (33.3%)	48 (100%)	3.644	NS
31- 36 years	0	58 (63%)	34 (37%)	92 (100%)		
37 yrs. & above	0	41 (68.3%)	19 (31.7%)	60 (100%)		
Total	1 (0.5 %)	130 (65%)	69 (34.5%)	200 (100%)		

Majority of the male spouses in different age groups manifested average level of role expectations. The number of male spouses exhibited high level of role expectations in three age groups was 33.3 percent, 37 percent and 31.7 percent respectively. Inter group comparison of the male subjects revealed that the middle age group males attributed high role expectations in different roles followed by younger group and older group. The chi-square value of age and role expectation was 3.644, which was not statistically significant. This indicates that the categories of role expectations were independent of age groups. Biçaksiz (2009) observed that men were more likely to report traditional gender role ideology, lower levels of perceived family/home demands, and lower work-to-family enhancement.

Table 3: Chi-Square values depicting relationship between Age and Role Strain among Wives (females) N= 400 (200+200)

Age	Role Strain			Total	Chi-Square Value	Level of Significance
	Low	Average	High			
25- 30 years	0	23 (22.3 %)	80 (77.7%)	103 (100%)	11.724	0.05
31- 36 years	0	21 (40.4%)	31 (59.6%)	52 (100%)		
37 years & above	0	22 (48.9%)	23 (51.1%)	45 (100%)		
Total	0	66 (33%)	134 (67 %)	200 (100 %)		

Majority of the female spouses in all the three age groups perceived high role strain. During the comparison between the three age groups, it was observed that young age females (77.7 %) experienced high role strain as compared to other two groups. The percentage of middle age and older age females who perceived high role strain was 59.6 percent and 51.1 percent respectively. The chi-square value of age and role strain was 11.724, which was significant at 0.05 level. This indicates that the categories of role strain were dependent on age groups because as the age increases the role strain decreases among females. This could be due to the fact that younger age females perceived high role expectations in different roles as compared to other two age groups. High role expectations demand time and energy. The scarcity hypothesis suggests that the sum of human energy is fixed and that multiple roles inevitably reduce the time and energy available to me*et al*l role demands, thus creating strain (Goode, 1960) [13].

Table 4: Chi-Square values depicting relationship between Age and Role Strain among Husbands (Males) N= 400 (200+200)

Age	Role Strain			Total	Chi-Square Value	Level of Significance
	Low	Average	High			
25- 30 years	0	27 (56.2%)	21 (43.8%)	48 (100%)	2.204	NS
31- 36 years	1 (1.1%)	48 (52.2%)	43 (46.7%)	92 (100%)		
37 years & above	1 (1.7%)	37 (61.7%)	22 (36.7%)	60 (100%)		
Total	2 (1.0%)	112 (56.0%)	86 (43.0%)	200 (100%)		

It was found that majority of the male spouses in all the three age groups perceived average level of role strain. However, 46.7 percent males in middle age group experienced high role strain, while 43.8 percent younger age group and 36.7 percent older age group males were in this category. This indicates that middle age group males perceived higher role strain as compared to two other groups, because in this age group males attributed high role expectations in different roles. Result of this study also indicates that as role expectation increases the role strain also increases among males. The chi-square value of age and role strain was 2.204, which was not statistically significant. This indicates that the categories of role strain were independent of age groups. Vilhjalmsson & Kristjansdottir (2006) examined the relationships between age and parental strains. They concluded that the 35–44 age group had the highest strain levels, but young (18–24) and older (55+) parents had the lowest strain levels. Compared with men, women reported more strain in general.

Table 5: Chi-Square values depicting relationship between Age and Coping Strategies among Wives (Females) N= 400 (200+200)

Age	Coping Strategies				Total	Chi-Square Value	Level of Significance
	Not Used	Used Somewhat	Used Quite a bit	Used a Great Deal			
25- 30 years	0	0	44 (42.7%)	59 (57.3%)	103 (100%)	7.586	0.05
31- 36 years	0	0	16 (30.8%)	36 (69.2%)	52 (100%)		
37 years & above	0	0	9 (20.0%)	36 (80.0%)	45 (100%)		
Total	0	0	69 (34.5%)	131 (65.5%)	200 (100 %)		

Majority of the female spouses in all the three age groups used a great deal of coping strategies for reducing their role strain. It was observed that 80 percent of females in the age group of 37 years and above used a great deal of coping strategies, while 69.2 percent middle age females and 57.3 percent young age females used a great deal of coping strategies. The chi-square value of age and coping strategies was 7.586, which was significant at 0.05 level. This indicates that the categories of coping strategies were dependent on age groups because as the age increases the use of coping strategies also increase among females. This could be due to the fact that as the age increases life experiences also increases. Thus, an individual can tackle the problematic situations in efficient way through past experiences.

Table 6: Chi-Square values depicting relationship between Age and Coping Strategies among Husbands (Males) N= 400 (200+200)

Age	Coping Strategies				Total	Chi-Square Value	Level of Significance
	Not Used	Used Somewhat	Used Quite a bit	Used a Great Deal			
25- 30 years	0	0	20 (41.7%)	28 (58.3%)	48 (100%)	7.130	0.05
31- 36 years	0	0	26 (28.3%)	66 (71.7%)	92 (100%)		
37 years & above	0	0	11 (18.3%)	49 (81.7%)	60 (100%)		
Total	0	0	57 (28.5%)	143 (71.5%)	200 (100%)		

Majority of the male spouses in all the three age groups used a great deal of coping strategies for reducing their role strain. Majority 81.7 percent males in the age group of 37 years and above used a great deal of coping strategies, while 71.7 percent males in the age group of 31-36 years and 58.3 percent male spouses in the age group of 25 -30 years also used a great deal of the coping strategies. The chi-square value of age and coping strategies was 7.130, which was significant at 0.05 level. This indicates that the categories of coping strategies were dependent on age groups because as the age increases the use of coping strategies also increase among males. This could be due to the fact that people are able to regulate their experiences and emotions better as they get older.

The results also indicate that females and males in all the three age groups in this study used a great deal of coping strategies.

Table 7: Chi-Square values depicting relationship between Age and Perceived Health Problems among Wives (Females) N= 400 (200+200)

Age	Perceived Health Problems			Total	Chi-Square Value	Level of Significance
	Low	Medium	High			
25- 30 years	5 (4.9%)	48 (46.6%)	50 (48.5%)	103 (100%)	3.127	NS
31- 36 years	3 (5.8%)	22 (42.3%)	27 (51.9%)	52 (100%)		
37 years & above	0	19 (42.2%)	26 (57.8%)	45 (100%)		
Total	8 (4.0%)	89 (44.5%)	103 (51.5%)	200 (100 %)		

Majority of the female spouses in all the three categories perceived high health problems. The number of female spouses i. e. 4.9 percent females in younger group and 5.8 percent females in middle age group perceived low health problems. The comparison between the group shows that female spouses in the age group of 37 years and above perceived high health problems compared to two other groups. This could be due to the fact that as age increases the efficiency of work decreases and an individual perceived fatigue and pain in different body parts. Therefore, an individual perceived high mental and physical health problems.

The chi-square value of age and perceived health problems was 3.127 among females, which was not statistically significant. This indicates that the categories of perceived health problems were independent of age groups.

Table 8: Chi-Square values depicting relationship between Age and Perceived Health Problems among Husbands (Males) N= 400 (200+200)

Age	Perceived Health Problems			Total	Chi-Square Value	Level of Significance
	Low	Medium	High			
25- 30 years	2 (4.2%)	40 (83.3%)	6 (12.5%)	48 (100%)	6.062	NS
31- 36 years	1 (1.1%)	78 (84.8%)	13 (14.1%)	92 (100%)		
37 years & above	0	46 (76.7%)	14 (23.3%)	60 (100%)		
Total	3 (1.5%)	164 (82.0%)	33 (16.5%)	200 (100%)		

It was observed that majority of the male spouses in all the three age groups perceived medium health problems. The number of male spouses perceived high health problems in three age groups was 12.5 percent, 14.1 percent and 23.3

percent respectively. Inter group comparison of the male subjects reveal that the male spouses who belongs to the older age group perceived high health problems compared to the other two groups. This indicates that as age increases the perceived health problems also increases among males. The reason is that as age increases physical health and work efficiency decreases and perceived health problems increase.

The chi-square value of age and perceived health problems was 6.062 among males, which was not statistically significant. This indicates that the categories of perceived health problems were independent of age groups.

Table 9: Chi-Square values depicting relationship between Age and Subjective Well-being among Wives (Females) N= 400 (200+200)

Age	Subjective Well-being			Total	Chi-Square Value	Level of Significance
	Poor	Medium	Good			
25- 30 years	0	66 (64.1%)	37 (35.9%)	103 (100%)	10.156	0.05
31- 36 years	0	30 (57.7%)	22 (42.3%)	52 (100%)		
37 years & above	1 (2.2%)	18 (40%)	26 (57.8%)	45 (100%)		
Total	1 (0.5%)	114 (57.0%)	85 (42.5%)	200 (100 %)		

A large number of females in the age group of 25-30 years (64.1 %) and 31- 36 years (57.7 %) perceived medium well-being, while more than half of the female spouses in the age group of 37 years and above perceived good well-being. Only 2.2 percent females belong to the age group of 37 years and above, perceived poor well-being. The chi-square value of age and Subjective well-being was 10.156, which was significant at 0.05 level. This indicates that the status of subjective well-being was dependent on age groups because as the age increases the subjective well-being also increases among females. This could be due to the two reasons. Firstly, the females in the age group of 37 years and above perceived low role expectations as compared to two other groups. Due to low role expectations they experienced low role strain and perceived good well-being. Secondly, as the age increases the use of coping strategies also increase and an individual can reduce the role strain through effective use of coping strategies and perceived good well-being. Much gerontological research has focused on the paradoxical observation that older people, despite their lower objective quality of life, report higher SWB than younger people (Hansen and Britt Slagsvold, 2012) [14]. In contrast, much research indicates that subjective well-being (SWB) is stable or increasing well into old age (Blanchflower & Oswald, 2008) [3].

Table 10: Chi-Square values depicting relationship between Age and Subjective Well-being among Husbands (Males) N= 400 (200+200)

Age	Subjective Well-being			Total	Chi-Square Value	Level of Significance
	Poor	Medium	Good			
25- 30 years	0	7 (14.6%)	41 (85.4%)	48 (100%)	2.149	NS
31- 36 years	0	20 (21.7%)	72 (78.3%)	92 (100%)		
37 years & above	0	8 (13.3%)	52 (86.7%)	60 (100%)		
Total	0	35 (17.5%)	165 (82.5%)	200 (100%)		

Majority (86.7%) of the male spouses in the age group of 37 years and above and 85.4 percent males in the age group of 25-30 years perceived good well-being, while, 78.3 percent males in the age group of 31- 36 years were in this category. The male spouses in middle age group perceived poor well-being as compared to two other groups. This could be due to the fact that middle age males perceived high role expectations and high role strain compared to two other groups. Therefore, they perceived comparatively poor well-being. The chi-square value of age and Subjective well-being was 2.149 among males, which was not statistically significant. This indicates that the status of subjective well-being was independent on age groups because as the age increases the subjective well-being does not increase among males.

A review of cross-sectional data of 60,000 individuals aged 20-99 from 63 countries conclude that life satisfaction is relatively stable across age groups in most societies (Diener & Suh, 1998). Similarly, a study of 60 countries finds a U-shaped relationship between life satisfaction and age with a minimum level of life satisfaction occurring in the ages 35-50 (Blanchflower & Oswald, 2008) [3]. Also Norwegian cross-sectional data show increasing life satisfaction from age 40 to 80 (Hansen & Slagsvold, 2012) [14]. These cross-sectional trends are corroborated by data from large Western panel surveys showing stable or increasing life satisfaction from middle age up to at least about age 70 (Frijters & Beatton, 2012).

4. Conclusion

It can be concluded that a significant relationship exists between age and dependent variables. The results indicate that among female spouses' role expectations, role strain, coping strategies and subjective well-being were affected by their age groups and among male spouses' only use of coping strategies was affected by their age groups. As age increases the role expectations and role strain decreases among females. This could be due to the fact that younger age females perceived high role expectations and due to young age children the roles are high time demanding leading to higher role strain in different roles as compared to other two age groups. A high role expectation is one of the reasons of role strain among working women.

It was also observed that as age increases the use of coping strategies also increases among respondents. Older group of females and males used coping strategies to a great extent compared to other groups. This may be due to their experience in dealing with the role strain.

As age increases subjective well-being also increases among females. This could be due to the reason that the older adult females perceived low role expectations, low role strain and

perceived good well-being as compared to two other groups and as the age increases the use of coping strategies also increase and an individual can reduce the role strain through effective use of coping strategies so that they are finally able to perceive good well-being.

The result also shows that the perceived health problems were independent on age groups among both spouses (males and females).

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