

TITLE

**OCCUPATIONAL STRESS, PERSONALITY TRAITS AND MARITAL
SATISFACTION AS CORRELATES OF GENERAL WELL-BEING OF
PREGNANT WOMEN IN BENUE STATE**

BY

UCHENNA GERALD EZE

BSU/PSY/PhD/15/7618

**BEING A THESIS SUBMITTED TO THE POSTGRADUATE SCHOOL, BENUE
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CLINICAL PSYCHOLOGY**

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CERTIFICATION

We certify that this thesis titled occupational stress, personality traits and marital satisfaction as correlates of general well-being of pregnant women in Benue State has been duly presented by **Uchenna Gerald Eze (BSU/PSY/PhD/15/7618)** of the Department of Psychology, Faculty of Social Sciences, Benue State University, Makurdi, Nigeria and has been approved by the examiners

Supervisors

Signature -----

Name Prof. Josiah Shindi.

Date -----

Signature -----

Name. Dr Ronke Grace Awopetu.

Date -----

Head of Department

Signature-----

Name. Prof. Elvis Oblu Ihaji.

Date -----

Having met the stipulated requirements, the thesis has been accepted by the postgraduate school

Dean, Postgraduate school.

Signature-----

Name: Prof. Toryina A. Varvar.

Date -----

DECLARATION

I hereby declare that this research is an original work written by me under the supervision of Professor Josiah Shindi and Dr Mrs Ronke Grace Awopetu of the Department of Psychology , Faculty of Social Sciences Benue State University, Makurdi

Uchenna Gerald Eze

Date

Bsu/psy/ph.D/15/7618

DEDICATION

To God Almighty who alone gave the grace to come to this point be glory and honour forever.

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Abstract

The general well-being of pregnant women which is being influenced by several factors is a variable of interest to health researchers and health providers. This study examined occupational stress, personality traits and marital satisfaction as correlates of general well-being of pregnant women in Benue State. An ex-post-facto design was used to carry out the study. 370 pregnant women were sampled from three geo-political zones of Benue State. Makurdi 157(42.4%), Otukpo 123(33.2%) and Katsina-Ala 90(24.3%) were purposively sampled respectively. Their mean age is 1.63 and their standard deviation is 0.48. Four instruments were used for data collection namely; Job Related Tension Scale, Big Five Personality Inventory, Marital Satisfaction Inventory and General Well-being Questionnaire. Four hypotheses were generated and tested using regression analysis. Findings revealed that occupational stress predicted the general well-being of pregnant women [$F(1,369) = 11.744, P < .01$]. On the dimensions of general well-being, occupational stress predicted general health, anxiety, self-control, depression, and positive well-being, but did not predict vitality among pregnant women in Benue State. Also, it was revealed that personality traits jointly predicted the general well-being of pregnant women [$F(5,327) = 3.532, P < .05$], while only neuroticism positively predicted the general well-being of pregnant women ($\beta = .138, P < .05$). On the dimensions of general well-being, personality traits predicted anxiety, self-control, and vitality, but failed to predict general health, depression, and positive well-being among pregnant women in Benue State. Furthermore, it was revealed that marital satisfaction predicted the general well-being of pregnant women [$F(1,369) = 15846.452, P < .01$]. On the dimensions of general well-being, marital satisfaction predicted general health, anxiety, self-control, depression, vitality, and positive well-being among pregnant women in Benue State. Lastly, occupational stress, personality traits and marital satisfaction jointly predicted the general well-being of pregnant women [$F(3,327) = 4872.778, P < .01$]. On the dimensions of general well-being, occupational stress, personality traits and marital satisfaction jointly predicted general health, anxiety, self-control, depression, vitality and positive well-being among pregnant women in Benue State. It was concluded that occupational stress, personality traits and marital satisfaction predicted the general well-being of pregnant women in Benue State. Based on these findings, it was recommended that women should be actively involved in activities that are stressful during pregnancy while emotional outburst and uncontrolled impulses of women during pregnancy should be condoned for that may be a way of releasing inner tensions that might be harmful to their health. Also, disharmony in marriages should be eschewed in order to enhance the general well-being of pregnant women.

CHAPTER ONE

INTRODUCTION

1.3 Background to the Study

General well-being is a variable of interest to many people. When people report that they are feeling well, that does not mean everything about them is well. It may mean that on the average the person has rated him/herself to be well even though there might be areas in which the individual may not have measured up to the standard. Wellbeing, welfare or wellness is a general term for the condition of an individual or group, for example their social, economic, psychological, spiritual or medical state. A high level of well-being means in some sense the individual or group's condition is positive, while low well-being is associated with negative happenings. General well-being focuses on assets in functioning, including positive emotions and psychological resources (e.g., positive affect, autonomy, mastery) as key components. Well-being generally includes global judgments of life satisfaction and feelings ranging from depression to joy (Diener, Scollon & Lucas, 2009).

Individuals may differ substantially in their levels of well-being as well as societies. Societies with higher well-being are those that are more economically developed, have effective governments with low levels of corruption, have high levels of trust, and can meet citizens' basic needs for food, shelter and health (Diener, Lucas, Schimmack & Helliwell, 2009). Cultural factors (e.g., individualism vs. collectivism, social norms) also play a role in national estimates of well-being (Helliwell & Huang, 2009). The term, "positive mental health" calls attention to the psychological components that comprise well-being from the perspective of individuals interested primarily in the mental health domain. From this perspective, positive mental health is a resource, broadly inclusive of psychological assets and skills essential for well-being (Herrman, Saxena & Moodie,

2005; Tellegen, Lykken, Bouchard, Wilcox, Segal & Stephen, 1988), but it excludes the physical component of well-being. "Hedonic" well-being focuses on the "feeling" component of well-being (e.g., happiness) in contrast to "Eudaimonic" well-being which focuses on the "thinking" component of well-being (e.g., fulfillment) (Ryff & Keyes, 1995). People with high levels of positive emotions, and those who are functioning well psychologically and socially are described by some as having complete mental health, or as "flourishing" (Keyes, 2002).

Health is more than the absence of disease; it is a resource that allows people to realize their aspirations, satisfy their needs and to cope with the environment in order to live a long, productive, and fruitful life (World Health Organization, 1949; Breslow, 2006). In this sense, health enables social, economic and personal development fundamental to well-being. Individual resources for health can include: physical activity, healthful diet, social ties, resiliency, positive emotions, and autonomy. Health promotion activities aimed at strengthening such individual, environmental and social resources may ultimately improve well-being (Tellegen *et al*, 1988; Herrman, Saxena & Moodie, 2005).

Conceptions of well-being are individual's cognitive representations of the nature and experience of well-being. Numerous professional thinkers from a broad range of disciplines have theorized about the nature of well-being and the good life, providing explicit conceptualization of the experience of well-being. General well-being is defined as optimal psychological functioning that refers to subjective evaluation of happiness, pleasant versus unpleasant experiences and it includes all judgments of good and bad elements of life (Ryan & Deci, 2001). In other words, general well-being has two aspects; subjective and objective well-being. (1) Subjective well-being includes two components: cognitive evaluation of satisfaction with life and affective aspect made of the presence of positive affects and absence of negative affects independent of each other.

(2) Objective wellbeing which is the experience which the person is having physically. Contemporary psychological research has also begun to examine how laypersons conceptualize and think about the nature of well-being (Ng, Ho, Wong & Smith, 2003; McMahan & Estes, 2010), often focusing on the degree to which individuals define well-being in hedonic (e.g., the experience of pleasure) and eudaimonic (e.g., the experience of meaning) terms. As a fundamental representation of wellness, these conceptions likely exert a pervasive influence on behaviour and psychological functioning. In reality, general well-being connotes both physiological and psychological feelings.

Pregnancy can be a stressful time and there are numerous reasons why women might feel more anxious during that particular time in their lives. Many women are worried about the pregnancy and the health of their baby; some are dreading the delivery, while others might be stressed because of the financial burden that follows becoming a parent. Well-being in the maternity period for women in general implies a complex interrelationship between simultaneously occurring physiological and psychological changes (Morrell, Cantrell, Evans & Carrick-Sen, 2013). As the episodes of pregnancy and childbirth are monumental events recollected for years afterwards, the emotional well-being is crucial for women's health in a lifecycle perspective afterwards. A positive experience in life facilitates a mother's personal growth and transformation of self. Many report an increase in self-esteem and a sense of optimism, especially during the second and third trimester of pregnancy (DiPietro, Ghera & Costigan, 2004)

Although many women report that pregnancy is a joyful and happy period in their lives, the demands and changes associated with this reproductive period, and the social context within which pregnancy takes place, can produce high levels of stress and anxiety for many expectant mothers. Pregnancy requires many adjustments in physiological, familial, financial, occupational, and other realms which may evoke emotional distress

for women, especially women of low-income who are prone to experience more stress with fewer resources (Ritter, Hobfoll, Lavin, Cameron, & Hulsizer, 2000). Pregnant women may also worry about the health of their babies, impending childbirth, and future parenting responsibilities (Lobel, Hamilton, & Cannella, 2008).

Stress can be defined as demands appraised as taxing or exceeding the resources of the individual. Such demands can be generated or exacerbated by the social environmental context in which pregnancy takes place. For example, the experience of early pregnancy may differ as a function of whether the pregnancy was unplanned or planned, and whether it occurs with or without family support. Variation in stress among pregnant women can be substantial but by all reports, a large proportion of children born today are exposed to high levels of maternal stress during gestation (WHO, 2015).

Occupational stress is stress related to one's job. Occupational stress often stems from unexpected responsibilities and pressures that do not align with a person's knowledge, skills, or expectations, inhibiting one's ability to cope. Occupational stress can increase when workers do not feel supported by supervisors or colleagues, or feel as if they have little control over work processes (WHO, 2015). Occupational stress is the interaction of the worker and the conditions at work (National Institute for Occupational Safety and Health, 1999). Stress is an unavoidable consequence of modern living but it is an undesirable outcome. Occupational stress leads to physical disorders because the internal body system changes to try to cope with the stress. Some physical disorders are short-ranged such as an upset stomach while others are long-ranged such as a stomach ulcer (Asthana, 1985). The body responds to physical, mental, or emotional pressure by releasing stress hormones such as epinephrine and norepinephrine that increase blood pressure (BP), heart rate, and blood sugar levels. Therefore, persons experiencing chronic stress can have digestive problems, fertility problems, urinary problems, and a weakened

immune system. Also, people with chronic stress are more prone to viral infections such as the flu or common cold and to have headaches, sleep trouble, depression, and anxiety (National Cancer Institute, 2013).

Pregnancy presents both employers and employees with challenges not traditionally present in a male-dominated workforce. In a study conducted by the US Census Bureau among women who have had at least one pregnancy, two-thirds of the participants reported employment during their first pregnancy, and 80% of those who worked during pregnancy indicated that they worked up to 11 months until birth (Johnson, 2013). The prevalence of working during pregnancy highlights the importance of understanding challenges faced by women during this period and underscores the need to determine the most appropriate strategies to support women during pregnancy.

According to Oyesola (2010), Protecting the maternity of women workers has been a core issue for the member state of ILO (International Labour Organization) since its establishment in 1919. The first convention on Maternity Protection (Convention No.3) was adopted that year. The year essence of maternity Protection is to enable women to successfully combine their reproductive role and prevent unequal treatment in employment due to their reproductive role. The Maternity Protection provides basic protection of entitling women to 12 weeks maternity leaves with cash benefit to ensure continuity of income, daily break for nursing and protection against dismissal during leave. The convention 103 of 1952 was expanded to include women employed in industrial undertaking in non-industrial and agricultural occupation and wage earners working at home. It provided further protections by extending leave entitlement to cover illness resulting from pregnancy or confinement and expanding upon the types of medical benefits provided. In 2000, the Maternity Protection Convention no 183 which is the most recent, accompanied by Maternity Protection Recommendation No. 191 constitute a

new step forward with regards to both persons covered and protection provided. Convention 183 broadens the scope of coverage to all employed women no matter what occupation or type of undertaking and also increasing the entitlement to 14 weeks of leave. The Convention No 183 is of critical importance in ensuring the health and wellbeing of greater numbers of women workers and their children worldwide.

At the individual level, genetic factors, personality, and demographic factors are related to general well-being. For example, positive emotions are heritable to some degree (heritability estimates range from 0.36 to 0.81), suggesting that there may be a genetically determined set-point for emotions such as happiness and sadness (Lykken & Tellegan, 1996). However, the expression of genetic effects are often influenced by factors in the environment implying that circumstances and social conditions contribute to a large extent to the individuals entire life. Longitudinal studies have found that well-being is sensitive to life events (e.g., unemployment, marriage relationships, working conditions etc). Additionally, genetic factors alone cannot explain differences in well-being between nations or trends within nations. Some personality factors that are strongly associated with well-being include optimism, extroversion, and self-esteem (Oishi, Schimmack & Diener, 2001). Genetic factors and personality factors are closely related and can interact in influencing individual well-being.

On the other hand, there is no two individual that will react to the same situation the same way. Individual differences in handling different circumstances can be due to personal variations, which greatly impact one's thoughts, emotions, and behaviours including apprehensive and anxious tendencies (Donnellan, Burt, Levenson & Klump, 2008). In fact, personality as a psychological variant can affect all human behaviours at both personal and social levels (MahmodAliloo, Nemati & Bamadirad, 2010). Costa and McCrae explained individual differences by five major personality traits: neuroticism,

extraversion, openness, agreeableness, and conscientiousness (Tiliopoulos, Pallier & Coxon, 2010).

Personality traits as a mediating variable in health-related domains and outcome have received attention since time immemorial. The "Big Five" personality traits are one of the primary predictors of wellbeing (McCrae & Costa, 2008; Steel, Schmidt, & Shultz, 2008). These five traits are: extraversion (e.g., sociability and assertiveness), neuroticism (e.g., emotional instability and impulse control), agreeableness (e.g., helpfulness and cooperativeness), conscientiousness (e.g., organization and achievement-orientation), and openness to experience (e.g., creativity and curiosity). Many of these personality traits remain fairly constant throughout an individual's life, from toddler years to young adulthood and beyond (Caspi, Harrington, Miline, Amell, Theodore & Moffit, 2003; Roberts, Walton, & Viechtbauer, 2006). A meta-analysis study found that level of neuroticism has been shown to be the best predictor of life satisfaction and happiness (DeNeve & Cooper, 1998).

Marital satisfaction refers to an individual's positive assessment of his/her marital relations. A number of determinants seem to be associated with marital satisfaction amongst which is compatibility of personality, educational homogamy, religious homogamy, income level, level of education, age at marriage, age of marriage (Heatton & Pratt, 1990). Hampton (2007), in a phenomenal study of African American couples and their perceptions of marital longevity found that couples who had remained married for 25 years or more claimed that marital longevity was based on several themes, which include: God is the foundation of marriage, joint religious rituals and activities to promote intimacy, companionship/friendship, common goals and values, example for others, commitment to marriage, trust in the other person, impact of family history, satisfaction in the marriage, etc..

According to a statistics on marital trends conducted by the U .S Census Bureau (1996), over 94% of men and women over the age of 60 have married at least once in their life. It is projected that this trend will continue, with 80 to 90% of the U.S population marrying at some time in their life. Statistics have also indicated that of those marriages that end in divorce over half will remarry (Kreider & Fields,2001). With a great majority of the population choosing to marry and remarry, it is evident that marriage continues to be a desirable lifestyle for most people. Despite this strong desire for a satisfactory marital union, the divorce rate continues to remain high with approximately one third of first marriages ending in the first ten years (Bramlett & Mosher, 2002).

Marital satisfaction research has resulted in the identification of a multitude of factors that contribute to a satisfactory marital union. These factors include feelings of love, trust, respect and fidelity (Kaslow & Robinson, 1996), social support, commitment, equity of tasks, gender roles and sexual interaction (Bradbury, Thomas, Fincham, Frank, Beach & Steven,2000; Kaslow & Robinson, 1996). Numerous studies have also been conducted to investigate marital satisfaction in relation to communication and interpersonal processes (Bradbury *et al.*,2000). Another line of research examines partner similarities, or congruence, such as shared interests in leisure, shared interests in children (Kaslow & Robinson, 1996), similar cognitive processes, religious beliefs and philosophy of life (Bradbury et al.,2000; Greenberg 1996; Chinitz, 2001; kohn,1996; Kaslow & Robinson, 1996; Rosen-Grandon,1998).

In research as well as in everyday life a long term and enduring marriage is often considered a major life goal and a key indicator not only for marital success, but also for well-being and health (Proulx, Helms, & Buehler, 2007; Schoeborn, 2004). Marital

stability usually indicates increased wellbeing, whereas marital changes are amongst the most stressful life events (Carr & Springer, 2010; Hughes & Waite, 2009).

1.2 Statement of the Problem

Nowadays, pregnancy is considered to be a natural (and not a pathological) state. It is one of the physiological, psychological, social, and spiritual events in life that are quite normal, just a part of the process. Pregnancy (no matter whether it is desired and planned in advance or not) always means change for a woman. It affects all the spheres of her life though a time of great excitement and joy. It is true that every married woman expects to be pregnant, therefore one would think that pregnancy period for a woman should be filled with joy, happiness and a sense of fulfilment. However, it seems not to be so considering many issues facing married couples in Nigeria. One of such issues is the ability of coping with the demands of both workplace and family alongside pregnancy

Again, people with different personality traits cope with life differently. Some personalities are successful in a given event while others find it very difficult. Pregnancy being a period surrounded by several factors that need a careful integration in order for the individual to come out successfully is being determined by the individual's personality

In addition, strains in marriage interactions between couples living together are becoming common. Marriage relationships are said to have become generally strained in recent past, especially among literate couples, as indicated by scholars like Obe, (1997) and Carew (1997). Efforts have, however, been made by scholars, churches, professional organisations, etc. to curb this menace. As a result, anger, resentment, dissatisfaction, frustration and hopelessness take control of the relationship and at times break down the marriage irretrievably. These conditions are threats to a pregnant woman.

Despite enormous research on psychological wellbeing and subjective wellbeing, most researchers like Fiona (2015), Mobarakeh, Juhari, Yaacob, Rdzuan and Mobarakeh, (2015), Liu, Ren and Zho (2016), Aldrige and Gore (2016) and Katja, Klaus, Jeanine and pasqualina (2017) have looked at well-being as a single variable. They failed to see well-being as a variable with many factors. They failed to understand that it is impossible for one to be well all round. Something might be wrong somewhere but on the overall the individual may sound well. It is this gap that this study is set to fill in the area of well-being by looking at the dimensions of general well-being. Furthermore, having gone through several research works in Benue state, there is little or no literature addressing pregnant women's well-being in relation to these variables (that is, occupational stress, personality traits and marital satisfaction). It is necessary therefore that this gap be filled. Therefore, it is against this backdrop that this research work is looking at occupational stress, marital satisfaction and personality traits as correlates of the general wellbeing of pregnant women in Benue state.

1.3. Aim and Objectives of the Study

The aim of this study is to determine occupational stress, personality traits and marital satisfaction as correlates of the general well-being of pregnant women in Benue State. This research work is carried out with the following objectives:

- i To examine if occupational stress (performance, workload, organisational design responsibility and decision making) influenced the general wellbeing (general health, anxiety, self-control, depression, vitality and positive well-being) of pregnant women in Benue State
- ii To examine if different personality traits (extraversion, openness to experience, agreeableness, conscientiousness and neuroticism) independently and jointly influenced

the general wellbeing (general health, anxiety, self-control, depression, vitality and positive well-being) of pregnant women in Benue State

iii To ascertain if marital satisfaction influenced the general wellbeing (general health, anxiety, self-control, depression, vitality and positive well-being) of pregnant women in Benue State

iv. To examine if occupational stress, personality traits and marital satisfaction jointly influenced the general well-being (general health, anxiety, self-control, depression, vitality and positive well-being) of pregnant women in Benue State.

1.4 Research Questions

This study addressed the following questions

I To what extent does occupational stress (performance, workload, organisational design responsibility and decision making) influence the general well-being (general health, anxiety, self-control, depression, vitality and positive well-being) of pregnant women in Benue State?

II To what extent does different personality traits (extraversion, openness to experience, agreeableness, conscientiousness and neuroticism) independently and jointly influence the general well-being (general health, anxiety, self-control, depression, vitality and positive well-being) of pregnant women in Benue State?

III To what extent does marital satisfaction influence the general well-being (general health, anxiety, self-control, depression, vitality and positive well-being) of pregnant women in Benue State

IV. To what extent does occupational stress, personality traits and marital satisfaction jointly influence the general well-being (general health, anxiety, self-control, depression, vitality and positive well-being) of pregnant women in Benue State.

1.5 Significance of the Study

The focus of this study was to determine the influence of occupational stress, personality trait and marital satisfaction on the general wellbeing of pregnant women in Benue state. This study will be of great help to different persons, organizations and government at large. First, it will be of great help to women generally, as it will reveal some variables that might play a very serious role on their wellbeing during pregnancy. Such revelation will arm women with necessary precautions during pregnancy in order to help themselves and their unborn babies. Also men would benefit from this study, as they will come to see those issues that might be impacting on their wives during pregnancy and they will equip themselves with the needed caution in order to help their wives, their unborn babies and even them (the men) to live a better life.

Meanwhile the educational sector will benefit from this study immensely. This research will contribute to numerous research data available in the areas of occupational stress, personality traits and marital satisfaction on general wellbeing of pregnant women.

Organizations will find this work relevant, in the sense that the work will reveal some variables which have influence on the general wellbeing of pregnant women. Since women must work in every organization and their wellbeing to a large extent contributes to the overall success of the organization, it is then necessary for organizations to know what will influence their wellbeing especially during pregnancy, for pregnancy must surely come.

The health institution will not be left out, they will benefit seriously. As they study this work they will be better informed on some variables that are impacting seriously on pregnant women. This will help them counsel pregnant women on some issues as they may deem fit in order to help them improve their lives. Furthermore, the

government through the revelation that will come through this work can come up with policies that may be of great help to the general wellbeing of pregnant women.

Lastly, this study will help students to develop theory of general well-being using the independent variables as predictors.

1.6 Scope of the Study

The scope of this study was Benue State in general. Precisely the study took place in three locations, covering the entire three geo-political zones in Benue state. The study took place in Katsina-ala to represent zone A, Makurdi to represent zone B and Otukpo to represent zone C. The study area was chosen through a simple random sampling technique and fortunately in the three zones they are the most populated and they had women who are gainfully employed and do not only deal with domestic challenges. It was only working class married pregnant women that were involved in the study. It looked at how occupational stress, personality traits and marital satisfaction are influencing the pregnant women's general well-being in Benue State. The study covered the time frame of one year, precisely the year 2018.

1.7 Operational Definition of Terms

Occupational Stress: This is defined as responsibilities and pressures that do not align with a pregnant woman's knowledge and skills or expectations inhibiting her ability to cope.

Performance: The act of carrying out an action or job by a pregnant woman

Workload: The amount of work assigned to a pregnant woman in a specified time

Organisational Design Responsibility: The task of identifying dysfunctional aspects of work flow, procedures, structures and system and realigning them to fit current business realities by a pregnant woman

Decision making: The process of coming out with an action plan by a pregnant woman.

Personality: Enduring predispositions that characterize a pregnant woman, such as styles of thought, feelings and behaviour.

Personality Traits: Enduring dispositions in behaviour that show differences across pregnant women, and which tend to characterize her across varying types of situations and being determined by a pattern of response to a personality inventory

Extraversion: A pregnant woman tendency to be active, sociable, person-oriented, talkative, optimistic, empathetic

Openness to Experience: A pregnant woman tendency to be imaginative, curious, creative and may have unconventional beliefs and values.

Agreeableness: A pregnant woman tendency to be good-natured, kind-hearted, helpful, altruistic and trusting.

Conscientiousness: A pregnant woman tendency to be hardworking, reliable, ambitious, punctual and self-directed.

Neuroticism: A pregnant woman tendency to become emotionally unstable and may even develop psychological disturbances.

Marital Satisfaction: As used in the study is a mental state that reflects the perceived benefits and cost of marriage to a particular pregnant woman.

General Well-being: This is defined as optimal functioning of a pregnant woman.

General health: An understanding of how a pregnant woman's body works and what it needs to stay healthy.

Anxiety: A pregnant woman's feeling of worry, nervousness, or unease about something for which there is no known cause.

Self-control: A pregnant woman's ability to be in-charge of one's decision and impulses.

Depression: A pregnant woman's state of mind producing serious, long-term lowering of enjoyment of life or inability to visualize a happy future

Vitality: A pregnant woman's show of energy or vigour

Positive Well-being: A pregnant woman's feeling of happiness.

Pregnant: Having a child or young developing in the uterus.

Women: Adult humans who are biologically female; that are, capable of bearing offspring.

CHAPTER TWO

LITERATURE REVIEW

It has been established that the general wellbeing of an individual is likely to be influenced by occupational stress, the individual's personality and marital satisfaction. Furthermore, the objectives of this study have been stated while asking relevant questions that will guide this research.

This current chapter reviewed the concept of occupational stress, personality traits, marital satisfaction and general wellbeing. Also relevant theories of general wellbeing were reviewed, and empirical review of literature related to the study was carried out. Finally a summary of all the literatures reviewed and the hypothesis stated.

2.1. Conceptual Review

The following concepts are explained in this section of the study; occupational stress, personality traits, marital satisfaction and general well-being

2.1.1. Occupational Stress

The literature offers various definitions of this phenomenon. Anderson, Litzenberger and Plecas (2002,) defined stress as 'the response of an individual to the self-perceived imbalance between the demands of the situation presented, and the resources one has at one's disposal to respond successfully. Varca (1999), defines stress as a gap between environmental demands and personal resources to meet those demands. Schafer (2000), defines stress as 'arousal of mind and body in response to demands made on them'. All of the above definitions reflect on the perceived relationship between demands on individuals and their ability to cope with those demands. In other words, the

stressfulness of the situation will depend on people's assessment and perception of the difference between the demands of the situation and their ability to meet those demands.

All human beings in this world are involved in some sort of activity that keeps them physically and mentally busy in their lives. This state of working helps people to stay healthy. However, if increased disproportionately, the load of this work leads to the development of stress. Over the past few years, work-related stress has increased because people all around the globe were unable to cope with these stressors, and although technology and machines have reduced human workload, it is insufficient to mitigate the work-related stress of many individuals.

The World Health Organization (2015), has defined occupational stress as the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope. Kofoworola and Alayode (2012), have defined the two types of stress interestingly: -eustress as a friend and -distress as a foe to human beings. If stress is motivating an individual to work, it is considered as eustress (friend), whereas if this stress is somehow disturbing one's routine and is creating discomfort, it is then termed as distress (foe). Occupational stress is stress related to one's job. Occupational stress often stems from unexpected responsibilities and pressures that do not align with a person's knowledge, skills, or expectations, inhibiting one's ability to cope. Occupational stress can increase when workers do not feel supported by Supervisors or colleagues, or feel as if they have little control over work processes (WHO, 2015).

The level of stress an individual experiences in his or her organisational context, and the extent to which adverse effects such as psychological and other strains occur, depend on how effectively he or she copes with stressful organisational situations (Bhagat, Ford, Driscoll, Frey, Babakus & Mahanyele, 2001). Research on stress has

indicated that people working in the helping professions where they are dealing with people, especially educators are particularly prone to stress (Barkhuizen & Rothmann, 2008; Kyriacau, 2001). This correlation between stress in work place and well-being is emphasised by Jamal (1999). It is widely accepted that stress has a major influence on a professional person's performance and extensive research has been done in this regard, for example, among educators, nurses and managers (Houghton, 2001). The presence of stress at work is almost inevitable in many occupations. However, individual differences account for a wide range of reactions to stress; a task viewed as not challenging by one person may produce high levels of anxiety in another.

Conditions that tend to cause stress are called stressors (Newstrom & Davis, 2002). The term stressor(s) is used to refer to the demands made on a person (Jones & Bright, 2001), which act as a stimulus for evoking a response, such as emotions of anger, anxiety and stress (Abouserie, 1996; Rothmann & Cooper, 2008). An external stressor (e.g. one's job, family or friends) or an internal stressor (e.g. ambition, competitiveness and frustration) can activate stress. Although even a single stressor may cause major stress, usually stressors combine to put pressure on an employee in a variety of ways until stress develops (Newstrom & Davis, 2002).

Job stress is also associated with various biological reactions that may lead ultimately to compromised health, such as Cardiovascular diseases (Naghieh, Montgomery, Bonell, Christopher, Thompson, Aber, & Naghieh, 2015) or in extreme cases death Due to the high pressure and demands in the work place the demands have been shown to be correlated with increased rates of heart attack, hypertension and other disorders. Problems at work are more strongly associated with health complaints than are any other life stressor-more so than even financial problems or family problems and

occupational stress accounts for more than 10% of work-related health claims (Ruotsalainen, Verbeek, Mariné, & Serra, 2015). Many studies suggest that psychologically demanding jobs that allow employees little control over the work process increase the risk of cardiovascular diseases. Research indicates that job stress increases the risk for development of back and upper-extremity muskuletal disorders (Sauter, Hurrell, Murphy & Levi, 1997). Other disorders that can be caused or exacerbated by occupational stress include sleep disorders, headache, mood disorders, upset stomach, hypertension, high cholesterol, autoimmune diseases, cardiovascular diseases, depression, and anxiety. Stress at work can also increase the risk of acquiring an infection and the risk of accidents at work (Roberts, Grubb, & Grosch, 2012).

One of the latest and most widely-accepted models to assess and explain the dynamics of occupational stress is the ASSET (An Organizational Stress Screening Tool) model, developed by Cartwright and Cooper (2002). The ASSET model is a measurement instrument based on a conceptual framework that measures an employee's potential exposure to stress with reference to a number of occupational stressors. According to the ASSET model by Cartwright and Cooper (2002), there are eight sources that contribute to the experience of occupational stress and levels of commitment, namely, Work Relationships, Work-Life Balance, Overload, Job Security, Control, Resources and Communication, Pay and Benefits and Job Aspects. It is, however, evident from the literature that most of these stressors have a multi-dimensional nature and any one, or a combination thereof, can lead to the experience of stress. Newstrom and Davis (2002), further state that almost any job condition can cause stress, depending on the employee's reaction to the condition.

Relationships with colleagues and/or superiors can be either positive (helping individuals cope with stress) or negative (creating stress). Studies found that strained work relationships and interpersonal conflict at work predicted physician-diagnosed psychiatric morbidity, mental instability and stress (neuroticism, hostility, life stress, low self-assurance) (Romanov, Appelberg, Honkasalo & Koskenvuo, 1996). A work environment characterised by conflict in relationships or poor social support seems to predict the experience of stress. Conversely, good relationships at work can help individuals to cope with stress (Industrial Society, 2001).

Balancing the demands of an occupation with family and personal life, namely, work-life balance is a complex and thoroughly researched phenomenon. Studies have identified the contribution of factors linked to family, social networks, and individual characteristics to the development of stress. It has been found that psychological distress is associated with marital status (Shirom, Westman & Melamed, 1999), parental status (Pugliesi, 1999), strained relations with spouses, children, friends, and neighbours (Voydanoff & Donnelly, 1999), the economic situation of the household (McDonough, 2000), weak social support (Van der Doef, Maes & Diekstra, 2000), and the need to balance work and family life (Grzywacz, 2000; Voydanoff & Donnelly, 1999). With regard to social networks outside work, findings reveal that having a variety of sources of social support and actively participating in such networks tend to lower levels of distress (Bourbonnais, Comeau & Vezina, 1999).

The relationship between workload or overload and stress is well documented (Faragher, Cooper & Cartwright, 2004). Some of the factors contributing to this ambivalent relationship are physical demands related to the environment and individual effort (Demerouti, Bakker, Nachreiner & Schaufeli, 2000), psychological and emotional demands caused by workload, pace of work, conflicting requests, role ambiguity

(Demerouti *et al.*, 2000; Van der Doef *et al.*, 2000), and irregular schedules and long hours (Bourbonnais *et al.*, 1999; Spurgeon, Harrington & Cooper, 1997). Role conflict and ambiguity are correlates of emotional exhaustion, reduced personal accomplishment, depersonalization, job dissatisfaction, lower organizational commitment, decreased job performance, and propensity to quit (Ortqvist & Wincent, 2006). Job tension is a latent variable associated with role conflict and role ambiguity (Kahn *et al.*, 1964). It involves an individual's feelings about being psychologically bothered by work-related factors (Blalack & Davis, 1975; Ivancevich & Donnelly, 1974; Lyons, 1971). Job tension is influenced by the dynamic and changing nature of organizations that may include rapid growth and reorganization, technological advances, and frequent personnel changes (Kahn *et al.*, 1964; Lyons, 1971). The potential for the development of stress associated with job security (the fear of losing one's job, changes in the workplace or redundancy) have been listed by various researchers (Bourbonnais *et al.*, 1999; McDonough, 2000). O'Driscoll and Cooper (1996), mention that the fear associated with the prospect of losing a job is one of the biggest sources of stress in employees.

The amount of authority an individual has in making decisions regarding the way work is organised and performed are referred as control. This is confirmed by De Jonge, Reuvers, Houtman, Bongers and Kompier (2000) and Van der Doef *et al.* (2000), who add that control goes hand in hand with authority and levels of utilisation. Makin, Cooper and Cox (2003), explain that individuals who perceived that they can control their environment are less likely to suffer stress than those who do not. Glass and McKnight (1996), found that the inability to exercise control in the workplace ('uncontrollability') contributes to negative psychological states especially when there is a discrepancy between career aspirations and occupational achievement -that is, if there is career dissatisfaction.

Employees need adequate resources (training, equipment) and effective communication in order to perform their jobs effectively. According to Daniels and Guppy (1994), open communication in organisations can decrease levels of stress experienced by employees, but organisational communication will only be effective if it provides accurate information, thereby increasing the predictability of the working environment. A deficiency in these workplace stressors have been found to be associated with increased levels of stress (Pilkington, Mulholland & Cowie, 2001; Industrial Society, 2001). Furthermore, poor communication was found to be the third highest rated stressor in the British Industrial Society report. In a study undertaken by Tytherleigh (2003), it was found that work relationships, job security, resources and communication caused the highest levels of strain for educators. Demerouti *et al.* (2000) and Tepper (2000), found that levels of stress experienced by employees are also related to monetary rewards (pay and benefits). Shirom *et al.* (1999), broadened this view by explaining that there is also a link between levels of stress and performance pay.

According to Kinman (2001), research has demonstrated that stressors can have a wide-ranging negative impact on the individual. Strain refers to reactions to the conditions of stress (Dollard, Winefield & Winefield, 2003), and is observable at a cognitive level (a decline in the quality of decision making, lower levels of creativity, impaired memory); behavioural level (absenteeism, poor time management, substance abuse, irritability); physical level (headaches, digestive disorders, cardiovascular disease) and psychological level (depression, anxiety, low self-esteem) (Rothmann & Cooper, 2008).

Quick, Nelson and Hurrell (1997) noted that while stress and strain are features of organisational life, these concepts tend to be ambiguously defined. Despite the ambiguity, stress and strain remain a matter of serious concern to medical and organisational

professionals. The concern is for two: the first is economic, as mismanaged stress can be costly to organisations since it leads to lost productivity and increased health care costs. The second is humanitarian, as it is not desirable to overstress individuals. Leong, Furnham and Cooper (1996), stated that stress resulting from work is a major problem, both for individuals within an organisation and for organisations themselves. For this reason, it is argued that it is in the organisation's best interest to intervene and minimise the amount of stress that is caused by continuous organisational change in particular (Mack, Nelson & Quick, 1998).

Job stress results from various interactions of the worker and the environment of the work they perform their duties. Location, gender, environment, and many other factors contribute to the build-up of stress. Job stress results from the interaction of the worker and the conditions of work. Views differ on the importance of worker characteristics versus working conditions as the primary cause of job stress. The differing viewpoints suggest different ways to prevent stress at work. Differences in individual characteristics such as personality and coping skills can be very important in predicting whether certain job conditions will result in stress. In other words, what is stressful for one person may not be a problem for someone else. This viewpoint underlies prevention strategies that focus on workers and ways to help them cope with demanding job conditions (NIOSH, 1999). In general, occupational stress is caused by a mismatch between perceived effort and perceived reward, and/or a sense of low control in a job with high demands. Low social support at work and job security can also increase occupational stress (Naghieh *et al*, 2015). Psychological stressors are a major cause of occupational stress (Roberts, Grubb, & Grosch, 2012).

Additionally, job stress often is noted as an antecedent factor in the development of burnout, a more extreme stress reaction marked by physical and emotional exhaustion, depersonalization, cynicism and detachment from the workplace (Colligan & Higgins, 2005). The sources of workplace stress are diverse. At an interpersonal and intrapersonal level, these sources can include life events or daily hassles, conflict management or communication styles, time management, personality traits and perception factors. At an organizational level, common factors that contribute to workplace stress include role ambiguity, role conflict or role overload, decreased autonomy and lack of support from coworkers, supervisors and others.

Stressful life events, whether positive (such as marriage) or negative (such as divorce), and daily hassles can lead to the activation of the flight-or-fight response. The degree of the perceived stress as well as the frequency with which it occurs has been associated with occupational disability and increased mortality risk. The association between life events and stress-related disorders is so strong that Holmes and Rahe (1967) developed the Social Readjustment Rating Scale (SRRS) to help individuals identify major life events that increase susceptibility to illness. Conflict management and communication styles also can have a major impact on workplace stress. Conflict management refers to the ways that employees manage the stresses of parties seeking to accomplish incompatible goals. Mehrad, Zangeneh, Dokoushkani and Razali (2014) demonstrated that there is a positive correlation between conflict styles and burnout and that conflict management styles can predict later burnout in managers.

Time management also has been found to play an integral role in workplace stress. With the increasing use of technology in organizations, there is now little distinction between the home and the workplace. Organizations expect information and

results more quickly than ever. As a result, many employees find themselves constantly crunched for time, rushing to meeting deadlines or constantly working, even on vacation and days off. Each employee's attitudes, values and personality traits also have an effect on workplace stress. Researchers Friedman and Rosenman (1974) purported that individuals belonged to either two categories of behavior or personality, Type A or Type B. They purported that Type A personality types were ambitious, competitive, impatient and often aggressive. Type B usually manifested a relaxed and calm attitude, choosing to focus on relationship-building rather than ambitious pursuits. Type As often are seen as workaholics. Individuals must engage in protective or self-care techniques that can help to mitigate the experience of stress. While organizations should also strive to manage the factors that precipitate and perpetuate stress, the forthcoming changes are often slow, leaving the individual to cope alone. When work stress has reached a critical level, or has gone on for too long, it can begin to have adverse affects which show up in a myriad of ways. Pay attention to the signs.

Insomnia or the inability to stay asleep through the night

Uncharacteristic anger and frustration which usually affects relationships and home life

Inability to concentrate because the mind is so mired in stress

Anxiety in periodic attacks, or as a constant

Depression from the weight of worry and overload

Development of physical ailments, from headache to ulcers to heart and back problems

Substance abuse as a means of self medication to attempt relaxation and calm

Absenteeism to avoid the stressful overload

Burnout

Greenberg (2013) provides some useful tips that can help to attenuate the experience of workplace stress:

1. If possible, identify and eliminate the sources of hassles. For example, iron and lay out clothes the night before. Leave home a few minutes earlier to avoid rush hour. Minimize distractions that take away from tasks.

2. Identify what you can and cannot change. Often we grumble about things that cannot be readily addressed, such as workplace bureaucracy. Instead, focus on what you can control, such as removing workspace clutter and creating an aesthetic workspace environment

3. Create a support group. Social support operates in two ways: by serving as a buffer from the effects of existing stressors or by providing resources that can directly affect the stressor or its effects (Cohen & Wills, 1985). In the workplace, supervisor and coworker support have been found to play an integral role in minimizing one's risk of job stress. Support by co-workers can be tangible, such as pay, rank or increased influence over decisions, or intangible, such as sharing knowledge, providing encouragement through cheerleading, or demonstrating empathy.

4. Engage in physical self-care. This can involve starting an exercise program, changing your diet (such as limiting excess sugar) and curbing bad habits, such as drinking too much caffeine or smoking.

5. Engage in psychological self-care. This can include relaxation, meditation or yoga, attending assertiveness or social skills training workshop, or seeking professional help from a psychologist or counsellor.

6. Find humour every day. Humour has significant health benefits such as producing natural killer cells, immunoglobulin and T-cells. Using humour can help to change distress to eustress, helping to mitigate mood disturbances.

2.1.2. Personality Traits

Although there are many ways to think about the personalities that people have, Gordon Allport and other psychologists have claimed that we can best understand the differences between individuals by understanding their personality traits. Personality traits reflect basic dimensions on which people differ (Matthews, Deary, & Whiteman, 2003). According to trait psychologists, there are a limited number of these dimensions (dimensions like Extraversion, Conscientiousness, or Agreeableness), and each individual falls somewhere on each dimension, meaning that they could be low, medium, or high on any specific trait

Among the earlier descriptions, constitutional basis of personality proposed by Hippocrates delineated temperament and health based on humours. Temperament theory has its roots in the ancient four humours theory. It was believed that certain human moods, emotions, and behaviours were caused by an excess or lack of body fluids (called *humours*): Blood, yellow bile, black bile, and phlegm (Kagan, 1998). These four categories Galen named *sanguine*, *choleric*, *melancholic* and *phlegmatic* after the bodily humours, respectively. Each was the result of an excess of one of the humours that produced, in turn, the imbalance in paired qualities (Karls, 1926). Well-being reported as satisfaction with life has been commented upon by psychologists as one of the factors determining the positive sense of self. The moot question to be answered is what determines this sense of satisfaction and happiness. A review by Diener, Such, Lucas

and Smith (1999), found that genetic factors, e.g., inherited tendency to have pleasant, easygoing temperament contributes to positive mental health. Some of the personality factors like low on neuroticism and high in affiliation, perceived control feel positive and optimistic (Lykken & Tellegan, 1996).

An important feature of personality traits is that they reflect continuous distributions rather than distinct personality types. This means that when personality psychologists talk about Introverts and Extroverts, they are not really talking about two distinct types of people who are completely and qualitatively different from one another. Instead, they are talking about people who score relatively low or relatively high along a continuous distribution. In fact, when personality psychologists measure traits like Extraversion, they typically find that most people score somewhere in the middle, with smaller numbers showing more extreme levels (Matthews, Deary, & Whiteman, 2003).

The Big Five or Five-Factor Model (Goldberg, 1990; McCrae & John, 1992; McCrae & Costa, 1987), is the most widely used model to describe personality. Traits are important and interesting because they describe stable patterns of behaviour that persist for long periods of time (Caspi, Roberts, & Shiner, 2005). Importantly, these stable patterns can have broad-ranging consequences for many areas of our life (Roberts, Kuncel, Shiner, Caspi, & Goldberg, 2007). For instance, think about the factors that determine success in college. If you were asked to guess what factors predict good grades in college, you might guess something like intelligence. This guess would be correct, but we know much more about who is likely to do well. Specifically, personality researchers have also found out that personality traits like Conscientiousness play an important role in college and beyond, probably because highly conscientious individuals study hard, get their work done on time, and are less distracted by nonessential activities that take time away from school work. In addition, highly conscientious people are often healthier than

people low in conscientiousness because they are more likely to maintain healthy diets, to exercise, and to follow basic safety procedures like wearing seat belts or bicycle helmets. Over the long term, this consistent pattern of behaviours can add up to meaningful differences in health and longevity. Thus, personality traits are not just a useful way to describe people you know; they actually help psychologists predict how good a worker someone will be, how long he or she will live, and the types of jobs and activities the person will enjoy. Thus, there is growing interest in personality psychology among psychologists who work in applied settings, such as health psychology or organizational psychology (Roberts, Kuncel, Shiner, Caspi, & Goldberg, 2007).

The Big Five personality traits, also known as the five factor model (FFM), is a model based on common language descriptors of personality. When factor analysis (a statistical technique) is applied to personality survey data, some words used to describe aspects of personality are often applied to the same person. For example, someone described as "conscientious" is more likely to be described as "always prepared" rather than "messy". This widely examined theory suggests five broad dimensions used by some psychologists to describe the human personality and psyche (Golberg,1993; Costa & McCrae, 1992). The five factors have been defined as openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism, often listed under the acronyms OCEAN or CANOE. Beneath each proposed global factor, a number of correlated and more specific primary factors are claimed. For example, extraversion is said to include such related qualities as gregariousness, assertiveness, excitement seeking, warmth, activity, and positive emotions (Mathews, Deary & Whiteman, 2003).

The Big five personality traits were the model to comprehend the relationship between personality and academic behaviours (Propit, 2009). This model was defined by several independent sets of researchers (Digman, 1990). These researchers began by

studying relationships between a large numbers of known personality traits. They reduced the lists of these traits (arbitrarily) by 5610 fold and then used factor analysis to group the remaining traits (using data mostly based upon people's estimations, in self-report questionnaire and peer ratings) in order to find the underlying factors of personality (Patrick & Susan, 1995; Allport & Odbert,1936; Cattell, Marshall & Georgiades, 1957; Tupes & Christal, 1961; Norman, 1963).

2.1.3. Marital Satisfaction

Social Scientists have studied the marital relationship by investigating two primary constructs: marital stability and marital quality. Marital stability refers to the duration of marriage, whether dissolved by death, divorce, separation, desertion or annulment (Lewis & Spanier, 1979). Marital quality is not as easily defined and researchers have interchangeably used the terms marital adjustment, marital satisfaction and marital happiness to refer to marital quality. In reviewing the research on marital stability and marital quality, Lewis and Spanier chose to include an entire range of terms such as marital satisfaction, marital happiness and marital adjustment in the overall definition of marital quality. The common characteristic in each of these terms is the qualitative or subjective dimension of marital quality. Lewis and Spanier (1979), defined marital quality as a subjective evaluation of married couple's relationship. Similarly, marital satisfaction was defined by Hendrick and Hendrick (1997), as a subjective experiencing of one's own personal happiness and contentment in the marital relationship.

Research has identified numerous factors relating to marital satisfaction. Bradbury, Thomas, Fincham, Beach and Steven (2000), reviewed the literature on marital satisfaction conducted in the 1990's, organizing the various studies into two main themes: interpersonal processes and microcontexts/macrocontexts. Interpersonal processes include such factors as

cognition, affect, physiology, behavioural patterning, violence and social support. While, microcontexts are circumstances that are likely to have direct links to interpersonal functioning in marriage, macrocontexts are broader social contexts that have more indirect or subtle effects on interpersonal functioning.

With respect to interpersonal process, research on cognitions related to marital satisfaction has focused on the attributions of marital partners. Studies have indicated that maladaptive attributions are related to elevated rates of negative behaviours between partners during problem solving (Bradbury, Beach, Fincham, & Nelson, 2006). There are mixed findings regarding negative affect, with some studies showing that it is detrimental to the marital relationship, whereas others found negative affect to be unrelated to the marital relationship (Fincham & Beach, 2007). In addition, research on physiology, such as blood pressure, heart rate, skin conductance and hormone changes has supported the link between marital functioning and physical well being (Brown, Smith, & Benjamin, 1998; Kiecolt-Glaser, Newton, Cacioppo, MacCallum, Glaser, & Malarkey, 1996; Stampler, Wall, Cassisi, & Davis, 1997).

The research on behavioural patterning in couples has investigated the demand/withdrawal pattern of interaction between partners (Christensen, 1987; Klinetob & Smith, 1996). This pattern typically consists of one partner criticizing or nagging the other partner, who reacts by avoiding discussion and disengaging from confrontation. Increased demands by the pursuing partner result in increased avoidance by the other partner, which ultimately ends in conflict and decreased marital satisfaction (Christensen, 1987; Klinetob & Smith, 1996). Similarly, studies on physical aggression in marriage have found that the interactional patterns of distressed couples are characterized by negative reciprocation, anger and contempt (Cordova, Jacobson, Gottman, & Rushe, 1993; Holtzworth-Munroe, Smutzler, & Stuart, 1998). In contrast, Pasch and Bradbury (1998), found that satisfied spouses are more likely to behave in ways that

facilitate mutual understanding and less likely to disrespect or blame their partners. Other studies have indicated that satisfied spouses express significantly lower levels of anger and contempt as compared to their unsatisfied counterparts (Pasch & Bradbury, 1998). Furthermore, social support networks and supportive behaviours between spouses have been associated with improvements in marital quality (Carels & Baucom, 1999; Pasch & Bradbury, 1998; Saitzyk, Floyd, & Kroll, 1997).

The second theme Bradbury et al. (2000), identified in the marital satisfaction research, microcontexts/macrocontexts, was related to the broader social context of couple's lives. One of the most significant factors affecting the marital relationship is the transition to parenthood. Children clearly affect the marital relationship, with most studies indicating that the presence of children tends to increase marital stability while decreasing marital satisfaction (e.g., Belsky, 1990). In contrast, research on major life and transition stressors has indicated that difficult times often bring couples together, increasing marital satisfaction (Gritz, Wellisch, Siau, & Wang, 1990; Hoekstra-Weebers, Jaspers, Kamps, & Klip, 2008; Moore & Moore, 1996; Pavalko & Elder, 2010), with the exception of economic difficulties which tend to lead to poorer marital satisfaction (Conger, Rueter, & Elder, 2009). Research has also found separation and divorce to be more prevalent among bereaved parents. Other macrocontextual risk factors for marital dissolution include high geographic mobility, high levels of unmarried women in the labour force and high numbers of potential mates (South & Loyd, 2010).

Based on Bradbury et al.'s (2000), review of the marital satisfaction literature, it is evident that there are a wide variety of factors related to marital satisfaction. Some components of a long-term satisfying marital relationship that have been identified are feelings of love, trust, respect, fidelity and commitment (Kaslow & Robinson, 1996; Rosen-Grandon, 1998). Other components are more tangible, such

as social support, equity of tasks, gender roles and sexual interaction (Bradbury et al., 2000; Kaslow & Robinson, 1996; Rosen-Grandon, 1998; Communication and interpersonal processes have also been found to be significant contributors to marital satisfaction (Bradbury et al., 2000; Greeff, 2000). Kaslow and Robinson (1996) found shared interests in leisure and children to be important factors in marital satisfactions. Still, other elements of long-term satisfying marital relationships include similar religious beliefs, philosophy of life and cognitive processes (Bradbury et al., 2000; Greeff, 2000; Kaslow & Robinson, 1996; Rosen-Grandon, 1998).

Kaslow and Robinson (1996), interviewed couples married over 25 years, to find the central elements of a long-term satisfying marriages. Results indicated the top ten factors, in order from greatest to least, to be love, mutual trust, mutual respect, mutual support, corresponding religious beliefs, loyalty/fidelity, mutual give and take, similar philosophy of life, enjoyment of shared fun/humour, and shared interests.

Similarly, Mackey and O'Brien (1995), interviewed 120 couples that had been married for at least twenty years and found five vital components to marital satisfaction: level of conflict, decision making, communication, relational values and intimacy. Higher levels of interpersonal conflict had a significant negative effect on marital satisfaction, with the highest level of conflict occurring during the child rearing years. When the conflict is difficult and unresolved, it will bring about lower satisfaction in the marriage. Mutuality in decision making, especially regarding children and parenting, was positively correlated with marital satisfaction. Couples reporting high marital satisfaction also indicated positive communication and felt they were able to talk to their partner about a wide variety of issues. Consistent with other research (Kaslow & Robinson, 1996; Rosen-Grandon, 1998), relational values

found to be related to marital satisfaction included trust, respect, empathic understanding and equity. Finally, according to Mackey and O'Brien, both physical and psychological intimacy, were found to continue throughout the marriage in satisfying relationships, with an increase in psychological intimacy as the marriage progressed.

2.1.3.1. Gender and Marital Satisfaction

Another important variable related to marital satisfaction is gender. Gender differences have been reported in the marital satisfaction literature, but the findings are mixed. Some studies have indicated that husbands tend to be more satisfied in their marriages than wives (Acitelli & Antonucci, 1994; Markman & Hahlweg, 1993; Rogers & Amato, 2000) while another study has suggested that wives are more satisfied (Karney & Bradbury, 1995). Many studies report gender differences in other factors that are related to marital satisfaction. For example, Rhoades (1994), found that the strongest predictors of marital satisfaction for men were their relationships to their children, followed by approval of parents and friends regarding the marriage, couples communication, and lastly emotional health. Conversely, the strongest predictors of marital satisfaction for women were couple communication, followed by approval of parents and friends, emotional health, impulsivity, and lastly the parent-child relationship. Koehne (2000), found intimacy, defined as voluntary closeness to one's spouse while maintaining distinct boundaries to the self, was the most significant predictor of marital satisfaction for men. On the other hand, commitment, defined as the bond with a spouse characterized by marital stability with little need to monitor and test alternatives, was found to be the most significant predictor of marital satisfaction for women.

With the increase of dual-earner families, couples have been forced to re-evaluate their gender and marital roles. Recent research examining the link between gender roles and

marital satisfaction has produced inconsistent results. Some research have indicated that individuals who hold more egalitarian perceptions of gender roles are more satisfied in their marital relationship than those holding more traditional roles (Craddock, 1991), they found that couples who prefer traditional gender roles reported higher levels of marital satisfaction than couples who possess more egalitarian gender roles and couples who are in agreement on gender roles have higher levels of marital satisfaction than those who disagree. Finally, as might be expected, Thompson and Walker (1989), found that husbands were more satisfied with their marriage if their wives did more than their fair share of housework and childcare, while Barnett and Baruch (1987), found that wives were more satisfied with their marriages if their husbands did their fair share of household work.

As a whole, the research on marital satisfaction and gender roles seems to indicate that marital satisfaction is related to the couple's view of gender roles and gender expectations. It would appear that partners who have different ideas regarding gender roles and role expectations, in turn have differing levels of marital satisfaction depending on their spouse's fulfilment of those expectations.

2.1.3.2. Factors that affect Marital Satisfaction

Length of Marriage

Previous research has suggested critical periods exist for the survival of marriages and, furthermore, it is reasonable to suggest these critical periods are associated with marital satisfaction (Gottman & Levenson, 2000). For example, it has been found that divorce rates are highest after 3 years, 7 years, and once children leave for college (Cherlin, 1992). Based on these periods, it appears that children in the marriage can significantly impact the life course of marital satisfaction. A study by Raley and Bumpass (2003) confirmed that although the rate of divorce for all first marriages was about half, the rate of divorce declined continuously after the first few years of marriage and only

1% to 2% of divorces occurred after 30 years. Thus, it might be possible that after a certain number of years in a marriage, rates of stabilization could rise (with higher rates of marital satisfaction) and rates of divorce might decrease. Interesting research has been done to examine critical periods in first marriages and how length of marriage can impact satisfaction, but equal consideration has not been given to remarriages.

Marital satisfaction was once believed to follow a U-shaped trajectory over time, such that couples began their marriages satisfied, this satisfaction somewhat waned over the years, but resurfaced to newlywed levels after many years together. This was found to be the case in studies with cross-sectional data, where marital satisfaction was assessed once, drawn from participants with a variety of ages, but is now actually better understood by following the marital satisfaction trajectory of particular couples over the years. It now seems that, on average, marital satisfaction drops markedly over the first 10 years, and continues to gradually decrease over the subsequent decades. There are individual differences in the path that marital satisfaction follows over time, however, as not all marital satisfaction decreases in a linear way (a slow, steady decrease), but may include more dramatic decreases at times, or may even increase. One study found a minority of couples in their sample reported increasing levels of marital satisfaction over time.

Interaction Patterns

Patterns of interaction between spouses can affect how satisfied they are with their marriage. The pattern most often related to marital dissatisfaction is one of demand/withdrawal. In this pattern, one partner (often the wife) criticizes or nags the other about change, while the other partner (usually the husband) evades the confrontation and discussion. It operates such that initial criticism leads to

disengagement, which leads to further confrontation and even further disengagement. This pattern has clear implications for marital satisfaction, with both parties developing dissatisfaction (Bradbury, Fincham & Beach, 2000).

Social Support

Bradbury, Fincham and Beach (2000) opined that another component of satisfaction within a marriage is the degree of social support for each of the partners and for the relationship. Support processes are reliably associated with good marital functioning, as well as with healthful outcomes within families. A marriage partner who provides good social support for his or her spouse contributes to the spouse's marital satisfaction.

Level of Education

Some studies have shown that educational attainment is associated with marital satisfaction and has been recognized as a predictor of marital satisfaction (Sakieniam, 2010; Wagheiy, Miri, & Ghasemipour, 2009). A study in Malaysia showed that more educated couples experienced a higher degree of marital satisfaction and better mental health compared with less educated couples (Madanianan, & Syed, 2013). This finding is justified by improved social functioning of highly educated people compared with the less educated ones. In fact, when couples are better educated, they have a better understanding of the realities of life, which makes them better equipped to solve their problems and avoid conflicts (Tabatabaei, Panahandeh, Hasanabadi, Roshani, & Attari, 2012). It is expected for couples with higher educational levels and improved social skills to have fewer problems related to marital satisfaction. Furthermore, lack of education can lead to disagreement or even divorce (Jadiri, Jan-bozorgy, & Tabatabai, 2009). However,

according to some studies, educational level does not have a significant influence on marital satisfaction (Rahmani Merghati & Alah, 2009; Zare, Golmakani, Shareh, Shakeri, & Khadem, 2014)

Couples' Families

Families are an important role model for couples to determine the norms, beliefs, and values related to relationships and can therefore affect couples' relationship satisfaction and stability (Schramm & Harris, 2011; Avakol, Behboodi, Nikbakht, Iesazadeh & Esmaili, 2016; Masoum, Poorolajal, Keramat, Moosavi, 2013). Positive support from family affects couples' satisfaction with their relationships and is essential for the stability of marriage. When family members are supportive, they help to resolve marital issues (Amadaee-Gelehkolaee, McCarthy, Khalilian, Hamzehgardeshi, Peyvandi, & Elyasi, 2016), provide financial support, or assist the couple in childcare (Alexander, 2008). On the other hand, negative interference of couples' family members in the couples' interpersonal relationships could lead to decreased family commitment, marital insecurity, and conflicts and can have negative consequences on their marital satisfaction (Sarkisian & Gerstel, 2004).

Forgiveness and Sacrifice

The most commonly accepted definition of forgiveness is a two-dimensional definition that includes both positive and negative aspects of forgiveness. Positive forgiveness refers to the reduction of blame, increase of understanding, reduction of anger against betrayal and behaviors associated with betrayal, and it is characterized by a sense of excitement and peace that is experienced by the forgiver. Ability to forgive is one of the essential elements in marital satisfaction (Gordon, Hughes, Tomcik, Dixon &

Litzinger, 2009). This factor has a significant impact on marital satisfaction through solving conflicts (Orathinkal & Vansteenwegen, 2006). McNulty has studied the connection between forgiveness, marital satisfaction, and marital outcomes (Sarkisian & Gerstel, 2004). If couples forgive each other for their mistakes, this treatment will have a positive impact on their relationship.

Religion

Relationship with God has an interactive and compensatory role in marital relationships. Dorkhim believes that religion, by creating common values and norms, adjusts behaviors, and if complied with continuously, creates the cohesion within the family (McNulty, 2008) and reduces the possibility of divorce (Durkheim, 2005). Several studies have reported a positive relationship between religion and marital satisfaction and have introduced religion as a predictor of marital satisfaction (Amato & Rogers, 1997). Another study stated that religious heterogeneity causes anxiety and depression in women and also showed that women are more affected by this inequality (Khodayari Fard M, Shahabi, Akbari, 2013). The practice of religious beliefs and emotions such as compassion and good humor instill happiness, peace, and confidence in humans, thereby leading to the strengthening of mutual trust and respect. These factors can reduce conflict and increase satisfaction, which in turn helps promote a loving relationship between the couples (Orathinkal & Vansteenwegen, 2006). Paradoxically, in another study, marital adjustment regarding sexual relations in religious people is lower compared with people who have low or moderate inclination to religion. The result of their study also showed that because of lack of knowledge and education, religious people consider sexual relations negatively and consider it a sin to talk about sexual issues; thus, this view has a negative effect on their marital relationships (DeMaris, Mahoney & Pargament, 2010).

Emotional Intelligence

The Bar-On concept refers to emotional intelligence as a set of cognitive capabilities, abilities, and skills that affect a person's ability to successfully cope with the demand and environmental pressures (Bar-On & Parker, 2000). Goleman believes that emotional intelligence contributes to people's joy and happiness. Goleman defines four basic skills of emotional intelligence, which are as follows: (1) knowing one's own emotions; (2) having control of emotions; (3) being self-motivating and encouraging; and (4) recognizing the feelings of others and regulating relationships with others. In fact, a person with high emotional intelligence knows how to deal with personality types and to adjust himself/herself with others and their emotions (Goleman, 1998). Studies have shown that the components of emotional intelligence can be useful in marital satisfaction (Orathinkal & Vansteenwegen, 2006; Goleman, 1998). A higher emotional intelligence level is instrumental in helping the couples to understand each other better and to control their emotions. These couples are better equipped to manage their own emotions and that of their spouses; they are therefore more satisfied with their marital relationships.

Personal Health

Another variable that affects marital satisfaction is the level of personal health, which includes both physical and mental health. In general, there is a meaningful relationship between mental health and marital satisfaction (Shackelford, Besser, & Goetz, 2007). According to various studies on people with mood disorders, substance abuse, and certain anxiety disorders, particularly panic disorder, generalized anxiety disorder, depression, and obsessive compulsive disorders, marital satisfaction will be affected by these conditions (Halford, 2005). Depression can lead to decreased energy level and lack of life enjoyment, which consequently result in reduced personal and social

performance, and this in turn can also lead to communicational and relationship problems. A study by Combs also showed that there is a correlation between marital satisfaction and physical health, which means that the good physical health of the couple leads to a more pleasurable life, prolonged life, as well as satisfaction from each other (Lavalekar, Kulkarni & Jagtap, 2010). However, the relationship between marital satisfaction and personal health is a two-way relationship. The lack of marital satisfaction is correlated with weaker health status, symptoms of depression, personality problems, inappropriate behavior, and poor social status (Coombs, 1991). Indeed, marital satisfaction is one of the most important factors associated with mental and emotional disorders in the general population (Maltby, Day, McCutcheon, Gillett, Houran & Ashe, 2004) . In fact, individuals who are not satisfied with their marital life are 13 times more likely than others to experience severe depressive symptoms (King & Bernady, 2003).

Violence

Physical violence also is closely linked with marital satisfaction. Individuals involved in physically abusive relationships are more likely to be dissatisfied with their marriage than are individuals not involved in abusive relationships. Escalation to physical violence can result from many factors, one of which is alcohol use. And somewhat surprisingly, some form of physical aggression is present in 57% of newlywed marriages, indicating that the relationship between violence and marital satisfaction may not be as straightforward as is often presumed (Shackelford & Buss, 2000).

Spousal Personality Characteristics

How satisfied a person is with his or her marriage seems to be related to, in part, the personality characteristics of his or her spouse. Personality is often gauged by five

dimensions, including Extraversion (surgency, dominance, extraversion vs. submissiveness, introversion), Agreeableness (warm, trusting vs. cold, suspicious), Conscientiousness (reliable, well organized vs. undependable, disorganized), Neuroticism (emotional stability, secure, even-tempered vs. nervous, temperamental) and Openness to Experience (intellect, perceptive, curious vs. imperceptive). Marital dissatisfaction is most often related to a spouse's emotional instability, but dissatisfaction is also related to having a partner who is low in Conscientiousness, low in Agreeableness, and low in Openness/intellect. People married to those with these personality characteristics often complain that their spouses are neglectful, dependent, possessive, condescending, jealous, unfaithful, unreliable, emotionally constricted, self-centered, sexualizing of others, and abusive of alcohol. Thus, the personality characteristics of each spouse contribute greatly to the relationship, culminating in satisfying marriage or its ending in divorce (Karney & Bradbury, 1997)..

Spousal Mate Guarding

Even after finding a suitable partner and forming a lasting relationship, challenges associated with maintaining that relationship ensue. Men and women often attempt to prevent another person from encroaching on their marriage by performing mate-guarding behaviors. Some of these behaviors can actually inflict costs on the spouse and, consequently, are related to lessened marital satisfaction. These mate-guarding behaviors include monopolizing the partner's time (for example, she spent all of her free time with him so he could not meet other women), threatening or punishing infidelity (for example, he hit her when he caught her flirting with someone else), and being emotionally manipulative (for example, she threatened to harm herself if he ever left). Marriages in

which one or both partners frequently perform these costly guarding behaviors are more often dissatisfied marriages (Buss & Shackelford, 1997).

Spousal Susceptibility to Infidelity

Buss and Shackelford (1997), emphasized that being unfaithful can unmistakably cause problems in marriages. Discovered infidelities raise issues of honesty, trust between the partners, commitment, and, ultimately, love. Because a spouse's infidelity has the potential to inflict these emotional costs, marital satisfaction appears to be negatively related to the likelihood that a spouse will be unfaithful. That is, the more likely one's partner is to be unfaithful, the less satisfied one is with his or her marriage and marriage partner.

Mate Value

Mate value can be thought of as the desirability of a partner, a composite of a variety of characteristics including physical attractiveness, intelligence, and personality. Marriages in which there is a discrepancy between the partners in mate value are marriages in which both partners are more likely to be unfaithful, signaling marital dissatisfaction. When a husband, for example, is perceived as having a higher mate value than his wife, he, as well as she (perhaps for retaliatory reasons), is more likely to be unfaithful to their marriage. The lower marital satisfaction associated with this contextual marital difficulty, of differing mate values between the partners, appears as an indicator to the higher mate value individual that he or she might seek a better-matched partner elsewhere (Buss, 2003).

Children

The introduction of a child drastically changes the marital context. Marital satisfaction is influenced by, and has influences on, children. The presence of children in a marriage has the paradoxical effect of increasing the stability of the marriage (when the children are young, at least), while decreasing marital satisfaction. That is, parenthood makes a marriage less happy but more likely to last. In addition, marital strife, an indicator of dissatisfaction, has been shown to factor into the well-functioning differences between children who come from divorced homes and children who do not (Buss & Shackelford, 1997).

Additional Factors

In addition, family background factors, such as the relationship satisfaction of one's parents' marriage, are related to marital satisfaction in an individual's current marriage. Perhaps surprisingly, parental marital satisfaction seems to be more closely related to one's own present marital satisfaction than is one's parents' divorce.

Adult attachment styles also are related to marital satisfaction, in that securely attached adults are more often satisfied in their marriage than are those individuals who are avoidant or anxiously ambivalently attached. Some circumstances, like traumatic events (for example, hurricanes, or testicular cancer), appear to actually threaten marital satisfaction. Stressors in economic or work-related realms often contribute to decreased marital satisfaction, however. For example, displaying negative affect in marital relationships has been shown to be more frequent among blue-collar, rather than white-collar, employees. Marital satisfaction, in addition to verbal aggression and conflict frequency, appears also to be related to the performance of joint religious activities (like

praying together) and to perceptions of the sacredness of their relationship. And although not a direct measure of marital satisfaction, but replete with implications, the presence of available alternative partners in one's environment is related to a greater likelihood of divorce (Karney & Bradbury, 1997).

2.1.4. General Well-being

While there is no unanimous definition of human well-being, well-being can be considered a unifying concept and a characteristic of both the objective and subjective factors which constitute health and quality of life (Sarvimaki, 2006). The variance in definitions is often due to the categorization and weighing of the different factors which are thought to measure well-being. Subjective Well-being measures or subjective Social Indicators are based on surveys collecting people's own evaluation of momentary well-being or general life satisfaction while objective Social Indicators are based on assumptions about basic human needs and rights (Sarvimaki, 2006). Well-being is understood as a state of health, happiness and/or prosperity. In a broad understanding, well-being is living a good life with which one is satisfied. Well-being and deprivation can be considered representing different sides of the same coin. Well-being is a state of being with others, where human needs are met, where one can act meaningfully to pursue one's goals, and where one enjoys a satisfactory quality of life. Well-being is most usefully thought of as the dynamic process that gives people a sense of how their lives are going through the interaction between their circumstances, activities and psychological resources or 'mental capital.

Well-being refers to optimal functioning and experience (Ryan & Deci, 2001). The precise nature of optimal functioning is not necessarily clear, however, and many philosophers and psychologists provide differing conceptions of well-being. Although

numerous and sometimes complex, these conceptions tend to revolve around two distinct, but related philosophies: (1) Hedonism and (2) Eudaimonism. A Hedonic view of well-being equates wellbeing with pleasure and happiness (Kahneman, Diener, & Schwarz, 1999; Ryan & Deci, 2001). Alternatively, a Eudaimonic view of well-being conceptualizes well-being in terms of the cultivation of personal strengths and contribution to the greater good (Aristotle, trans. 2000), acting in accordance with one's inner nature and deeply held values (Waterman, 1993), the realization of one's true potential (Ryff & Keyes, 1995), and the experience of purpose or meaning in life (Ryff, 1989).

Hedonic and eudaimonic approaches to well-being can be further distinguished by the degree to which they rely on subjective versus objective criteria for determining wellness. To illustrate, determinations of wellness from the hedonic approach center around the experience of pleasure, a subjectively-determined positive affective state. From a eudaimonic perspective, well-being is achieved by meeting objectively-valid needs which are suggested to be rooted in human nature and whose realization is conducive to human growth (Fromm, 1947). In short, the hedonic approach focuses on subjectively-determined positive mental states, whereas the eudaimonic approach focuses on experiences that are objectively good for the person (Kagan, 1992). Contemporary research within psychology further indicates that laypeople may also hold conceptions of well-being that are similar to those advocated by professionals (King & Napa, 1998; McMahan & Estes, 2010; Ng, Ho, Wong & Smith, 2003; Pflug 2009; Tseng, 2007). For example, research has found that lay conceptions of well-being incorporate both hedonic and eudaimonic aspects (King & Napa, 1998), and individuals differ in the degree to which they conceptualize well-being in hedonic and eudaimonic terms (McMahan & Estes, 2010).

Additionally, pleasure and meaning are consistently included in individuals' conceptions of wellbeing, but highly valued items that are theoretically not considered to be definitive of well-being, such as material wealth, are typically not included (King & Napa, 1998; Tseng, 2007). In general, laypersons' conceptions of well-being seem to mirror the conceptions of well-being provided by philosophers and psychologists, but they seem to similarly differ in terms of the degree to which they advocate a more hedonic or eudaimonic definition of well-being. The degree to which individuals define well-being in hedonic and eudaimonic terms have large practical implications and likely influences behaviour in several domains of functioning, particularly those relevant to the experience of well-being (Ryan & Deci 2001). Implicit in theorizing on hedonic versus eudaimonic approaches to well-being is the assumption that these approaches are differently associated with positive psychological functioning. Specifically, eudaimonic theories maintain that many desired outcomes which are pleasurable may not necessarily be good for the individual and would thus not promote wellness (Ryan & Deci 2001). To illustrate, dining at a fine restaurant and running a marathon may yield experiences of a similar hedonic quality, such as the experience of enjoyment and pleasure. However, running a marathon likely provides more opportunity for personal growth, self-development, and feelings of competency than dining at fine restaurant and would thus likely yield increased well-being. Additionally, eudaimonic approaches to well-being, because they involve activities that are inherently good for the individual, are likely associated with long-term and enduring well-being, whereas the sense of well-being derived from the experience of simple pleasures likely dissipates in the short-term (Steger, Kashdan & Oishi, 2008). In support, research indicates that physical pleasure is associated with life satisfaction in the short-term (i.e., within a day), but not in the long-term (i.e., over several weeks) (Oishi, Schimmack & Diener, 2001). Further, the positive

effects of eudaimonic activity during a single day are associated with subsequent reports of well-being over several days (Steger, Kashdan, & Oishi, 2008).

Additional theoretical and empirical research from diverse areas of inquiry, including research on self-determination theory (SDT) (Ryan & Deci 2001), intrinsic versus extrinsic goals (Kasser & Ryan 1993, 1996), the self-concordance of goals (Sheldon & Elliot 1999) personally-expressive activities (Waterman 2005; Waterman, Schwartz & Conti, 2008), and psychological well-being (Ryff 1989; Ryff & Singer 1998), have found that behaviours and cognition indicative of a eudaimonic approach are generally associated with positive psychological functioning. Research also indicates that in some cases, behaviours and cognition indicative of a hedonic approach may actually be detrimental to well-being. For example, sensation-seeking has been associated with a number of negative outcomes, including substance use (Carrol & Zuckerman 1977; Zuckerman 1994) and risky behaviours (Zuckerman 2009). Although a great deal of research has documented the positive effects of eudaimonic activities, less research has examined the relative impact of both hedonic and eudaimonic approaches on well-being. Existing empirical research suggests, however, that eudaimonic approaches may be relatively more important for well-being than hedonic approaches. For example, daily eudaimonic activity was found to be more robustly associated with well-being than behaviours aimed at experiencing pleasure or obtaining material goods (Steger, Kashdan & Oishi, 2008). Similarly, orientation to happiness, a construct measuring the degree to which individuals attempt to achieve happiness through pleasure, meaning, or engagement, has been found to be positively associated with life satisfaction (Peterson, Park & Seligman, 2005). Specifically, orientations to meaning and to engagement, representing eudaimonic approaches to well-being, have been found to be more robustly associated with life satisfaction than an orientation to pleasure in both national (e.g.,

Peterson *et al.* 2005) and cross-national studies (Park, Peterson & Ruch, 2009). Further, lay conceptions of well-being have been found to be associated with multiple self-report indicators of well-being, including satisfaction with life, vitality, positive affect, and meaning in life, with eudaimonic dimensions indicating more numerous and generally stronger associations with wellbeing than hedonic dimensions (McMahan & Estes 2010).

Results from cross-sectional, longitudinal and experimental studies find that well-being is associated with (Diener & Seligman , 2004; Lyubomirsky, King & Diener, 2005):

Self-perceived health.

Longevity.

Healthy behaviors.

Mental and physical illness.

Social connectedness.

Productivity.

The report by the "Commission on the Measurement of Economic Performance and Social Progress" (The Stiglitz-Sen-Fitoussi Report) identified eight key dimensions that should be taken into account when defining human well-being. These eight dimensions, to be considered simultaneously, are:

- 1) Material living standards (income, consumption and wealth);
- 2) Health;
- 3) Education;
- 4) Personal activities including work;
- 5) Political voice and governance;
- 6) Social connections and relationships;
- 7) Environment (present and future conditions); and

8) Insecurity, of an economic as well as physical nature (Sen, Stiglitz & Fitoussi, 2009)

The Report, and its findings, are founded on the belief that measuring human well-being goes beyond subjective self-reports and perceptions, and must include an objective measure of the extent of peoples' "opportunity set" and their capacity (or freedom) to choose from among these opportunities the life they value. Thus, the Report's findings are based upon the assumption that freedom of opportunity is an inherent feature of the measure of human well-being. Furthermore, the Report posits that the sustainability of well-being factors measured is an integral factor in terms of their worth beyond these founding assumptions. The Report recognizes that both objective and subjective factors are important in the measurement of the eight dimensions of human well-being listed above (Sen, Stiglitz & Fitoussi, 2009).

General well-being integrates mental health (mind) and physical health (body) resulting in more holistic approaches to disease prevention and health promotion (Dunn, 1973). Well-being is a valid population outcome measure beyond morbidity, mortality, and economic status that tells us how people perceive their life is going from their own perspective (Diener & Seligman, 2004; Diener, 2009; Diener, Scollon & Lucas, 2009). Well-being is an outcome that is meaningful to the public. Advances in psychology, neuroscience, and measurement theory suggest that well-being can be measured with some degree of accuracy (Diener, 2009; Kahneman 1999). Well-being is associated with numerous health-, job-, family-, and economically-related benefits. For example, higher levels of well-being are associated with decreased risk of disease, illness, and injury; better immune functioning; speedier recovery; and increased longevity (Pressman & Cohen, 2005). Individuals with high levels of well-being are more productive at work and are more likely to contribute to their communities (Frey & Stutzer, 2002).

Researchers have attempted to differentiate between health-related quality of life, well-being, flourishing, positive mental health, optimal health, happiness, subjective well-being, psychological well-being, life satisfaction, hedonic well-being, and other terms that exist in the literature. Some researchers suggest that many of the terms are synonymous, whereas others note that there are major differences based on which dimensions are independent and contribute most to well-being (Veehovan, 2008; Hird, 2003). This is an evolving science, with contributions from multiple disciplines. Traditionally, health-related quality of life has been linked to patient outcomes, and has generally focused on deficits in functioning (e.g., pain, negative affect). In contrast, well-being focuses on assets in functioning, including positive emotions and psychological resources (e.g., positive affect, autonomy, mastery) as key components. Some researchers have drawn from both perspectives to measure physical and mental well-being for clinical and economic studies. Subjective well-being typically refers to self-reports contrasted with objective indicators of well-being. The term, "positive mental health" calls attention to the psychological components that comprise well-being from the perspective of individuals interested primarily in the mental health domain. From this perspective, positive mental health is a resource, broadly inclusive of psychological assets and skills essential for well-being (Herman, Saxena & moodie, 2005). But, the latter generally excludes the physical component of well-being. "Hedonic" well-being focuses on the "feeling" component of well-being (e.g., happiness) in contrast to "Eudaimonic" well-being which focuses on the "physical experiences" component of well-being (e.g., fulfillment) (Ryff & Keyes, 1995). People with high levels of positive emotions, and those who are functioning well psychologically and socially are described by some as having complete mental health, or as "flourishing" (Keyes, 2002). In summary, positive mental health, well-being and flourishing refer to the presence of high levels of positive functioning primarily in the mental health domain (inclusive of social

health). However, in its broadest sense, general well-being encompasses physical and mental domains.

2.2. Theoretical Review

This section reviewed several attempts being made to explain several theories that are related to this study. Precisely the theories of occupational stress, personality traits, marital satisfaction and general well-being were reviewed.

2.2.1. Role Theory of Work Stress (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964)

Role theory suggests that reciprocal relationships between individuals and social institutions, and role relationships are based on social structures (Goode, 1960; Stryker, 1980). In formal organizations, roles generally have established relationships and expectations, but unclear roles and contradictory demands can lead to role conflict and ambiguity (Kahn et al., 1964; Ortqvist & Wincent, 2006). The theory of role dynamics (Kahn et al., 1964) provides a framework for understanding role conflict and ambiguity in organizations. This theory posits that the social environment consists of formal organizations and groups, individuals have various roles within their environments, and role behavior is a complex outcome of interactions and pressures exerted on individuals within organizations and groups. The theory of role dynamics further assumes that work is a major life role and organizational and group characteristics affect individual behavior as well as physical and mental health (Kahn et al., 1964). Role conflict exists when role requirements are contradictory or incompatible (House & Rizzo, 1972). In organizations, role conflict occurs because of contradictory expectations from within or outside an individual's role set resulting in role pressures (Kahn et al., 1964). Intra-organizational role conflicts can be sources of stress and vary based on work role and personal

characteristics (Schuler, 1982). Role conflict can also influence job performance, personal accomplishment, and job intentions (Schuler, 1982; Ortqvist & Wincent, 2006).

Types of role conflict include the following:

1. Intrasender conflict – incompatible expectations from one role sender.
2. Intersender conflict – contradictory demands from multiple role senders.
3. Interrole conflict – conflicting role expectations from two or more roles.
4. Personórole conflict – role expectations violating moral values.
5. Role overload – inability to complete conflicting priorities in the time allotted (Kahn et al., 1964, pp. 19-20).

Role ambiguity exists when role demands are vague and role expectations are unpredictable (Brief & Aldag, 1976; Schuler, 1982). Within organizations, role ambiguity refers to imprecise and variable responsibilities, uncertainty about role behaviors, or a lack of clarity regarding expectations (Kahn et al., 1964; King & King, 1990). Organizational growth, technological advances, and frequent personnel changes contribute to role ambiguity (Kahn et al., 1964). Types of role ambiguity include the following:

1. Objective ambiguity – an environmental or organizational condition affecting job performance.
2. Subjective ambiguity – a personal experience affecting job performance.
3. Task ambiguity – a lack of information about roles and responsibilities.
4. Socioemotional ambiguity – a lack of information about how one is viewed by others and consequences of role performance (Kahn et al., 1964,). Kahn et al. (1964) have been credited with developing the theory of role dynamics and expanding the application of role theory to organizational research (Burke & Belcourt, 1974; King & King, 1990). The theoretical model of role dynamics explains the interrelationships between role

expectations, role behaviors, role pressures, organizational and personal factors, interpersonal relations, role conflict, and role ambiguity (Kahn et al., 1964).

Since work is a major life role, and organisation and group characteristics affects individual behaviour as well as physical and mental health; therefore occupational stress will influence the general well-being of an individual working in a given place. Meanwhile, pregnant women who are working are not left out by this factor.

2.2.2. Big-Five Personality Theory by Goldberg (1993)

The Big Five personality traits, also known as the Five-Factor Model (FFM) and the OCEAN model, is a taxonomy for personality traits (Rothmann & Coetzer,2003). It is based on common language descriptors. When factor analysis (a statistical technique) is applied to personality survey data, some words used to describe aspects of personality are often applied to the same person. For example, someone described as conscientiousness is more likely to be described as "always prepared" rather than "messy". This theory is based therefore on the association between words but not on neuropsychological experiments. This theory uses descriptors of common language and therefore suggests five broad dimensions commonly used to describe the human personality and psyche (Goldberg, 1993 ; Costa & McCrae 1992). The five factors have been defined as openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism, often represented by the acronyms OCEAN or CANOE. Beneath each proposed global factor, there are a number of correlated and more specific primary factors. For example, extraversion is said to include such related qualities as gregariousness, assertiveness, excitement seeking, warmth, activity, and positive emotions (Matthews, Deary & Whiteman, 2003). The five factors are:

Openness to experience (inventive/curious vs. consistent/cautious). Appreciation for art, emotion, adventure, unusual ideas, curiosity, and variety of experience. Openness reflects the degree of intellectual curiosity, creativity and a preference for novelty and variety a person has. It is also described as the extent to which a person is imaginative or independent and depicts a personal preference for a variety of activities over a strict routine. High openness can be perceived as unpredictability or lack of focus, and more likely to engage in risky behaviour or drug taking (Ambridge, 2014). Also, individuals that have high openness tend to learn, in occupation and hobby, towards the arts, being, typically, creative and appreciative of the significance of intellectual and artistic pursuits (Friedman & Schustack, 2016). Moreover, individuals with high openness are said to pursue self-actualization specifically by seeking out, intense euphoric experience.. Conversely, those with low openness seek to gain fulfilment through perseverance and are characterized as pragmatic and data-driven sometimes even perceived to be dogmatic and closed-minded. Some disagreement remains about how to interpret and contextualize the openness factor.

Conscientiousness (efficient/organized vs. easy-going/careless). Tendency to be organized and dependable, show self-discipline, act dutiful, aim for achievement, and prefer planned rather than spontaneous behaviour. High conscientiousness is often perceived as being stubborn and focused. Low conscientiousness is associated with flexibility and spontaneity, but can also appear as sloppiness and lack of reliability (Toegel & Barsoux, 2012).

Extraversion (outgoing/energetic vs. solitary/reserved). (Energetic, surgency, assertiveness, sociability and the tendency to seek stimulation in the company of others, and talkativeness. High extraversion is often perceived as attention-seeking

and domineering. Low extraversion causes a reserved, reflective personality, which can be perceived as aloof or self-absorbed (Toegel & Barsoux, 2012). Extroverted people may appear more dominant in social settings, as opposed to introverted people in this setting (Friedman & Schustack, 2016).

Agreeableness (friendly/compassionate vs. challenging/detached). Tendency to be compassionate and cooperative rather than suspicion and antagonistic towards others. It is also a measure of one's trusting and helpful nature, and whether a person is generally well-tempered or not. High agreeableness is often seen as naive or submissive. Low agreeableness personalities are often competitive or challenging people, which can be seen as argumentative or untrustworthy (Toegel & Barsoux, 2012).

Neuroticism (sensitive/nervous vs. secure/confident). Tendency to be prone to psychological stress (Friedman & Schustack, 2016). The tendency to experience unpleasant emotions easily, such as anger, anxiety, depression, and vulnerability. Neuroticism also refers to the degree of emotional stability and impulse control and is sometimes referred to by its low pole, "emotional stability". High stability manifests itself as a stable and calm personality, but can be seen as uninspiring and unconcerned. Low stability manifests as the reactive and excitable personality often found in dynamic individuals, but can be perceived as unstable or insecure (Toegel & Barsoux, 2012). Also, individuals with higher levels of neuroticism tend to have worse psychological well being (Dwan, & Ownsworth, 2017).

People who do not exhibit a clear predisposition to a single factor in each dimension above are considered adaptable, moderate and reasonable, yet they can also be perceived

as unprincipled, inscrutable and calculating (Toegel & Barsoux, 2012). Depending on how much of each trait a person has, it could make someone more susceptible to participating in certain activities. Family life and the way someone was raised will also affect these traits. Twin studies and other research have shown that about half of the variation between individuals results from their genetics and half from their environments. Researchers have found conscientiousness, extraversion, openness to experience, and neuroticism to be relatively stable from childhood through adulthood.

People with different personality traits respond to situations differently. Events of life also do not have the same effect on different people as a result of their personality traits. When women are pregnant, they undergo different life experience, and it is believed that those life events will never have the same impact on all pregnant women.

2.2.3. Dynamic Goal Theory of Marital Satisfaction by Li and Fung (2011).

The dynamic goal theory of marital satisfaction, which argues married couples achieve three main goals; personal goals, companionship goals, and instrumental goals. These goals create the foundation of marriage and need to be achieved to have marital satisfaction, along with a higher quality of marriage. These marital goals will eventually influence their children's goals. According to Li and Fung (2011), marriage is more voluntary in nature and is symbolized by the couple's love for each other and desire to be together. Their marital satisfaction is the main factor that influences the dynamic goal theory of marital satisfaction, which looks at the marital quality and the emotional aspect of the marriage (Li & Fung, 2011). The theory argues that marital goals are the core foundation of the marriage and need to be achieved to reach marital satisfaction. The theory argues that there are three types of marital goals to be achieved. Personal growth

goals are based on the improvement and development of oneself with the help of the spouse within the marriage. When these goals are met, a feeling of accomplishment helps the spouse to feel capable of future challenges. Marital goals should be accentuated by young adults who have a future waiting for them (Li & Fung, 2011). Companionship goals show the bonding and emotional meaningful goals that a spouse needs with the other spouse, while the instrumental goals focus on the tasks that occur throughout life that include using the spouse's physical and mental resources. The nature of marriage is known as the instrumental goals and is often applied as a division of household effort and responsibilities. Instrumental support from the spouse can help to improve marital quality; however unequal division of effort and responsibilities can lead to marital conflict (Li & Fung, 2011).

The dynamic goal theory of marital satisfaction argues that a couple's vulnerability and stressful events within their environment, help them to modify their life to the environmental changes that interact and combine together influencing the couple's marital stability (Li & Fung, 2011). Other research suggests that wives, regardless of their ethnicity, feel that their marriage relationship is unfair (Forry, Leslie & Letiecq, 2007). Forry, Leslie and Letiecq (2007) studied 76 African American and White couples to determine the couple's marital quality, sex role ideology, and perceived unfairness. The couples who participated had either attended college or were college graduates, an average marriage of nine years, an average income of \$63,350, and an average of two children living in their household. The study's results showed that the perception of the marital relationship and the poor quality of the marital relationship was the same in both interracial marriages and same ethnicity marriages (Forry, Leslie & Letiecq, 2007). The difference noted in this study was that marrying interracially can have a significant effect on the racial identity of the non-White spouse and the White spouse. White individuals in

an interracial relationship do experience racial discrimination towards themselves or their partners.

Nonetheless, a marriage will take place when the total value of two individuals being married surpasses the total of their value from being single (Fryer, 2007). Marital satisfaction has been proved to have impact on health outcomes. However, the impact of marital satisfaction on the general well-being of pregnant women needed to be established.

2.2.4. The Network Theory of Well-being by Bishop Michael (2012)

The network theory holds that a person is in the state of well-being if she instantiates a homeostatically clustered network of feelings, emotions, attitudes, behaviors, traits, and interactions with the world that tends to have a relatively high number of states that feel good, that lead to states that feel good, or that are valued by the agent or her culture. The world had already joined several objective and subjective facts together with causal bonds into a coherent theory of wellbeing. Think of the elements of someone's well-being as nodes in a complex causal networks or web. The elements of well-being are:

1. positive feelings, mood, emotions (joy, contentment)
2. positive attitude (optimism, hope, openness to new experience
3. positive traits (friendliness, curiosity, perseverance)
4. successful interaction with the world (strong relationships, professional accomplishments, fulfilling hobbies or project)

Every node in the network is causally connected to some of the other nodes. It fosters some and is fostered by others and this is called positive causal network.

The idea behind positive causal network is that the features of someone's life help in explaining someone's well-being. That is, a person's well-being has a causal structure;

its components are causally bond together. The Network theory of well-being rests on these premises:

1. Positive causal network exists
2. Well-being can be understood in terms of positive causal network (a person's well-being is the strength of the positive causal networks)
3. It organizes, unifies, and explains a much wider range of evidence than alternative theories
4. That well-being of an individual is as a result of several related variables that are influencing each other.

Perhaps the most sustained case for the existence and importance of positive causal networks is Barbara Fredrickson's articulation and defense of the Broaden and Build Hypothesis. According to Fredrickson, positive moods and emotions tend to broaden a person's thought action repertoire, widening the array of the thoughts and actions that come to mind (2001). As a result of this broadened thought action repertoire, the person is more effectively able to build durable physical, social, intellectual and psychological resources that can be drawn on later in other contexts and in other emotional states (1998). These resources are durable in the sense that they last much longer than the emotion. Fredrickson's Broaden and Build Hypothesis sets down the following causal schema for a multiply realizable positive causal chain: Positive affect, Broadened thought-action repertoires, and increased resources.

Add to this the plausible speculation (for which there is quite a bit of empirical support) that having greater social, psychological, material, and intellectual resources tends to promote success in ways that foster positive affect. Now what we have is a general schema of an important class of positive causal networks. A person with a high degree of well-being is in a positive rut or groove she is enmeshed in a positive causal

web involving positive feelings, attitudes, behaviours, traits and successful interactions with the world. This view appeals to commonsense: well-being is being in a "success breeds success" cycle. Of course, it would be just as accurate and incomplete, though considerably less pithy, to say that well-being is being in a "positive feeling breeds positive feeling" cycle, or a "positive attitude breeds positive attitude" cycle, or a "positive trait breeds positive trait" cycle.

Meanwhile, for this study we will look at occupational stress, personality traits and marital satisfaction as they relate to well-being using this Network Theory which assumes that well-being is as a result of some positive feelings and interactions in which a person engages in.

2.3. Empirical Review

This section reviewed some empirical findings that are related to occupational stress on well-being, personality traits on well-being and marital satisfaction on well-being.

2.3.1. Occupational Stress on General Well-being

David (1978) studied the influence of job factors (e.g. job control, pay, etc.) on job attitudes (satisfaction, alienation, stress) as well as the joint influence of job factors and job attitudes on general psychological and physical well-being. Satisfaction/alienation and felt stress were found to be two different modes of response to work. Prestige, control, variety, and opportunity for promotion were powerful predictors of satisfaction/alienation. Number of deadlines and job overlap with family life were important predictors of stress. The job factors and job attitudes showed substantively important relationships to general well-being. The testing of various alternate hypotheses supported the inference of a causal work-health link. Implications of the findings are that

work must be viewed in a wider context than simply as a form of economic activity if the well-being of the population is to be improved and that a focus on individual "life-styles" as causes of lowered well-being leads to neglect of the underlying social structural bases of disease.

Bryant (1994) examined the impact of job characteristics and coping processes on well-being of American lawyers. Using a sample of 1,649 American lawyers, this article examines the relationship between job characteristics and psychological well-being, and the extent to which coping processes, including social support, specific strategies, and personality traits, affect this relationship. Findings are consistent with previous studies in showing the significant impact of job complexity, job autonomy, and job-related support on well-being. These effects, however, are somewhat moderated by job satisfaction and hardy personality. This study implies the complexity of the process by which job conditions affect psychological well-being, and suggests the need for further conceptual and methodological refinements

Kelvin and Andrew (1994) explored the effects of social support, job control, participative decision making practices, and locus of control upon the relationship between occupational stress and psychological well-being have been well discussed and researched. In order to synthesize these areas of research, a 1-month follow-up study of 244 accountants was conducted. The results indicated complex interactions between stressors, locus of control, and social support or job autonomy in predicting psychological well-being, controlling for initial measures of well-being. These interactions reveal that an internal locus of control, and social support/job autonomy synergistically buffer the effects of stressors upon well-being.

Powers, Myers, Tingle and Powers (2004) examined the effects of medical training on spouses and medical marriages. Eighty-three individuals (42 couples) living in medical marriages completed questionnaires measuring marital satisfaction, perceived stress, general mattering, and wellness. Comparisons of responses with existing norm group scores revealed that residents scored higher than counsellor education doctoral students on work satisfaction and satisfaction with shared marriage values and scored lower than counselling doctoral students on realistic beliefs. Resident spouses scored higher than the general married population on wellness, mattering, and satisfaction with shared marriage values and scored lower on work satisfaction and realistic beliefs. There was no significant difference in wellness, perceived stress, and mattering between residents and their non-resident spouses. Implications for couples counselling and further research are provided.

Deborah, Terry and Linda (2007) examined the relationships among levels of work stress, social support, and well-being. In the first instance, it was proposed that high levels of work stress (role ambiguity, role conflict, work overload, and underutilization of skills) would have a negative impact on job satisfaction and psychological well-being. Second, it was proposed that the perceived availability of support for work-related problems would have both direct and stress-buffering effects on levels of well-being. These hypotheses were tested in a study of 153 employees of a large public sector organization. After control of the potential confounding effects of neuroticism, there was some support for the proposed affects of work stress and social support on well-being. Role ambiguity and role conflict emerged as significant predictors of both psychological well-being and job satisfaction. There was also some support for the proposed role of underutilization of skills; however, contrary to expectations, the experience of

quantitative work overload did not have a significant main effect on either psychological well-being or job satisfaction. As expected, there was evidence to suggest that, irrespective of the level of stress, levels of supervisor support had main effects on levels of well-being.

Beata (2008) evaluated the effect of job stress factors on psychological well-being of firemen. 121 firemen from rescue-fire fighting units were examined. Goldberg's General Health Questionnaire GHQ-12 for well-being evaluation, the Perceived Job Stress Questionnaire (PJSQ) by Dudek et al. for job stress assessment, and indicator of participation in traumatic events were used. Nineteen percent of the firemen were qualified to the group with increased risk of mental disorders. Occupational stress had definitely a strong impact on well-being. Persons with lowered psychological well-being experienced a high job stress level. Work overload was the main factor deteriorating the well-being. Having the above in mind, the reduction of job stress is important in shaping mental health at the workplace

Malek, Fahrudin and Kamil (2009) examined occupational stress and psychological well-being in emergency services. Sources of occupational stress and their impact on job satisfaction and psychological well-being were examined in a questionnaire survey of 617 Malaysian fire fighters. The role of coping strategies and work motivation as moderating factors were also tested. Sources of occupational stress had significant reverse correlations with job satisfaction and well-being. The hierarchical regression analysis was used to examine the moderating effect of work motivation and coping strategies on job satisfaction and psychological well-being. The result suggested that coping strategies and work motivation are one of the potential moderating variables between sources of stress and job satisfaction. This study has tried in establishing a link

between occupational stress and psychological well-being which is just an aspect of the general well-being, thus the need for this study.

Joshua and Sebastiaan (2009) investigated the relationship between occupational stress, ill health and organisational commitment. A survey design was used. The sample (N=353) consisted of academic (n=132) and support staff (n=221) at a university of technology. The Organizational Stress Screening Tool (ASSET) and a biographical questionnaire were administered. The results showed that different organisational stressors contributed significantly to ill health and low organisational commitment. Stress about job security contributed to both physical and psychological ill health, whereas overload and job aspects contributed to psychological ill health. Stress about control and resources contributed to low organisational commitment. Low individual commitment to the organisation was predicted by five stressors, namely work-life balance, overload, control, job aspects and pay.

Hasnain, Naz and Bano (2010) aimed at finding out the difference between civil and criminal ten years experienced lawyers and lawyers doing internship on stress and wellbeing with a 2 x 2 factorial design. There were 20 lawyers in each group consisting of a total of 40 civil and 40 criminal lawyers. Aggarwal and Naidu's Life Stress Scale and Verma and Verma's PGI Well-being Scale were administered. ANOVA showed significant effect of practice experience on stress. t-test showed significantly much higher stress among criminal experienced lawyers than their counterpart civil lawyers. All the other comparisons were found to be non-significant. In case of well-being non-significant effects for all variables were obtained. Results were discussed in the light of nature of works, intricacies and risk involved in the criminal cases, and involvement of police and political pressure.

Jasmani and Abdul (2011) studied stress and psychological wellbeing of Government officers in Malaysia. Quantitative data were collected via a questionnaire distributed amongst the officers in Putrajaya and Kuala Lumpur. A total of 329 officers completed the questionnaires. The result showed that occupational stress has a significant positive correlation with psychological well-being. It is interesting to note that hierarchical multiple regression analysis indicated the four dimensions of occupational stress, namely role overload, role insufficiency, role ambiguity and role boundary have significant relationships and influence on psychological well-being.

Chen and Lukens (2011) explored the well-being, depressive symptoms, and burden among parent and sibling caregivers of persons with severe and persistent mental health. Result revealed that care-giving for a family member with severe and persistent mental illness places significant demands on the caregiver. Yet caregivers also report personal rewards from the experience. Multiple regression analyses were conducted for 137 parent and sibling caregivers to compare risk and protective factors for well being, subjective burden, and depressive symptoms among respondents. Sibling status predicted increased well-being. Grief and family stress functioned as risk factors for decreased well-being, more depressive symptoms

Sheng-Hshung and Ya-Yun (2012) investigated the moderating role of regulatory leisure coping styles on the effect of job stress on female employees' well-being. Specifically, the study intended to confirm the direct and moderating role of regulatory leisure coping styles in the relationship between job stress and well-being. Data were collected from the female employees of 22 tourist hotels in Taiwan. The results showed that the Planned-Breather Leisure Coping Style (PBLCS) was positively and significantly associated with well-being, whereas the Avoidant Leisure Coping Style (ALCS) had a

negative and significant effect on it. In addition, the results also revealed that the PBLCS plays a buffering role, but that the ALCS plays an amplifying role

Akintayo (2012) researched that employees experiencing stress affects the psychological well-being and also there was a significant impact of occupational stress on level of job satisfaction, commitment and compliance of the employees. It was also encountered that both male and female workers have been affected by occupational stress with its corresponding effects on their attitude to work

Bell, Rejendran and Theiler (2012) hypothesised that high levels of perceived job pressure stress and job threat stress would predict increased levels of work-life conflict, and decreased levels of work-life balance. Due to the well-documented relationship between stress and health, the influence of job stress on wellbeing was also investigated in this sample of academics ($N = 139$). Perceived job stress (threat and pressure-type stressors) was associated with poorer work-life balance, and increased conflict between academics' work and personal lives. Perceived job threat-type stress made a stronger contribution and was a significant predictor of work-life balance and work-life conflict scores, than perceived job pressure-type stress. Perceived job threat-type stress among academics was also a significant predictor and associated with poorer wellbeing and increased ill-being, but perceived job pressure-type stress was not related to academics' wellbeing or ill-being.

Nelmarie, Johan, Esme and Suria (2014) explored levels of occupational stress and mental well-being of a cohort of Black South African teachers. 200 secondary school teachers completed the Teacher Stress Inventory (TSI: Boyle, Borg, Falzon, & Baglion, 1995), General Health Questionnaire (GHQ-28: Goldberg & Hillier, 1979), and Mental Health Continuum-Short Form (MHC-SF: Keyes, 2006). Correlations and Structural

Equation Modelling (SEM) were used to determine the levels of occupational stress and well-being of participants, and to establish the relation between these variables. A significant majority of the teachers reported high levels of mental health (flourishing) despite high levels of teacher stress. These results show teachers' ability to withstand and cope with stress whilst maintaining their mental health. This suggests the presence of protective factors that mediate the effect of work-related stressors and, in so doing, contribute to the teachers' levels of resilience.

Li-Fang, Chih-Chieh, Hui-Ching and Jashen (2014) explored the relationship between work stress, employee well-being, and Zhong-Yong beliefs. The work stress was classified into challenge- and hindrance-related stress while emotional exhaustion and job satisfaction were used as well-being indicators. Using a sample of 394 employees from private enterprises in Taiwan as subjects, the results show that (1) hindrance-related stress is destructive to employee well-being; (2) challenge-related stress is positively associated with emotional exhaustion but has no significant relation with job satisfaction; (3) Zhong-Yong beliefs mitigate the harm from hindrance-related stress on employee well-being; and (4) Zhong-Yong beliefs weaken the negative effects of challenge-related stress on emotional exhaustion, and transform challenge-related stress into eustress for job satisfaction.

Adegoke (2014) examined the effects of Occupational stress on psychological well-being of police employees. The study adopted the descriptive survey, using 250 police employees from five Local Government Areas of Ibadan Metropolis, Nigeria. The three instruments used were authored-constructed questionnaires by adapting relevant scales to measure the studied variables. Data were analyzed using one-way analysis of

variance (ANOVA) statistical method. Results obtained from this study showed that there were significant effects of work-stress, frustration and depression on psychological well-being of police employees in Ibadan Metropolis. Based on these findings, it was recommended that the government and police organization should endeavour to find means of managing psychological attributes such as emotional labour, psychological well-being, work-stress and social networks of their employees.

Ikonne (2015) investigated job stress and the psychological well-being of library employees. It closely looked into role predictors of job stress namely, role ambiguity and role conflict as well as physical work environment issues; to determine their relationships on the psychological well-being of library staff in selected University libraries in South-West Nigeria. Survey research design was used for the study. The population consisted of 125 library staff. Sampling was total enumeration so as to accommodate all the library staff. Structured questionnaire was employed for data collection. Data collected were analyzed using frequency, percentage counts and mean. The general findings on job stress revealed that respondents had challenges with technology and excess or quantity of workload. Job stress resulting from role ambiguity was that the respondents were not certain of how much authority they have. As regards role conflict, majority of the respondents stated that it did not cause them any job stress. They also perceived their work environment as stress free. Findings from the hypotheses revealed that role ambiguity, role conflict, and work environment have a positive significant relationship on psychological well-being of the respondents.

Fiona (2015) examined police stress, general well-being and job satisfaction. As predicted, organisational stress was found to have a negative relationship with both general well-being and job satisfaction. Once organisational stress was accounted for,

operational stress had a significant positive relationship with job satisfaction. A negative relationship between operational stress and general well-being only became significant when conversation with supervisors reached moderate levels of frequency. Conversation with supervisors about non-job, negative and disturbing aspects of the job were all found to have a buffering effect. Conversation with peers was found to be a significant predictor of both operational and occupational stress. Conversations about disturbing incidents and negative aspects of organisational life had positive relationships with stress, while conversations about non-job related matters and positive aspects of organisational life were negatively related to stress.

Mohammadreza and Saba (2016) compared psychological well-being and job stress between teachers of special and ordinary schools in Isfahan city. This study is a comparison. The study population is consisted of all teachers in special and ordinary schools teachers in the academic year 2014-2015 of Isfahan city. The sample consisted of 100 teachers from special schools (n = 50 male teachers and 50 female teachers) and 100 teachers from ordinary schools (50 males and 50 females) was studied by using cluster sampling method. Testing tools are the psychological well-being questionnaire of Magyarmv Keynesian and the job stress questionnaire of Harris. The findings showed that there is a significant difference between psychological well-being and job stress of special and ordinary schools teachers. Job stress between ordinary schools teachers is more than special teachers except communication component, but psychological well-being between special teachers is less than ordinary teachers. Regarding to the relationship between job stress and psychological well-being, the conditions (eg, teaching stress management skills and life skills) can be provided in order to increase psychological well-being and to help job stress reduction.

Poormahmood, Moayedi and Haji-Alizadeh (2016) examined the relationships between psychological well-being, happiness and perceived occupational stress among primary school teachers in Iran. A cross-sectional study was carried out from September 23, 2014 to May 22, 2015 in Bandar Abbas, Iran. The sample size was 330, calculated according to the Morgan table. Three questionnaires were used for data gathering, specifically scales of perceived occupational stress and psychological well-being, and the Oxford Happiness Scale. The result showed Significant negative correlation was demonstrated of occupational stress with life satisfaction ($p < 0.01$, $r = -0.81$), spirituality ($p < 0.01$, $r = -0.64$), joy and optimism ($p < 0.01$, $r = -0.52$), individual development ($p < 0.01$, $r = -0.48$), positive relationships with others ($p < 0.01$, $r = -0.74$), and autonomy ($p < 0.01$, $r = -0.4$), as well as with overall psychological well-being ($p < 0.01$, $r = -0.8$). In addition, significant positive correlation was demonstrated between subjective well-being and happiness ($p < 0.01$). Occupational stress in teaching may lead to poor psychological well-being and reduced happiness in primary school teachers.

Liu, Ren and Zhao (2016) explored the relationship between occupational stress and wellbeing of the junior administrative staff in universities of China from the perspective of social networks. Thus, on the basis of the survey data from universities in Shanxi Province of China in 2015, the factor analysis and multiple linear regression methods were employed to empirically investigate the relationship between occupational stress and well-being of the junior administrative staff in universities from the perspective of social network. Results show that the occupational stress of the junior administrative staff in universities has a significant negative impact on their occupational well-being. Social network produces a certain negative effect on occupational stress but a positive effect on occupational well-being. The social network of the junior administrative staff in

universities can counteract the adverse effect of occupational stress on occupational well-being through the compensation effect. Social network can also cushion the effect of occupational stress on occupational well-being through the moderating effect. The conclusions obtained in this study provide a reference for the junior administrative staff in universities to effectively relieve the occupational stress and enhance the occupational well-being.

Kao and Chang (2017) explored the relationship between job stress risk factors and workplace well-being. The participants in the study were substitute educators for early education in Taiwan. The substitute educators of preschools in the working environment are not stable and peaceful. In addition to engaging in the same teaching programs as the formal teachers, substitute teachers have to work for additional administrative assignments in schools. Furthermore, they were often viewed as the marginal role in the workplace, enduring discrimination from the unfriendly organization. Their working environment is full of pressure, contradictions, and conflicts. Substitute teachers often endure negative emotions and need to suppress their true feelings. Thus, the aim of their research was to examine the relationship among preschool substitute teachers' well-being (Y), job stress risk factors (X), and burnout (Mo). Data was collected from a survey of 102 substitute educators at both public and private preschools in Taiwan. Among the six stress risk factors, good control, managerial support, colleague support, roles, and change were positively related to well-being, while the other two factors, demand and unfriendly relationship have a negative impact on workplace well-being. In addition, job burnout has a significant moderating effect on the relationship between job stress risk factor and well-being. Suggestions are provided for substitute educators' well-being improvement. Nowadays, the employees' well-being has been an

increasingly relevant and necessary consideration in the workplace. However, little attention has been paid to the well-being of substitute educators in preschool. Working in early childhood education is stressful, and certain types of stress negatively affect physical and mental health.

Nasreen and Sofia (2017) investigated the impact of workplace stress on employee well-being among staff employees in the health care sector and hospitals in UAE. A total of 150 employees working at staff level in health care centers and hospitals in UAE were surveyed. The results showed that workplace has negative impact on employee well-being and the impact was found to be weak. The findings of the study suggest that an increase in workplace stresses will reduce wellbeing of employees. The researchers recommend that in order to reduce the impact of stress on employee well-being organizational support, family support and social support is essential. Workplace stress is a world-wide concern and has been a subject of researchers, academicians, authorities and decision makers' interest. It has evidently been considered to be causing poor performance, reduced employee morale, lack of autonomy, job insecurity and to greater extent the employee's wellbeing. Employees in healthcare and hospitality sector work in 24*7 work schedule due to the demanding nature of the industry. Empirical evidences have indicated that employee experience high stress on account of work overload and long working hours taking a toll on their mental and physical well-being.

Ziyue, Hongbo, Haijian, Yanwen, Shuai and Lie (2017) explored the relationships between work stress, positive psychological resources, burnout and well-being. The study was performed during the period of June and July in 2015. A questionnaire that consisted of the Effort-reward Imbalance Scale, the Maslach Burnout Inventory-General Survey, the Psychological Capital Questionnaire, the Rosenberg Self-esteem Scale, the

Flourishing Scale, as well as demographic and working factors. Psychological capital mediated the associations of effort-reward imbalance and emotional exhaustion, cynicism, professional efficacy and well-being. Self-esteem mediated the associations of effort-reward imbalance ratio with cynicism, professional efficacy and well-being, and mediated the associations of over commitment and cynicism, professional efficacy and well-being. The findings indicated that enhancing positive psychological resources could be considered in developing intervention strategies for psychological health among manufacturing employees. Occupational stress is an important risk factor for mental health among occupational population. Exploring related mediators of workers' mental health are important to improve their health and performance.

Andrew and Gray (2018) investigated the stress and well-being Nurses. They used an adapted version of the Demands-Resources-Individual Effects (DRIVE) model to investigate these areas. The Well-Being Process Questionnaire (WPQ), which consists of single items, derived from longer scales was also used. One hundred and seventy seven British nurses (160 female, 17 male) participated in an online survey. The results showed that work characteristics could be grouped into three factors (resources; demands; and role/ change/bullying), as were personality scores (positive personality; openness/agreeable/conscientious; and extraversion/emotional stability). Coping (positive and negative coping) and outcomes (positive and negative outcomes, and positive and negative job appraisals) had a two factor solution. Results from logistic regressions showed that well-being outcomes were predicted by high positive personality and low negative coping. Positive job appraisals were predicted by high resources and low demands. These findings confirm that use of the DRIVE model and a short single item

measuring instrument can quickly provide information about factors predicting the well-being of nurses.

Suleman, Hussian, Shedzad, Syed and Kaja (2018) examine the relationship between perceived occupational stress and psychological well-being among secondary school heads in Khyber Pakhtunkhwa. A sample of 402 secondary school heads (male $n = 260$, female $n = 142$) was selected through multistage sampling technique. A descriptive, quantitative and correlative research design was used. For gathering information from the participants, two standardized tools i.e., Occupational Stress Index (OSI) and Ryff's Psychological Wellbeing Scale (RPWB) were used for measuring perceived occupational stress and psychological well-being respectively. For statistical analysis, mean, standard deviation, Pearson's product-moment correlation and multiple regression were employed. The findings revealed that there is a strong negative correlation between perceived occupational stress and psychological well-being. Furthermore, moderate negative correlation was found between all the sub-scales of perceived occupational stress and psychological well-being. All the subscales of occupational stress except low status were found significant predictors and have negative effect on psychological well-being of secondary school heads. So, it was suggested that Elementary & Secondary Education Department Khyber Pakhtunkhwa should have collaboration with policy makers to formulate a comprehensive strategy for stress reduction management for secondary school heads so that they may develop good psychological well-being and perform their duties effectively.

From the numerous empirical reviews, it can be observed that empirical evidence has shown that occupational stress has predicted well-being. Majority has shown that occupational stress has a negative impact on well-being while few have shown that

occupational stress has a positive impact. Also, previous researches have looked at well-being as a single variable forgotten that well-being comprises of different domain/dimension it is established that the area of general well-being has been seriously neglected even though different aspects of well-being (psychological and subjective) has been extensively studied. Furthermore, pregnant women well-being has also been scarcely studied. Considering the importance of pregnant women in our society, they need to be given priority attention. All these gaps is what this study is set to fill.

2.3.2. Personality Traits on Well-being

Some researchers have also begun to investigate the links between personality and alternative measures of well-being variables. For instance, Lucas and Fujita (2000) examined the factors influencing the relation between extraversion and pleasant affect. Result showed that self-reports of extraversion predicted more experiential measures of well-being, such as daily reports of positive affect, somewhat less strongly than they predict global measures of well-being ($r = .28$ versus $r = .39$).

Similarly, Lucas, Le, and Dyrenforth (2008) carried out a study explaining the extraversion/positive affect relation. Result indicated that larger correlations with extraversion for global reports of positive affect ($r = .53$) than for aggregated daily or experience-sampling-based reports ($r = .39$ and $.31$, respectively).

Singh and Woods (2008) examined the joint predictive effects of trait emotional intelligence (trait-EI), Extraversion, Conscientiousness, and Neuroticism on 2 facets of general well-being and job satisfaction. An employed community sample of 123 individuals from the Indian subcontinent participated in the study, and completed measures of the five-factor model of personality, trait-EI, job satisfaction, and general well-being facets worn-out and up-tight. Trait-EI was related but distinct from the 3 personality variables. Trait-EI demonstrated the strongest correlation with job

satisfaction, but predicted general well-being no better than Neuroticism. In regression analyses, trait-EI predicted between 6{\%} and 9{\%} additional variance in the well-being criteria, beyond the 3 personality traits. It was concluded that trait-EI may be useful in examining dispositional influences on psychological well-being.

Sharon, Janice and Jeromy (2009) investigated the relationship between the Big Five traits and subjective and psychological well-being among 211 men and women. Results indicated that the relationship between personality factors and psychological well-being was stronger than the relationship between personality factors and subjective well-being. Extraversion, neuroticism, and conscientiousness correlated similarly with both subjective and psychological well-being, suggesting that these traits represent personality predispositions for general well-being. However, the personality correlates of the dimensions within each broad well-being type varied, suggesting that the relationship between personality and well-being is best modeled in terms of associations between specific traits and well-being dimensions.

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Mandeep, Nov, and Amrita (2010) carried out a study to find out the relationship among personality factors and health dimensions among young educated adults. The sample consisted of 105 young adults (55 female and 50 male) (age ranges from 22 to 26 years). The NEO-personality inventory and GHQ-28 were administered to collect data. The data were analyzed by using Pearson's Product Moment correlation and stepwise regression analysis. The results showed that (i) Neuroticism has a significant positive correlation with anxiety and severe depression, (ii) Extrovert personality have significant negative correlation with all the dimensions of health, and (iii) Stepwise regression analysis revealed three predictors of health i.e. Agreeableness, Openness and Neuroticism.

Zhai, Bob, Mike, Wills and Zhai (2011) examined the influence of mediation of job satisfaction on the Big Five personality traits and SWB relationship using a sample of 818 urban employees from five Chinese cities, Harbin, Changchun, Shenyang, Dalian and Fushun. All the studied variables are measured with well established multi-item scales that have been validated both in English speaking populations and in China. The PRODCLIN three-step method, which can overcome the limitations of the commonly used Baron and Kenny causal approach, was used to test the mediating role of job satisfaction on the Big Five and subjective wellbeing relationship. The statistical analysis found that the relationship between extraversion and subjective wellbeing is partially mediated by job satisfaction. Conscientiousness and neuroticism only have a direct effect on subjective wellbeing. The research also found a stronger role of Big Five in predicting subjective wellbeing than predicting job satisfaction. The findings of a significant effect of extraversion, neuroticism and conscientiousness on subjective wellbeing support the instrumental theory. The finding of a stronger effect of extraversion than neuroticism in

predicting subjective wellbeing suggest that culture may moderate the Big Five and subjective wellbeing relationship.

Andreja, Danijela and Ljilana (2011) examined the relationship between personality traits, social desirability and subjective well-being (SWB). A total of 392 students (195 females and 197 males), aged 19 to 26 years ($M = 20.25$, $SD = 1.46$) completed the Satisfaction with Life Scale, PANAS, Marlowe-Crowne Social Desirability Scale and measures of Big Five personality dimensions (IPIP50). Hierarchical regression analyses were performed with personality traits and social desirability as predictors and SWB components (satisfaction with life, positive and negative affects) as dependent variables. The results confirmed the previous findings that personality, specifically Extraversion, Emotional Stability and Conscientiousness, represent strong predictors of SWB. Unlike other studies, Intellect significantly predicted positive affect and Agreeableness showed additional significant prediction of absence of negative affect. Social desirability, when entered independently in analysis, was found to be a significant predictor of all three SWB components. In combination with personality traits, social desirability showed association only with absence of negative affect which can be explained by the links between social desirability and personality traits. These findings indicate that relationship between social desirability, personality traits and SWB is more complex than previous studies suggest. Social desirability appears to be a variable that together with personality traits provides additional facilitation of SWB

Asude (2011) examined the relationships among big five personality traits, coping styles and subjective well-being in a selected Turkish sample that consisted of 251 undergraduate students obtained from Psychological Counseling and Guidance Department at Marmara University. Data were collected using Subjective Well-being Scale (Tuzgöl Dost, 2005), Coping Styles Scale (Hisli ahin and Durak, 1995), and Big

Five Personality Inventory Short Form- NEO-FFI (Gülgöz, 2002). To analyze the data, a hierarchical regression analysis was conducted to determine the relationships with personality traits, coping styles and subjective well-being. The results revealed that neuroticism was a negative predictor of subjective well-being whereas extraversion and conscientiousness were positive predictors of subjective well-being while openness to experience and agreeableness do not contribute. In addition to this, self-confident coping style was found to predict subjective well-being positively while helpless coping style predicted subjective well-being negatively. These results suggest that personality traits and coping styles play significant role in explaining subjective well-being.

Akhilendra, Sadhana and Singh (2012) examined the role of traits (hope and Big five) in Psychological well-being among students of professional courses. The data was collected by using The Trait Hope Scale, Big Five Inventory-10 (BFI-10) and Scales of Psychological Well-Being. The results show that hope was significantly positively associated with Psychological well-being. Neuroticism was significantly negatively associated with Psychological well-being whereas agreeableness was significantly positively associated with Psychological well-being. Extraversion, Openness and Conscientiousness, have not significant association with Psychological well-being.

Sarita, Arti, and Richa (2012) carried out a study to explore the relationship between personality traits, spiritual intelligence and well being among university students. Big Five Factor Inventory by Rammstedt and John was employed to assess personality traits, Spiritual Intelligence Scale of King (SISRI -24) to measure spiritual intelligence and WHO-Five Well-being Index (WHO-5) to measure well being of 120 students doing post graduation in Psychology from the University of Jammu (N=50) and Indira Gandhi National Open University (N=70). The mean age of the sample was 24.79. Independent samples t test was employed to assess the difference in personality traits and

spiritual intelligence in students from two universities. Data was subjected to correlation and regression analysis. Differences in personality traits and spiritual intelligence emerged in this study. Positive relationship was found between personal meaning production and two factors namely agreeableness and neuroticism. Significant relationship appeared between transcendental awareness and openness. Regression analysis revealed that transcendental awareness predicted well being. To further enhance the well being steps should be taken to develop and strengthen transcendental awareness in students.

Patrick, Nicholas, Daniel and Brent (2012) examined how developments on the Big Five traits correspond to another important social outcome in adulthood, social well-being. Using the Mid-Life Development in the U.S. longitudinal data sample of adults, the authors examined traits and social well-being at two time points, roughly 9 years apart. Results find support for two primary claims. First, initial levels of social well-being correlated positively with initial standing on extraversion, agreeableness, conscientiousness, emotional stability, and openness. Second, changes in social well-being over time coincided with changes on these traits, in the same directions. Taken together, these findings provide broad support that trait development and social well-being development coincide during adulthood.

Marzuki (2013) carried out a study to determine the relationship between personality domains (neuroticism, extraversion, openness to experience, agreeableness and conscientiousness) and well-being. It was also aimed at determining significant personality domains that contribute towards well-being of lecturers. A total of 117 lecturers from a public university in Malaysia were chosen as participants. The NEO-FFI Personality Inventory by Costa and McCrae (1992), was utilized to measure five personality domains while The 5F Wellness by Myers and Sweeney (2005), was

employed to measure well-being. Results indicated that all personality domains correlated significantly with well-being. Openness to experience and conscientiousness were found to contribute significantly to well-being of lecturers followed by extraversion. The impact of these findings signifies that personality plays an important role in determining individual well-being.

In another study by Katja, Asko and Lea (2013) that examined personality traits with psychological well-being (PWB), the data were analyzed across ages 33-65 as part of an ongoing Finnish longitudinal study (initial N = 369). Bivariate latent growth curve analyses indicated that a low initial level of neuroticism (.75) and high extraversion (.55) correlated strongly with a high level of PWB. Moreover, a high level of conscientiousness, openness, and agreeableness also correlated significantly with PWB. The change factor was significant only for openness: the higher the initial level of PWB, the higher the increase in openness from age 33-65. In comparison with emotional well-being, indicated by general life satisfaction, the associations of the personality traits with PWB were significantly stronger for neuroticism, extraversion, and openness.

Qingguo, Mike, Bob, Yubo and Yumen (2013) examined the effect of the Big Five personality traits on job satisfaction and subjective wellbeing (SWB). They examined the mediating role of job satisfaction on the Big Five-SWB relationship. Data were collected from a sample of 818 urban employees from five Chinese cities: Harbin, Changchun, Shenyang, Dalian, and Fushun. All the study variables were measured with well-established multi-item scales that have been validated both in English-speaking populations and in China. The study found only extraversion to have an effect on job satisfaction, suggesting that there could be cultural difference in the relationships between the Big Five and job satisfaction in China and in the West. The study found that three factors in the Big Five—extraversion, conscientiousness, and neuroticism—have an

effect on SWB. This finding is similar to findings in the West, suggesting convergence in the relationship between the Big Five and SWB in different cultural contexts. The research found that only the relationship between extraversion and SWB is partially mediated by job satisfaction, implying that the effect of the Big Five on SWB is mainly direct, rather than indirect via job satisfaction. The study also found that extraversion was the strongest predictor of both job satisfaction and SWB. This finding implies that extraversion could be more important than other factors in the Big Five in predicting job satisfaction and SWB in a "high collectivism" and "high power distance" country such as China.

Tahira (2014) examined the moderating impact of optimism on the relationship between personality traits (neuroticism and conscientiousness) and subjective well-being (distress and satisfaction with life) among university employees. Participants were 251 (age 25-60) employees at COMSATS University, who completed demographic information sheet, two subscales (neuroticism and conscientiousness) of NEO Personality Inventory), Life Orientation Test-Revised, Satisfaction with Life Scale, and two subscales (depression and anxiety) of Brief Symptom Inventory. On a final sample of 251 university employees, a series of moderated hierarchical regression analyses were performed separately for positive and negative health outcomes. Results indicated that optimism moderated between neuroticism and distress and neuroticism and satisfaction with life. Further, optimism moderated between conscientiousness and distress and conscientiousness and satisfaction with life. The current findings have implications for clinicians, researchers, and policy makers for the identification of resource factors that may help to understand the resistant power of non clinical sample to maintain positive functioning.

A major focus of attention in psychology has been on the consequences and determinants of well-being. Personality has both been shown to predict mental health and well-being. In 4 studies involving 7 surveys (total N = 1,530) in various social and religious contexts, the relations among well-being, religious orientation, and personality factors were studied (Naser, Agata, Mona, Masoud & Somayeh, 2015). Results showed that Extraversion was the single strongest correlate of higher levels of subjective and psychological well-being. Religiosity had null or weak positive relationships with well-being, and managed to explain variance in some aspects of positive functioning beyond personality factors. The null or week relationship of religiosity with well-being beyond personality was consistent across the HEXACO and the Big Five models of personality structure. It has been suggested that religion is relatively more important for eudaimonic than for hedonic way of living. This study has actually tried in looking at both aspects of well-being but yet it looked at them separately and not in connection to pregnant women. This present study is looking at well-being as a single indivisible variable, though we know there are components.

Mobarakeh, Juhari, Yaacob, Redzuan and Mobarakeh (2015) carried out a study to determine the relationships between personality traits and psychological well-being among Iranian adolescent migrants in Kuala-Lumpur, Malaysia. The participants were 300 high schools adolescents who comprised (143 males and 157 females) in the age range of 13 to be 16 years old. The instrument used to measure personality traits was Five-Factor Inventory (FFI-NEO) Iranian version by Costa and McCrae, (1992) and psychological well-being Scale by Ryff, and keys, (1995). The results from the study showed that there was negative statistical significant relationship between neuroticism trait and adolescent's psychological well-being, while extroversion and agreeableness traits have positive correlation with psychological well-being. However, the results also

indicated that openness to experience and conscientiousness traits do not have statistical significant relationships with psychological well-being.

Mohit and Nitin (2015) carried out a study to find out correlation between the youths Personality Traits and Psychological well-being. The said sample was 120 both males and females in equal numbers was selected through random sampling. Personality Traits Inventory & Psychological well-being Inventory are tailor-made instruments, having sufficient reliability and validity. For the purpose of analysis, the Karl-Pearson's technique was used. Present study reveals the result that there is significant positive correlation between the youths Personality Traits and Psychological well-being. The authors suggest that there is a need to explore the rural and the urban youths correlation in the line of above study.

Gleckel (2015) investigated the relationship between personality, friendship quality, and wellbeing, among 394 emerging adults. The aim of the study was to examine whether friendship quality contributed to aspects of well-being (e.g. happiness, belongingness, and anxiety), when controlling for personality. Results showed that personality dimensions accounted for a significant amount of variance in each aspect of well-being. Moreover, friendship quality predicted happiness, belongingness, and anxiety, above and beyond are the influence of personality. Results also revealed that only positive friendship features predicted variance in happiness and belongingness, whereas only negative friendship features predicted variance in anxiety. Findings indicated the importance of having high quality friendships.

Aldridge and Gore (2016) tested the associations of the Big Five personality traits with a large array of well-being variables, and it also tested the associations within three primary social roles: student, parent, and employee. Participants completed online surveys that assessed the participants' Big Five personality traits and well-being (Study 1

sampled 507 college students and Study 2 sampled 227 North Americans in middle adulthood). The results showed that neuroticism was the strongest predictor for most of the well-being variables. The results also showed that the second strongest predictor of well-being was conscientiousness among students (Study 1) and among employees (Study 2), whereas agreeableness was the second strongest predictor of well-being among parents (Study 2). This shows that personality traits have strong contributions to ones wellbeing.

Sophie, Michael and Tanga (2017) examines the influence of major life events compared to personality traits on the stability of affective well-being (AWB). It is shown how the decomposition of autocovariances can be used to estimate the degree of stability that is due to life events and personality traits. The approach is illustrated by an analysis of data from a nationally representative Australian sample with four consecutive waves of measurement. The autocovariances of positive and negative mood served as indicators of the stability of AWB. Big five personality traits as well as 21 major life events were used as predictor variables in a path analysis. In comparison to previous studies, this allowed to directly compare the effects of multiple events to the influence of personality traits in a longitudinal design. Results indicated medium stability coefficients for AWB. Ca. 10 % of the autocovariances could be accounted for by life events and about 20 % by personality traits. Both types of predictors together accounted for about 30 %. Among personality traits, emotional stability followed by extraversion had the highest effects. Among life events *financial worsening* and *serious personal injury/illness* had the highest effects. Additionally, life events were significantly correlated with personality traits as well as with other life events. In a next step, it might be interesting to compare the influence of Big Five personality traits and stable life circumstances on the stability of the cognitive well-being component, using a similar statistical procedure. Also, as the

number of variables in large panel studies is limited, results should be complemented by more in-depth studies, favourably using multi-method approaches.

Espen, Ragnhild, Nikolai and Olav (2018) carried out a study to identify personality facets that are important for life satisfaction, and to estimate the contribution of genetic and environmental factors in the association between personality and life satisfaction. Norwegian twins (N = 1,516, age 50-65, response rate 71%) responded to a personality instrument (NEO-PI-R) and the Satisfaction With Life Scale (SWLS). Regression analyses and biometric modeling were used to examine influences from personality traits and facets, and to estimate genetic and environmental contributions. Neuroticism and extraversion explained 24%, and personality facets accounted for 32% of the variance in life satisfaction. Four facets were particularly important; anxiety and depression in the neuroticism domain, and activity and positive emotions within extraversion. Heritability of life satisfaction was 0.31 (0.22-0.40), of which 65% was explained by personality-related genetic influences. The remaining genetic variance was unique to life satisfaction. The association between personality and life satisfaction is driven mainly by four, predominantly emotional, personality facets. Genetic factors play an important role in these associations, but influence life satisfaction also beyond the effects of personality.

Magee and Blesanz (2019) examined the ways in which all Big Five personality traits are associated with short-term experiences of well-being within individuals. They addressed three central questions about the nature of the relationship between personality and well-being states: First, to what extent do personality and well-being states co-vary within individuals? Second, to what extent do personality and well-being states influence one another within individuals? Finally, are these within-person relationships moderated by dispositional personality traits and well-being? Two experience sampling studies

(N = 161 and N = 146) were conducted over 2 week. Across both studies, all Big Five personality states were correlated with short-term experiences of well-being within individuals. Individuals were more extraverted, emotionally stable, conscientious, agreeable, and open in moments when they experienced higher well-being (greater self-esteem, life satisfaction and positive affect, and less negative affect). Moreover, personality and well-being states dynamically influenced one another over time within individuals, and these associations were not generally moderated by dispositional traits or well-being. They concluded that behavior and well-being are interconnected within the context of the Big Five model of personality.

Velichko and Jia (2019) examined longitudinally the stability of traits and values, their mutual effects, and their effects on affective and cognitive well-being and self-esteem. We analyzed data from a nationally representative panel in The Netherlands, spanning 5 time points spread across 8 years (n = 5,159 to 7,021 per time point, total N = 11,890). We estimated trait-state-error models and random-intercepts cross-lagged panel models to account for the trait-like, time-invariant stability of the constructs. Traits were more stable than values. The bidirectional effects tended to be significant, but could be distinguished by their relative size. Traits predicted values more strongly than they were predicted by values, and generally predicted well-being and self-esteem more strongly than values did. Traits predicted broad well-being (especially its affective aspects) more strongly than they were predicted by it; values, by contrast, were predicted by well-being (especially its cognitive aspects and self-esteem) more strongly than they predicted it. The findings highlight the central role of traits for personality functioning, while also supporting the mutual constitution of traits and other personality concepts. The results are discussed in the framework of different theoretical approaches to the composition of the broader personality system.

From the above empirical reviews, it has been established that personality traits has predicted the well-being of different individuals. For some extraversion predicted their well-being, others it is openness to experience, and it goes to other aspects of personality. Pregnant women are special set of people and their general well-being should be of great importance. However it is clear that general well-being of pregnant women have received little interest in research and the relationship of general well-being to personality traits. This study has come up to fill some of these gaps outlined.

2.3.3. Marital Satisfaction on Well-being

Shek (1995) carried out a study to address the issue of gender differences in marital quality and well-being on Chinese married men (N= 738) and women (N= 761). The results showed that males had significantly higher scores on the Chinese Dyadic Adjustment Scale and Chinese Kansas Marital Satisfaction Scale. While a longer duration of marriage was associated with higher levels of dyadic consensus and affectional expression in men, the duration of marriage was negatively related to marital adjustment and marital satisfaction in women. The data also showed that women displayed more psychiatric symptoms and midlife crisis problems and they had lower levels of positive mental health and perceived health status than men. While marital quality was positively related to well-being in both men and women, the impact of marital quality on well-being was generally found to be greater in women than in men.

Fishman and Meyers (2000) explored marital satisfaction and child adjustment: direct and mediated pathways. They explored whether there is a direct association between marital satisfaction and children's psychological adjustment. They also investigated a competing model to assess whether marital satisfaction is indirectly related to child outcomes through its associations with parents' depression and involvement in childrearing. Analyses of data from 1,101 participants in the National

Survey of Families and Households indicated that mothers' and fathers' reports of marital satisfaction were significantly associated with child symptomatology. Moreover, mothers who experienced marital dissatisfaction were less involved with their children, which in turn was associated with greater child psychological distress. This mediated pathway was not significant for fathers.

Jamila (2005) examined the role of marital quality in the physical health of mature adults. Participants were from the National Survey of Mid-life-Development in the United States aged 50+ years who were in their first marriage. Five dimensions of marital quality and four indicators of physical health were used. Regression analyses indicated that marital quality indices accounted for a significant amount of explained variance in physical health. Most notably, higher levels of negative spousal behaviors uniquely contributed to physical health, predicting more physical symptoms, chronic health problems, and physical disability, and poorer perceived health. The occurrence of negative spousal behaviors was consistently associated with poorer physical health. The negativity effect observed regarding the costs and benefits of social support in general also applies to the context of marriage in that negative spousal behaviors outweigh positive spousal behaviors in contributing to mature adults' physical health.

Gorchoff (2008) who carried a longitudinal study of women to investigate how contextual factors impact change in marital satisfaction over time and what factors affect the normatively strong link between marital satisfaction and well-being, found that marital satisfaction increased over middle age as children left home because individuals began to enjoy time with their partners more. And marital investment (i.e., investing time, energy, and interest in one's marriage) was associated with higher marital satisfaction as well as a stronger link between marital satisfaction and well-being. Taken together, these findings suggest that it is possible to maintain a satisfying marriage over time given a

partner with whom one enjoys spending time augmented by the investment of time and effort in the marriage. But marital investment does have a down side. Individuals highly invested in unsatisfying marriages experienced lower levels of well-being and higher levels of depression than less-highly-invested individuals.

Norm (2010) examined constructs that contribute to the well-being of an international sample of older married adults. A convenience sample of 208 participants was recruited through an Internet site as well as more traditional means such as newspaper advertisements and contact with community groups. The resulting structural equation model provides further support for the revised theory of cognitive adaptation. Within this model, the direct and indirect contributions of personality, marital satisfaction, and cognitive adaptation are examined in relation to well-being. Contrary to previous findings, personality appears to have an indirect effect upon both marital satisfaction and well-being. Cognitive adaptation, in contrast, has both a direct and indirect effect upon the well-being of older adults. Limitations of use of the Internet as a vehicle for data collection were considered.

Scorsolim-Comin and Santos (2011) investigated the correlations between subjective well-being (SWB) and marital satisfaction (MS) among married people. A hundred six married people (53 couples) with an average age of 42 yrs ($SD=11$) participated in the study. Subjective Well-being Scale and Marital Satisfaction Scale were used to collect data. Correlation analysis and stepwise multiple regression analysis showed that there were no associations among satisfaction with life (SWB factor), emotional aspects (MS factor), structural aspects (MS factor) and marital interaction (MS factor). The SWB and the MS (general factors) were not significantly correlated. According to the findings of the current study, there is the role of positive affect (SWB factor) on the perception of MS, which is consistent with the approach of Positive

Psychology. It attests that people who experience positive emotions tend to engage themselves in more satisfying relationships.

Acevedo, Aron, Fisher and Lucy (2012) studied the neural correlates of marital satisfaction and well-being: reward, empathy, and affect. Seventeen middle-aged individuals ($M = 52.85$ years) in happy, stable, long-term, heterosexual pair-bonds (Mean length of marriage = 21.4 years) were scanned while viewing facial images of their spouses, as well as facial images of a familiar acquaintance and a close friend (to control for familiarity and social bonding). Participants' marital satisfaction scores (assessed with the Relationship Assessment Scale; Hendrick, 1988), were correlated with brain activity in response to all of these facial images. Greater marital satisfaction (after controlling for Passionate Love Scale scores) was positively correlated with activation in several neural regions, including the ventral tegmental area (reflecting reward and motivation); the orbitofrontal cortex (associated with the evaluation of rewards); the anterior insula (associated with empathy); the inferior frontal gyrus (associated with the mirror system), the bed nucleus of the stria terminalis (associated with stress control); and the prefrontal cortex (associated with affective regulation). Greater marital satisfaction was also associated with decreased activation of the subcallosal cingulate gyrus, an area whose high activity is implicated in severe depression. These findings highlighted key neural sites that may mediate the link between relationship quality with psychological and physical well-being and health.

Rostami, Ghazinour and Richter (2013) studied marital satisfaction in relation to socio-demographic variables, social support, ways of coping, and quality of life in medical staff in Tehran. Data were collected from 653 medical staff who worked in 12 hospitals affiliated with Tehran Medical University using socio-demographic questions, the ENRICH marital satisfaction questionnaire, the SF-36 questionnaire, the Social

Support questionnaire, and the Ways of Coping questionnaire. The results indicated that marital satisfaction, quality of life and spousal support were significantly higher in men than women. Spousal support was significantly associated with marital satisfaction especially in women. Multiple regression analyses indicated that marital satisfaction, social support, and job satisfaction combined with socio-demographic variables explain between 12% and 28% of the variance in quality of life domains. Analysing the data with special focus on females revealed a significant negative relationship between subscales of marital satisfaction and using 'seeking social support', 'confrontive coping', 'escape avoidance', 'distancing', and 'self-controlling' as ways of coping. Hierarchical regression analyses showed that job satisfaction, social support, and ways of coping explained between 24% and 38% of the variance in seven of the nine subscales of marital satisfaction. Therefore, focusing on the study findings could be helpful in promoting marital satisfaction and quality of life of medical staff.

Ofofwe, Ofili, Ojetu and Okosum (2013) assessed the level of marital satisfaction and to explore the relationship if any between marital satisfaction, job satisfaction and mental health of secondary school teachers in Benin City, Edo State, Nigeria using a cross sectional study. A total population of 300 teachers who had been married and teaching for at least one year were included in the study. The information required for the study was collected using a self-administered questionnaire and two standard instruments, the Index of Marital Satisfaction (IMS) and the General Health Questionnaire 28 (GHQ 28). The GHQ was used to assess the workers psychological health, while the IMS was used to assess the degree of marital satisfaction. Two hundred and fifteen (82.7%) teachers had marital satisfaction, 54 (20.8%) had psychological disorder while 56 (21.5%) were dissatisfied with their job. A strong association was found between marital dissatisfaction and psychological disorder ($\chi^2 = 56.826$; $df = 1$, P

= 0.0004). No association was found between marital dissatisfaction and job dissatisfaction. No association was also found between job dissatisfaction and psychological disorder. A high level of marital satisfaction was found in the study population. However, the strong association also found between marital dissatisfaction and psychological disorder provided empirical evidence on the need to educate married couples as well as the general public on the mental health implication of marital dissatisfaction.

Walker, Isherwood, Burton, Kitwe-Magambo and Luszcz (2013) conducted a study on marital satisfaction among older couples: the role of satisfaction with social networks and psychological well-being, found that marital satisfaction is important for health and well-being, although determinants of satisfaction among older couples are unclear. Much of the marital literature had focused on the role of the spouse, in isolation from satisfaction with broader social relationships. we conducted separate semi-structured interviews with both members of $n = 40$ couples (mean age 76 years) to measure satisfaction with particular types of social networks (confidant, friend, children, other relatives) as well as levels of physical and psychological well-being. In order to account for the likely interdependence among observations within married couples, a series of multi-level models, culminating in a full actor-partner interdependence model, were fitted. Results indicated that an individual's own depressive symptoms were related to their levels of marital satisfaction, whereby higher scores on the depression scale predicted lower marital satisfaction scores for the individual. None of the individual's other variables (physical well-being, socio-demographic, or social network satisfaction), nor any of the spouse variables, were related to individual levels of marital satisfaction. These findings reinforced the importance of psychological well-being as influencing marital satisfaction.

Oginyi, Ofoke and Francis (2015) carried a study on Religiosity, Forgiveness and Psychological well-being as predictors of marital satisfaction among academic staff of Ebonyi State University, South Eastern, Nigeria. The sample of this research comprised 160 married couples of University Staff. The results of the regression analysis, indicated positive prediction of religiosity, forgiveness and psychological well-being on marital satisfaction ($R=0.418$, $R^2=0.175$, Adjusted $R^2=0.159$, $F(3,156)=11.031$, $P < 0.05$). The implications of the findings to marital conflicts, adjustment and commitment were discussed. Also Family problems can be soothed using intervention religious method and application of forgiveness treatment method in family therapy to enhance marital satisfaction.

Masoumi, Garousian, Khain, Oliaei and Shayan (2016), compared the quality of life, marital satisfaction and sexual satisfaction between fertile and infertile couples. This analytical cross-sectional study was conducted on 250 couples at the Fatemiyeh Educational Research Center affiliated to Hamadan University of Medical Sciences, Hamadan, Iran, from May to August in 2014. The subjects were randomly selected from the patients referred to this center using a table of random numbers. They were then allocated into two groups of infertile group ($n=125$) and fertile group ($n=125$). The study participants completed World Health Organization Quality of Life-BREF (WHOQOL-BREF) questionnaire, Linda Bergø's Sexual Satisfaction Scale, and Enrich Marital Satisfaction Scale. Then, the data were entered into the SPSS version 16 for statistical analysis. The Chi-square and Mann-Whitney tests were also applied to compare the data between the groups. The results revealed no significant difference between the two groups regarding demographic and general health variables. The mean scores of sexual satisfaction were 63.67 ± 13.13 and 46.37 ± 7.72 in the fertile and infertile couples, respectively. Furthermore, the mean scores of marital satisfaction were also 44.03 ± 9.36

and 36.20 ± 4.03 in the fertile and infertile groups, respectively. Our finding demonstrated that the fertile couples obtained significantly higher mean scores of quality of life as well as lower mean scores of sexual satisfaction and marital satisfaction as compared to the infertile ones ($P < 0.001$). According to the results, the fertile couples obtained significantly higher quality of life and lower sexual satisfaction and marital satisfaction as compared to the infertile ones. Therefore, holding consultation programs and conducting more studies are necessary for improving the quality of life and promoting sexual and marital satisfaction in infertile couples.

Deborah, Jennifer and Vicki (2016) evaluated (a) associations between marital quality (emotional support, strain, and overall appraisal) and three negative aspects of experienced well-being (frustration, sadness, and worry) among older husbands and wives and (b) the relative importance of own versus spouse's marital quality assessments for understanding experienced well-being in later life. Data are from the 2009 Disability and Use of Time daily diary supplement to the Panel Study of Income Dynamics ($N = 722$). We estimate actor-partner interdependence models, using seemingly unrelated regression. Own reports of marital strain are associated with own frustration, sadness, and worry among wives and are associated with frustration only among husbands. Own reports of marital support are associated with negative emotion among husbands only: higher levels of marital support are associated with less worry. Results from partner effects analyses also are mixed. Husbands' reports of marital strain are associated with wives' elevated frustration levels, whereas wives' reports of greater marital support are associated with their husbands' higher frustration levels. One's own and spouse's marital appraisals play a complex role in shaping negative emotions among older adults. Findings suggest that frustration is a particularly complex emotion and a promising area for further study among older married couples.

Forogh, Niloufar and Laila (2017) investigated the association between mental health and marital satisfaction in married male students of Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran. The study sample consisted of 100 married male students of Ahvaz Jundishapur University of Medical Sciences selected through the convenience sampling method. The data were gathered using the ENRICH marital satisfaction inventory and the general health questionnaire, and analyzed through Pearson correlation coefficient by SPSS version 16. In 25% of the subjects, scores of physical function was higher than the cut-off point. The anxiety, social function, depression, and general health scores of 30%, 45%, 19%, and 44% of the subjects were higher than the cutoff point, respectively. There was significant association between marital satisfaction of the students and physical symptoms ($r = -0.51$), anxiety ($r = -0.49$), social performance ($r = -0.34$), depression ($r = -0.33$), and total score of mental health ($r = -0.53$). Prevention and intervention efforts can focus on how mental health problems can trigger interpersonal relationship and vice versa.

Katja, Klaus, Jeanine and Pasqualina (2017) examined marital stability, satisfaction and well-being in old age: variability and continuity in long-term continuously married older persons. Data was derived from a survey (data collection 2012 and 2014) with 374 continuously married individuals at wave 1 (mean age: 74.2 years, length of marriage: 49.2 years) and 252 at wave 2. Cluster analyses were performed comparing the clusters with regard to various well-being outcomes. The predictive power of cluster affiliation and various predictors at wave 1 on well-being outcomes at wave 2 was tested using regression analyses. Two groups were identified, one happily the other unhappily married, with the happily married scoring higher on all well-being and health outcomes. Regression analyses revealed that group affiliation at wave 1 was not any longer predictive of health, emotional loneliness and hopelessness two years later, when taking

into account socio-demographic variables, psychological resilience and marital strain, whereas it remained an important predictor of life satisfaction and social loneliness. Marital satisfaction is associated with health and well-being in older couples over time, whereas psychological resilience and marital strain are major predictors explaining the variance of these outcomes

Jalil, Pegah, Hassan and Leila (2017) carried out a study to determine marital satisfaction and its relationship with job stress and general health of Nurses. This descriptive and cross-sectional study was done in 2015 in medical educational centers of Qazvin by using an ENRICH marital satisfaction scale and General Health and Job Stress questionnaires completed by 123 nurses. Analysis was done by SPSS version 19 using descriptive and analytical statistics (Pearson correlation, t-test, ANOVA, Chi-square, regression line, multiple regression analysis). The findings showed that 64.4% of nurses had marital satisfaction. There was significant relationship between age ($p=0.03$), job experience ($p=0.01$), age of spouse ($p=0.01$) and marital satisfaction. The results showed that there was a significant relationship between marital satisfaction and general health ($p<0.0001$). Multiple regression analysis showed that there was a significant relationship between depression ($p=0.012$) and anxiety ($p=0.001$) with marital satisfaction. Due to high levels of job stress and disorder in general health of nurses and low marital satisfaction running health promotion programs and paying attention to its dimensions can help work and family health of nurses.

Figen and Aysenur (2018) investigated the mediating role of spirituality in the relationship between couples' marital satisfaction and life satisfaction. The study was conducted following the relational design, one of the quantitative research methods. The study group included 586 married individuals residing in Istanbul, Turkey, of whom 525 were female and 61 were male. Three scales, the Married Life Scale the Life Satisfaction

Scale, and the Spiritual Orientation Scale, were used together with a demographic information form to collect data for the study. The findings demonstrated that marital satisfaction predicted life satisfaction and spirituality, that spirituality predicted life satisfaction, and that spirituality played a partial mediating role in the relation between marital satisfaction and life satisfaction. In other words, it was determined that marital satisfaction had both a direct and, via spirituality, an indirect impact on life satisfaction.

As earlier observed, most of the research on marital satisfaction has looked on couples on psychological or subjective well-being. Meanwhile, marital satisfaction had not been fairly looked on as it affects pregnant women's general wellbeing, thus, making this study very crucial.

2.4 Summary of Literature Review

In this chapter occupational stress has been explained as responsibilities and pressures that do not align with a person's knowledge and skills or expectations inhibiting one's ability to cope. The relation between occupational stresses with wellbeing of an individual was established. Also, personality traits has been explained as enduring dispositions that show differences across individuals, and which tend to characterize the person across varying types of situations and being determined by a pattern of response to a personality inventory (Big Five personality Inventory). In the same vein, the relation of personality traits with wellbeing was established. Meanwhile, marital satisfaction has been explained as a mental state that reflects the perceived benefits and costs of marriage to a particular person. Also the relation of marital satisfaction with wellbeing was established.

Several theories were reviewed. Role theory of job stress, Big-Five personality theory, dynamic goal theory of marital satisfaction and network theory of wellbeing were

reviewed. However, this study is anchored on the Network theory of wellbeing. This is because the theory captured wellbeing both from the point of view of hedonic conceptions and the concepts of eudaimonia. This theory sees wellbeing not just from the point of view of pleasurable feelings but how actually one sees him/herself actualizing his/her potentials in life. Also the theory takes into account several variables especially the ones the researcher is interested in as predictors of wellbeing.

Furthermore, many empirical findings that were related to occupational stress and wellbeing, personality traits and wellbeing, marital satisfaction and wellbeing were reviewed. A close look on all the reviews shows that no study actually addressed these variables (occupational stress, personality traits and marital satisfaction) together on the general wellbeing. Those researches failed to examine the dimension of general wellbeing but assumed well-being on a global value. However, well-being can not just end as a global value since there are several aspects of an individual that makes up the wellbeing. Most researches had been undertaken to either study the subjective wellbeing or psychological wellbeing. Also no study reviewed actually looked at those variables as it concerns pregnant women. Thus, these have brought the need for this research
Occupational stress, personality traits and marital satisfaction on the general wellbeing of pregnant women in Benue State.

2.5. Hypotheses

This study tested the following hypotheses:

Hi. Occupational stress (performance, workload, organisational design and responsibility, and decision making) significantly predicted the general well-being (general health, anxiety, self-control, depression, vitality and positive well-being) of pregnant women in Benue state.

Hii. Personality traits (Extraversion, Openness to experience, Agreeableness, Conscientiousness and Neuroticism) independently and jointly predicted the general well-being (general health, anxiety, self-control, depression, vitality and positive well-being) of pregnant women in Benue State.

Hiii. Marital satisfaction significantly predicted the general well-being (general health, anxiety, self-control, depression, vitality and positive well-being) of pregnant women in Benue state.

Hiv Occupational stress, personality traits and marital satisfaction jointly predicted the general well-being (general health, anxiety, self-control, depression, vitality and positive well-being) of pregnant women in Benue state.

CHAPTER THREE

METHOD

This Chapter presents the design, setting and participants of the study. Also included are the sampling techniques, the instruments for data collection, pilot study, the procedure for data collection and method of data analysis.

3.1. Design

This study employed an ex-post-facto design. Ex-post-facto design studies are mainly concerned with describing events as they are without any manipulation being observed (Ali, 1996). This was used because variables were not manipulated, instead questionnaires were used to collect data on the influence of occupational stress, personality traits and marital satisfaction on the general well-being of pregnant women in Benue State. Nworgu (2006), have referred to this type of design as a differential research or ex-post-facto. Similarly, Kulbi (2002), state as follows: "when a researcher work with variables that he/she cannot manipulate, he/she is conducting an ex-post-facto study, he/she is examining the potential effects of a variable "after the fact" it has already happened he/she arriving at the scene". This design is suitable for this study since the researcher surveyed and described the influence of occupational stress, personality traits and marital satisfaction on the general well-being of pregnant women in Benue State without any form of manipulations.

3.2. Setting

The setting of this study is Benue State. Benue State is a state in the mid-belt region of Nigeria with a population of about 4,253,641 in 2006 Census (National population commission, 2006). It is inhabited predominantly by the Tiv and Idoma peoples, who speak the Tiv language and Idoma, respectively. There are other ethnic

groups, including the Igede, Ufias (Utonkon), Etulo, Abakwa, Jukun, Hausa, Igbo, Akweya and Nyifon. With its capital at Makurdi, Benue is a rich agricultural region; some of the crops grown there are potatoes, cassava, soya bean, guinea corn, flax, yams, sesame, rice, and groundnuts.

Benue State is named after the Benue River and was formed from the former Benue-Plateau State in 1976, along with Igala and some part of Kwara State. In 1991 some areas of Benue state (mostly Igala area), along with areas in Kwara State, were carved out to become part of the new Kogi State. Igbo people are found in the boundary areas of Ebonyi State and Enugu State in Local Government Areas like Obi, Oju etc.

The State has a total population of 4,253,641 in 2006 census (National population commission, 2006), with an average population density of 99 persons per km². This makes Benue the 9th most populous state in Nigeria. However, the distribution of the population according to Local Government Areas shows marked duality.

There are areas of low population density. such as Guma, Gwer East, Ohimini, Katsina-Ala, Apa, Logo and Agatu, each with less than seventy persons per km², while Vandeikya, Okpokwu, Ogbadibo, Obi and Gboko have densities ranging from 140 persons to 200 persons per km². Makurdi LGA has over 380 people per km². The males are 49.8 percent of the total population while females constitute 50.2 per cent.

Benue towns can be categorised into three groups. The first group consists of those with a population of 80,000 to 500,000 people. These include Makurdi, the State Capital, Gboko and Otukpo the "headquarters" of the two dominant ethnic groups (125,944 and 88,958 people respectively). The second group comprises towns with a population of between 20,000 and 50,000 people and include Katsina-Ala, Zaki-Biam, Ukum and Adikpo, Kwande. These are all local government headquarters. The third category comprises towns with a population of 10,000 to 19,000 people and includes

Vandeikya, Lessel, Ihugh, Naka, Adoka, Aliade, Okpoga, Igumale, Oju, Utonkon, Ugbokolo, Wannune, Ugbokpo, Otukpa, Ugba and Korinya. Most of these towns are headquarters of recently created Local Government Areas and/or district headquarters or major market areas. Some of the headquarters of the newly created LGAs have populations of less than 10,000 people (National population commission, 2006). Such places include Tse-Agberaba, Gbajimba, Buruku, Idekpa, Obagaji and Obarike-Ito. Apart from earth roads, schools, periodic markets and chemists (local drug stores), the rural areas are largely used for farming, relying on the urban centres for most of their urban needs. Benue State has no problem of capital city primacy. Rather, three towns stand out very clearly as important urban centres which together account for more than 70 per cent of the social amenities provided in the state and almost all the industrial establishments. These centres are Makurdi, Gboko and Otukpo. They are amongst the oldest towns in the state and are growing at a much faster rate than the smaller younger towns

Benue State lies within the Lower River Benue trough in the Middle Belt region of Nigeria. Its geo-graphic coordinates are longitude $7^{\circ} 47'$ and $10^{\circ} 0'$ East. Latitude $6^{\circ} 25'$ and $8^{\circ} 8'$ North; and shares boundaries with five other states namely: Nasarawa State to the North, Taraba State to the east, Cross-River State to the South, Enugu State to the South-west and Kogi State to the west. The state also shares a common boundary with the Republic of Cameroon on the South-east. Benue occupies a landmass of 34,059 square kilometres

Benue State is the nation acclaimed food basket because of its rich agricultural produce which include Yam, Rice, Beans, Cassava, Sweet-Potato, Maize, Soybean, Sorghum, Millet, Sesame, cocoyam etc. The state accounts for over 70% of Nigeria's Soybean production.

Agriculture is the mainstay of the economy, engaging over 75% of the state farming population. The State also boasts of one of the longest stretches of river systems in the country with great potential for a viable fishing industry, dry season farming through irrigation and for an inland water highway.

The state is divided into three geopolitical Zones: zone A includes Katsina-Ala, Kwande, Logo, Ukum, Ushongo, Konshisha and Vandekya Local Government Areas, Zone B includes Makurdi, Gboko, Guma, Tarka, Gwer-east and Gwer-west local government areas while Zone C comprises the following local government areas; Otukpo, Ogbadibo, Okpokwu, Agatu, Apa, Ado, Ohimiri, Oju and Obi. Each of the Local Government Areas has at least one government hospital to attend to pregnant women and other sicknesses. This study was carried out in those hospitals because it was easy for the researcher to reach to pregnant women at those places.

3.3. Participants

The participants of this study were pregnant women who are working and are married. The study consisted of 370 pregnant women drawn from three locations in Benue State. Distribution of respondents by locations indicated that 157(42.4%) were from Makurdi, 123(33.2%) were from Otukpo and 90(24.3%) were from Katsina Ala. Distribution of respondents by age indicated that 18-30years were 137(37%) while 31years and above were 233(63%). Distribution of respondents by educational level indicated that O level were 121(32.7%), OND/NCE were 107(28.9%), First degree/HND were 94(25.4%) while M.SC and above were 48(13%). Distribution of respondents by their tribes indicated that Tiv were 231(62.4%), Idoma were 80(21.6%) and others (un-indicated) were 59(15.9%). The distribution of respondents by their religion indicated that Christianity were 358(96.8%) while Islam were 12(3.2%). The distribution of respondents by the number of children they are having indicated that those having

between 1 and 4 children were 296(80%) while those of 5 and above were 74(20%). Lastly, distribution of respondents by the type of job indicated that 190(51.4%) were in Civil Service while 180(48.6%) were in private sector.

3.3.1 Sample Size Determination

The estimated numbers of pregnant women who attend out clinic and are actually working aside their domestic responsibilities in the year 2017 are 804 at Federal Medical Centre Makurdi, 626 at General Hospital Otukpo, and 461 at General Hospital Katsina-Ala. The total number is then 1,891 pregnant women. This was obtained through Records Department of the respective hospitals.

Using Yamene (1967), Formula the sample size for this study was calculated.

$$\text{Formula } n = N / 1 + N(e)^2$$

Where:

n = estimated sample size

N= total number of the population

1= constant

e = estimated level of confidence

$$n = 1891 / 1 + 1891(0.05)^2$$

$$n = 1891 / 1 + 1891 \times 0.0025$$

$$n = 1891 / 1 + 4.73$$

$$n = 1891 / 5.73$$

$$n = 330$$

In order to forestall incidences of response mortality additional 50 respondents were included giving rise to a sample size of 380. However, the researcher was able to retrieve 370 questionnaires.

3.4. Sampling Technique

A multi-staged sampling technique was used for this study. A stratified sampling technique was used to select one Local Government Area on each geo-political zone. Simple random sampling was used to select one hospital from each of the three geo-political Zones of Benue State. Thus, Comprehensive Health Centre Township Katsina Ala for Zone A, Federal Medical Centre Makurdi for Zone B, and Comprehensive Health Centre Otukpo for Zone C. Quota sampling was used to get the number to represent each hospital according to their respective numbers. For Federal Medical Centre which has a population of 804 pregnant women, 157 pregnant women were sampled. For Comprehensive Health Centre Otukpo which has a population of 626 pregnant women, 123 pregnant women were sampled. Lastly for Comprehensive Health Centre Township Katsina Ala which has a population of 461 pregnant women, 90 pregnant women were sampled. The participants for this study were selected through purposive sampling technique. This is because it was convenient for the researcher and not all the pregnant women were willing. Moreover, it was not just any pregnant woman that was willing that was involved in the study but those pregnant women that are working aside their domestic responsibilities and are married. The researcher made use of several research assistants in collecting the data. These research assistants are people knowledgeable with the ethics and principles of research in psychology. The research assistants were trained on how to conduct the study, The researcher with his research assistants selected those women who are able and willing.

3.5. Instruments

Four (4) instruments were used for this study. They are as follows:

Occupational Stress was assessed using the Job- related Tension Index (JTI). It was developed by Kahn, Wolfe, Quinn, Snock and Rosenthal (1964). The JTI was designed to

measure employee perceptions of job stress. The scale comprised of 15 items asking about the frequency of stressful events and the extent of role overload. The scale has four dimensions which are; performance, workload, organizational design and responsibility, and decision making. Items 7, 8, 10, 11, 12, and 14 measures performance, items 4, 5, 13, and 15 measures workload, Items 1, 2, and 3 measures organizational design and responsibility, while items 6, and 9 measures decision making. Responses were obtained on a summated rating scale format ranging from "never" to "always". Internal consistency reliability using Cronbach alpha values for the instrument was .85 (Mohd Bakti and Abu Talib, 2009), and higher scores indicated higher perceived job stress. All items of the scale follow the direct scoring format.

Personality Traits were assessed using the Big Five Inventory (BFI) (John, Donahue & Kentle, 1991). This is an instrument that assesses personality from a five dimensional perspective. The essence of the perspective is that personality can be resolved into five broad dimensions which are distinct from one another. The five dimensions of the BFI were: extraversion, agreeableness, conscientiousness, neuroticism and openness. The instrument is administered individually after establishing a rapport. It is a 44 item instrument that people respond to as they see themselves. It is a Likert-type Scale format ranging from 1= strongly disagree to 5= strongly agree. Direct scoring is used for all the items. The values of all the items in the subscale were added up to get score of each individual on the subscale. The reliability coefficient provided by John *et.al.* (1991) are Cronbach Alpha is .80 and 3-month test- retest is .85.

Marital Satisfaction was assessed with the Couple Satisfaction Inventory (CSI=16) (Funk & Rogge, 2007). It is a 16 item scale that measures relationship satisfaction. It is measured on different response scale. The reliability coefficient of CSI=16 was Cronbach alpha of .94. Scoring of CSI=16 was simply used to sum the responses

across all of the items. The scores can range from 0 to 81. Interpretation is that higher scores indicate higher levels of relationship satisfaction. Scores below 51.5 suggests notable relationship dissatisfaction.

The **General Well-being** was assessed with General wellbeing Questionnaire which was constructed by Dupuy in 1977. It is a self-administered questionnaire that focuses on one's subjective feelings of psychological well-being and distress. The Scale assesses how the individual feels about his/ her inner personal state. It consists of 18 items with different response scales. It measures six dimensions of general well-being; namely, general health, anxiety self-control, depression, vitality and positive well-being. Items 1,9,and 15 measures general health, items 2,8,and 16 measures anxiety, items 3,7,and 13 measures self-control, items 4, 12, and 18 measures depression, items 4, 14 and 17 measures vitality and lastly items 6, 10 and 11 measures positive well-being. The scale includes both positive and negative questions and each item has the time frame "during the last month". The first 14 questions used six-point response Scales representing intensity or frequency. The remaining four questions use 0-to-10 rating scales defined by adjectives at each end. Scoring/Interpretation: There was a total score running from 0 to 110 with lower scores indicating more severe distress. The three levels of distress were sectioned accordingly: 0 to 60 reflect "severe distress"; 61 to 72 "moderate distress"; and 73 to 110 "positive well-being". Scores can be narrowed further into severe, serious, distress, stress problem, marginal, low positive and positive well-being. It takes approximately 10 minutes to administer. Validity (Quantitative): The average correlation of the GWB Schedule and six independent depression scales was 0.69. Correlations between individual subscales and criterion ratings were high, ranging between 0.65 and 0.90 (McDowell, 2006). Reliability (Quantitative): The test-retest

reliability coefficients (after three months) of 0.68 and 0.85 for two different groups. Internal consistency coefficients for the three subscales ranged from 0.72 to 0.88.

3.6. Pilot Study

To adopt the scale for the Nigerian sample, it was subjected to pilot study using 50 pregnant women from Myom hospital, in Gboko Local Government Area of Benue State. For the pilot study a total number of 60 copies of the four instruments were administered to the participants using purposive sampling in which only willing pregnant women were giving the instruments. Only 50 copies were correctly filled and returned. The 50 copies were analysed. From the analysis, the reliability coefficient of Job Related Tension Scale is a Cronbach Alpha of .850 while the reliability coefficient of the dimensions of the Big Five Personality Inventory are Neuroticism a Cronbach Alpha of .720, Conscientiousness a Cronbach Alpha of .800, Extraversion a Cronbach Alpha of .770, Agreeableness a Cronbach Alpha of .750 and Openness a Cronbach Alpha of .750. Also the reliability coefficient of the Couple Satisfaction Inventory is a Cronbach Alpha of .869 while that of the General Wellbeing Questionnaire is a Cronbach Alpha of .887.

3.7. Procedure

The researcher personally visited the three selected Local Government Areas being Makurdi, Otukpo and Katsina-ala. He collected the data from Federal Medical Centre Makurdi, Comprehensive Health Centre Otukpo and Comprehensive Health Centre Township Katsina-Ala where he obtained permission from the authorities of the three institutions for the administration of the questionnaires. Prior to the administration of the questionnaires, informed consent of the pregnant women was obtained after which questionnaires were administered at the convenience of the pregnant women. Attached to each questionnaire was informed consent note. On the note it was clearly stated that participation in the study was voluntary, and that response to the questionnaires will be

kept confidential and used solely for the purpose of research. Three research assistants assisted during the administration of the questionnaires. The assistants were trained on how to administer the questionnaires. The researcher and his assistants explained to the participants how to respond to the questionnaires. Also the participants were encouraged to make sure they answer all the questions. The questionnaires were collected after completion and were sorted out to ensure that only those that were fully and correctly completed were processed. Cases of improperly completed questionnaires were discarded. In order to observe ethical principles guiding research of this kind, respondents were debriefed adequately. This was achieved by appreciating their participation and assuring them of confidentiality.

3.8. Data Analysis

The data collected for the study were analyzed using computer software called Statistical Package for Social Sciences (SPSS), version 21.0. SPSS is a statistical package used for rigorous statistical analysis mostly in the Social Sciences

Multiple Linear Regression was used to test hypotheses one, two, and, four because it is one independent variable with many dimensions versus one dependent variable with many dimensions and they are continuous. Hypothesis three was tested with simple linear regression because it is one independent variable on one dependent variable though with many dimensions.

CHAPTER FOUR

RESULTS

This chapter covers testing of research hypotheses, presentation of results of data analyzed.

4.1 Hypothesis one: Occupational stress (performance, workload, organisational design and responsibility, and decision making) significantly predicted general wellbeing (general health, anxiety, self-control, depression, vitality and positive wellbeing) of pregnant women in Benue state. This hypothesis was tested using multiple linear regression and the result is presented in table 4.1.

Table 4.1: Multiple Linear Regression Showing the Independent and Joint Prediction of General Wellbeing by Occupational Stress of Pregnant Women in Benue State

DV	Variables	R	R ²	F	t	Sig
Overall DV	Constant	.338	.114	11.744	1.196	.000
	Performance		.068		1.157	.248
	Workload		.246		4.101	.000
	Organizational design responsibility		.137		2.294	.022
	Decision making		-.181		-2.901	.004
General	Constant	.322	.104	10.559	1.591	.000
	Performance		.042		.716	.475
	Workload		.217		3.594	.000
	Organizational design responsibility		.167		2.778	.006
	Decision making		-.175		-2.796	.005
Anxiety	Constant	.306	.093	9.406	1.024	.000
	Performance		.154		2.607	.010
	Workload		.159		2.614	.009
	Organizational design responsibility		.078		1.293	.197
	Decision making		-.130		-2.066	.040
Self-control	Constant	.209	.044	4.174	1.877	.003
	Performance		.024		.393	.695
	Workload		.103		1.646	.101
	Organizational design responsibility		.182		2.926	.004
	Decision making		-.044		-.682	.496
Depression	Constant	.396	.156	16.926	2.016	.045
	Performance		-.045		-.793	.429
	Workload		.376		6.419	.000
	Organizational design responsibility		.122		2.093	.037
	Decision making		-.282		-4.637	.000
Vitality	Constant	.249	.062	6.024	-.406	.685
	Performance		.206		3.421	.001
	Workload		.064		1.040	.299
	Organizational design responsibility		.074		1.204	.229
	Decision making		.011		.173	.863
Positive Well-being	Constant	.300	.090	9.041	3.276	.001
	Performance		-.043		-.725	.469
	Workload		.275		4.526	.000
	Organizational design responsibility		.043		.705	.481
	Decision making		.258		-4.090	.000

Source: Fieldwork, 2018

The result in table 4.1 revealed that occupational stress significantly predicted the general wellbeing among pregnant women [$F(4,369) = 11.744, P < .01$]. This result further showed that occupational stress accounted for 11.4% of the variance observed in the

general wellbeing among pregnant. On their independent contribution, only performance ($\beta = .068, P < .05$) did not make significant contribution to the general wellbeing among pregnant women, while workload ($\beta = .246, P < .01$), organizational design and responsibility ($\beta = .137, P < .05$) contributed positively and significantly to the general wellbeing, decision making ($\beta = -.181, P < .05$) contributed negatively and significantly to the model.

Furthermore, occupational stress was also explored on the dimensions of general health and the result shows that occupational stress significantly predicted general health [$F(4,369) = 10.559, P < .01$]. The result also indicated that occupational stress accounted for 10.4% of the variance in general health among pregnant women in Benue State. Independently, only performance ($\beta = .042, P > .05$) did not significantly predicted general health, while workload ($\beta = .217, P < .01$), organizational design and responsibility ($\beta = .167, P < .05$) made positive and significant contribution to the general health of pregnant women, decision making ($\beta = -.175, P < .05$) contributed negatively and significantly to the model. With this result, hypothesis one (A) was confirmed for workload, organizational design and responsibility and decision making.

The result in table 4.1 also provided result to show that occupational stress significantly predicted anxiety [$F(4,369) = 9.406, P < .01$]. The result also indicated that occupational stress accounted for 9.3% of the variance in anxiety among pregnant women. Independently, only organization design and responsibility ($\beta = .078, P > .05$) did not make significant contribution to the model, while performance ($\beta = .154, P < .01$), workload ($\beta = .159, P < .05$) made positive and significant contribution to anxiety, decision making ($\beta = -.130, P < .05$) contributed significantly and negatively to the anxiety

of pregnant women in Benue State. Based on this finding, hypothesis one (B) was confirmed for performance, workload and decision making.

The result in table 4.1 again revealed that occupational stress significantly predicted self-control among pregnant women [$F(4,369) = 4.174, P < .05$]. The result also indicated that occupational stress accounted for 4.4% of the variance in self-control dimension of general wellbeing among pregnant women. On their individual contribution, only organizational design and responsibility ($\beta = .182, P < .05$) made significant and positive contribution to the model, while performance ($\beta = .024, P > .05$), workload ($\beta = .103, P > .05$) and decision making ($\beta = -.044, P > .05$) did not make any significant contribution to self-control among pregnant women in Benue State. With this result, hypothesis one (C) was upheld for organizational design and responsibility.

Table 4.1 also shows that occupational stress significantly predicted depression among pregnant women [$F(4,369) = 16.926, P < .05$]. Further observation shows that occupational stress accounted for 15.6% of the variance in depression among pregnant women. Independently, only performance ($\beta = -.045, P > .05$) did not significantly contribute to depression, while workload ($\beta = .376, P < .01$), organizational design and responsibility ($\beta = .122, P < .05$) significantly and positively contributed to depression and decision making ($\beta = -.282, P < .01$) significantly and negatively predicted depression of pregnant women. With this result, hypothesis one (D) was confirmed for workload, organizational design and responsibility and decision making.

Table 4.1 also revealed that occupational stress did not significantly predict vitality among pregnant women [$F(4,369) = 6.024, P > .05$]. However, independently, performance ($\beta = .206, P < .01$) significantly and positively predicted vitality of pregnant women, while workload ($\beta = .064, P > .05$), organizational design and responsibility ($\beta =$

.074, $P > .05$) and decision making ($\beta = .011$, $P > .05$) did not make any significant contribution to the model. With this result, hypothesis one (E) was confirmed for performance.

Lastly, table 4.1 also indicated that occupational stress significantly predicted positive wellbeing [$F(4,369) = 9.041$, $P < .01$]. The result further revealed that occupational stress accounted for 9.0% of the total variance in wellbeing among pregnant women in Benue State. On their individual contribution, performance ($\beta = -.043$, $P > .05$) and organizational design and responsibility ($\beta = .043$, $P > .05$) did not contribute significantly to the model, while workload ($\beta = .275$, $P < .01$) and decision making ($\beta = .258$, $P < .01$) significantly and positively predicted positive wellbeing among pregnant women in Benue State. Based on this result, hypothesis one (F) was confirmed for workload and decision making.

4.2 Hypothesis two: Personality traits independently and jointly predicted general wellbeing of pregnant women in Benue State. This hypothesis was tested using multiple linear regression and the result is presented in table 4.2

Table 4.2: Multiple Linear Regression Showing Independent and Joint Prediction General Wellbeing by Personality Traits of Pregnant Women in Benue State.

DV	Variables	R	R ²	F	t	Sig	
Overall DV	Constant	.228	.052	3.532	2.276	.004	
	Openness				-1.113	-1.635	.103
	Extraversion				.087	1.463	.144
	Agreeableness				.089	1.624	.105
	Conscientiousness				-.010	-.153	.879
	Neuroticism				.138	2.349	.019
General health	Constant	.268	.072	4.997	1.757	.080	
	Openness				-.081	-1.185	.237
	Extraversion				.043	.727	.468
	Agreeableness				.033	.605	.546
	Conscientiousness				-.063	-.936	.350
	Neuroticism				.230	3.941	.000
Anxiety	Constant	.254	.065	4.451	3.952	.000	
	Openness				-.052	-.758	.449
	Extraversion				.098	1.659	.098
	Agreeableness				-.077	-1.409	.160
	Conscientiousness				-.151	-2.234	.026
	Neuroticism				.134	2.282	.023
Self-control	Constant	.207	.043	2.785	3.396	.015	
	Openness				-.160	-2.293	.022
	Extraversion				.146	2.458	.015
	Agreeableness				.099	1.795	.074
	Conscientiousness				.019	.279	.780
	Neuroticism				-.037	-.622	.535
Depression	Constant	.233	.054	3.701	.291	.003	
	Openness				-.080	-1.157	.248
	Extraversion				-.004	-.063	.949
	Agreeableness				.156	2.848	.005
	Conscientiousness				.124	1.824	.069
	Neuroticism				.117	1.985	.048
Vitality	Constant	.219	.048	3.248	2.826	.007	
	Openness				-.107	-1.543	.124
	Extraversion				-.060	-1.016	.310
	Agreeableness				.151	2.754	.006
	Conscientiousness				-.054	-.054	-.792
	Neuroticism				.065	1.106	.269
Positive wellbeing	Constant	.345	.119	8.722	-.924	.356	
	Openness				-.086	-1.283	.200
	Extraversion				.227	3.977	.000
	Agreeableness				.079	1.499	.134
	Conscientiousness				.071	1.081	.281
	Neuroticism				.174	3.072	.002

Source: Fieldwork, 2018

The result in table 4.2 indicated that personality traits significantly predicted general wellbeing among pregnant women [$F(5,327) = 3.532, P < .05$]. The result further indicated that 5.2% of the total variance in general wellbeing among pregnant women was been accounted for jointly by personality traits. Independently, only neuroticism ($\beta = .138, P < .05$) that significantly and positively contributed to general wellbeing among pregnant women in Benue state, while, openness ($\beta = -.113, P > .05$), extraversion ($\beta = .087, P > .05$), agreeableness ($\beta = .089, P > .05$) and conscientiousness ($\beta = -.010, P > .05$) did not make significant contribution to general wellbeing of pregnant women in Benue State.

Personality traits was further explored on the dimensions of wellbeing and it was found that personality traits significantly did not significantly predicted general health among pregnant women [$F(5,327) = 4.997, P > .05$]. On their individual contribution, only neuroticism ($\beta = .230, P < .01$) significantly and positively contributed to general health of pregnant women, openness ($\beta = -.081, P > .05$), extraversion ($\beta = .043, P > .05$), agreeableness ($\beta = .033, P > .05$) and conscientiousness ($\beta = -.063, P > .05$) did not contributed significantly to the model. Based on this finding, hypothesis two (A) was confirmed for neuroticism.

The result in table 4.2 also shows that personality traits significantly predicted anxiety among pregnant women in Benue State [$F(5,327) = 3.952, P < .01$]. Further observation shows that personality traits accounted for 6.5% of the variance in wellbeing of pregnant women. Independently, conscientiousness ($\beta = -.151, P < .05$) negatively contributed to the model while, neuroticism ($\beta = .134, P < .05$) made significant and positive contribution to the anxiety, on the other hand, openness ($\beta = -.052, P > .05$), extraversion ($\beta = .098, P > .05$) and agreeableness ($\beta = -.077, P > .05$) did not make

significant contribution to anxiety among pregnant women. With this result, hypothesis one (B) was confirmed for conscientiousness and neuroticism.

The result in table 4.2 also provided result to show that personality traits significantly predicted self-control among pregnant women [$F(5,327) = 2.785, P < .05$]. The result also indicated that personality traits accounted for 4.3% of the variance in wellbeing among pregnant in Benue State. Individually, only openness ($\beta = -.160, P < .05$), significantly and negatively predicted self-control and extraversion ($\beta = .146, P < .05$) significantly and positively predicted self-control while agreeableness ($\beta = .099, P > .05$), conscientiousness ($\beta = .019, P > .05$) and neuroticism ($\beta = -.037, P > .05$) did not make any significant contribution to the model. Based on this finding, hypothesis two (C) was confirmed for openness and extraversion.

Table 4.2 also revealed that personality traits did not significantly predicted depression among pregnant women [$F(5,327) = 3.701, P > .05$]. However, independently, agreeableness ($\beta = .156, P < .05$) and neuroticism ($\beta = .117, P < .05$) significantly predicted depression among pregnant women, while openness ($\beta = -.080, P > .05$), extraversion ($\beta = -.004, P > .05$) and conscientiousness ($\beta = .124, P > .05$) did not make significant contribution to the dimension. Based on this result, hypothesis two (D) was confirmed for agreeableness and neuroticism.

Table 4.2 also provided result which indicated that personality traits significantly predicted vitality among pregnant women [$F(5, 327) = 3.248, P < .05$]. The result also indicated that personality traits accounted for 4.8% of the variance in vitality among pregnant women. Independently, agreeableness ($\beta = .151, P < .05$) made significant and positive contribution to vitality while openness ($\beta = -.107, P > .05$), extraversion ($\beta = -.060, P > .05$), conscientiousness ($\beta = -.054, P > .05$) and neuroticism ($\beta = .065, P > .05$) did not

contributed significantly to the model. Based on this result, hypothesis two (E) was confirmed for agreeableness.

Table 4.2 revealed that personality traits did not significantly predicted positive wellbeing among pregnant women [$F(5,327) = 8.722, P > .05$]. Individually, only extraversion ($\beta = .227, P < .01$) and neuroticism ($\beta = .174, P < .05$) significantly and positively predicted positive wellbeing among pregnant women. While openness ($\beta = -.086, P > .05$), agreeableness ($\beta = -.079, P > .05$) and conscientiousness ($\beta = .071, P > .05$) did not significantly contributed to the model. With this result, hypothesis two (F) was confirmed only for extraversion and neuroticism.

4.3 Hypothesis three: Marital satisfaction significantly predicted general wellbeing among pregnant women in Benue State. This hypothesis was tested using simple linear regression and the result is presented in table 4.3

Table 4.3: Simple Linear Regression Showing the Prediction of Wellbeing by Marital Satisfaction of Pregnant Women in Benue State.

DV	Variables	R	R ²	F	t	Sig
Overall DV	Constant	.989	.977	15846.452	4.992	.000
	Marital satisfaction		.989			
General health	Constant	.805	.648	676.883	2.264	.000
	Marital satisfaction		.805			
Anxiety	Constant	.828	.686	805.346	2.351	.000
	Marital satisfaction		.828			
Self-control	Constant	.829	.687	807.974	3.067	.000
	Marital satisfaction		.829			
Depression	Constant	.769	.591	531.723	.214	.000
	Marital satisfaction		.769			
Vitality	Constant	.790	.623	609.053	-.898	.000
	Marital satisfaction		.790			
Positive wellbeing	Constant	.835	.697	846.903	-.465	.000
	Marital satisfaction		.835			

Source: Fieldwork, 2018

Table 4.3 revealed that marital satisfaction significantly and positively predicted the overall wellbeing [$F(1,369) = 15846.452, P < .01$]. The result further shows that 97.7%

of the variation in the overall wellbeing is been explained by marital satisfaction. With this result, hypothesis three (A) was accepted

Table 4.3 also revealed that marital satisfaction significantly and positively predicted general health [F (1,369) = 676.883, $P < .01$] Further observation shows that marital satisfaction accounted for 80.5% of the variance in anxiety. Based on this finding, hypothesis three (B) was upheld.

Table 4.3 also revealed that marital satisfaction significantly and positively predicted anxiety [F (1,369) = 805.346, $P < .01$] Further observation shows that marital satisfaction accounted for 82.8% of the variance in anxiety. Based on this finding, hypothesis three (B) was upheld.

Table 4.3 also indicated that marital satisfaction significantly and positively predicted self-control [F (1,369) = 807.974, $P < .01$]. The result also shows that marital satisfaction accounted for 68.7% of the variance in self-control among pregnant women in Benue State. Based on this result, hypothesis three (C) was upheld.

Also table 4.3 indicated that marital satisfaction significantly predicted and positively depression among pregnant women [F (1,369) = 531.723, $P < .01$]. The result also shows that marital satisfaction accounted for 59.1% of the variance in depression among pregnant women in Benue State. With this result, hypothesis three (D) was confirmed.

The result in table 4.3 also provided result to show that marital satisfaction significantly and negatively predicted vitality among pregnant women [F (1,369) = 609.053, $P < .01$]. The result further shows that marital satisfaction accounted for 62.3% of

the variance in vitality among pregnant women in Benue State. Based on this result, hypothesis three (E) was accepted.

Lastly, table 4.3 revealed that marital satisfaction significantly and negatively predicted positive wellbeing [$F(1,369) = 846.903, P < .01$]. The result further shows that marital satisfaction accounted for 69.7% of the variance in Positive wellbeing among pregnant women. Based on these findings, hypothesis three (F) was upheld

4.4 Hypothesis four: Occupational stress, personality traits and marital satisfaction significantly predicted general wellbeing of pregnant women in Benue State. This hypothesis was tested using multiple linear regression and the result is presented in table 4.4.

Table 4.4: Multiple Linear Regression Showing the Joint Prediction of General Wellbeing by Occupational Stress, Personality Traits and Marital Satisfaction of Pregnant Women in Benue State.

DV	Variables	R	R ²	F	t	Sig	
Overall DV	Constant	.989	.978	4872.778	1.974	.000	
	Occupational stress					-3.585	.000
	Personality traits					3.107	.002
	Marital satisfaction					117.251	.000
General health	Constant	.834	.695	246.009	1.911	.000	
	Occupational stress					-2.089	.037
	Personality traits					.196	.845
	Marital satisfaction					26.641	.000
Anxiety	Constant	.856	.733	296.537	3.193	.000	
	Occupational stress					-1.455	.000
	Personality traits					-2.882	.004
	Marital satisfaction					28.984	.000
Self-control	Constant	.842	.708	262.095	3.776	.000	
	Occupational stress					-3.637	.000
	Personality traits					-.500	.617
	Marital satisfaction					27.755	.000
Depression	Constant	.779	.607	166.709	-2.826	.000	
	Occupational stress					1.237	.217
	Personality traits					3.344	.001
	Marital satisfaction					20.869	.000
Vitality	Constant	.805	.647	198.292	.213	.000	
	Occupational stress					1.590	.113
	Personality traits					-2.903	.004
	Marital satisfaction					22.887	.000
Positive wellbeing	Constant	.869	.755	333.198	-3.419	.000	
	Occupational stress					-1.002	.317
	Personality traits					7.322	.000
	Marital satisfaction					29.763	.000

Source: Fieldwork, 2018

The result in table 4.4 revealed that occupational stress, personality traits and marital satisfaction significantly and jointly predicted the overall general wellbeing among pregnant women in Benue State [F (3,327) = 4872.778, P<.01]. The result further revealed that occupational stress, personality traits and marital satisfaction jointly accounted for 97.8% variance in the overall general wellbeing of pregnant women.

Furthermore, occupational stress, personality traits and marital satisfaction were jointly explored on the respective dimensions of general wellbeing and it found that, occupational stress, personality traits and marital satisfaction significantly and jointly predicted general health [$F(3,327) = 246.009, P < .01$]. The result further shows that 69.5% of the variation in general health among pregnant women was been accounted for by the joint prediction of occupational stress, personality stress and marital satisfaction. With this result, hypothesis four (A) was upheld.

Table 4.4 also indicated occupational stress, personality traits and marital satisfaction significantly and jointly predicted anxiety among pregnant women [$F(3,327) = 296.537, P < .01$] Further observation indicated that occupational stress, personality traits and marital satisfaction jointly accounted for 73.3% of the variance in anxiety among pregnant women in Benue State. Based on this finding, hypothesis four (B) was accepted.

The result in table 4.4 also shows that occupational stress, personality traits and marital satisfaction significantly and jointly predicted self-control [$F(3,327) = 262.095, P < .01$]. The result further revealed that occupational stress, personality traits and marital satisfaction jointly accounted for 70.8% of the variance in self-control among pregnant women. Based on this finding, hypothesis four (C) was confirmed,

Finding in table 4.4 also shows that occupational stress, personality traits and marital satisfaction significantly and jointly predicted depression among pregnant women [$F(3,327) = 166.709, P < .01$]. Further observation shows that occupational stress, personality traits and marital satisfaction jointly accounted for 60.7% of the variance in depression among pregnant women. With result, hypothesis four (D) was upheld.

Table 4.4 also indicated that occupational stress, personality traits and marital satisfaction significantly and jointly predicted vitality among pregnant women [$F(3,327) = 198.292, P < .01$]. Result further shows that occupational stress, personality traits and marital satisfaction jointly accounted for 64.7% of the total variance in vitality among pregnant women. With finding, hypothesis four (E) was accepted.

Lastly table 4.4 indicated that occupational stress, personality traits and marital satisfaction significantly and jointly predicted positive wellbeing among pregnant women [$F(3,327) = 333.198, P < .01$]. Observation further revealed that occupational stress, personality traits and marital satisfaction accounted for 75.5% of the variance in positive wellbeing among pregnant women in Benue State. With this result, hypothesis four (F) was accepted.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

This study examined occupational stress, personality traits and marital satisfaction as correlates of the general well-being of pregnant women in Benue State. Data was collected and analyzed and the result presented in chapter four. In this chapter, the results are discussed, implications of the findings highlighted, conclusions drawn, limitation and recommendations stated.

5.1. Discussion of Findings

The discussion of findings is based on the hypotheses tested in the study. Hypothesis one states that occupational stress will significantly predict the general well-being of pregnant women in Benue State. Result indicated that occupational stress positively and significantly predicted the general well-being of pregnant women in Benue State. This means as the level of occupational stress increased, the level of general well-being of pregnant women in Benue State increased. This finding agrees with Jasmani and Abdul (2011), who studied stress and psychological well-being of government officers in Malaysia. Their result indicated that occupational stress has a significant positive correlation with psychological well-being

Meanwhile, this finding disagrees with some other research findings with these variables which had established a negative and significant influence of occupational stress on well-being. That is, as the level of occupational stress reduces, the general well-being increases while the level of occupational stress increases the general well-being reduces. The study by Liu, Ren and Zhao (2016), confirmed that occupational stress had significant negative impact on the well-being of junior administrative staff in universities in China. Also the study by Poormahmood, Moayedi and Haji-Alizadel (2016), found a

negative correlation between occupational stress and overall psychological well-being.

What actually should account for this opposite result?

On one hand, Benue being an agrarian state might have trained her women with had jobs as we can observe some women using axe to pieces firewood, using big hoes to dig during farming season, pounding food etc. These strenuous activities they have being engaged in right from adolescent. Their body system might have developed some strategy that helps them to cope effectively. On the other hand, it might be that the joy that accompanies being pregnant with the great expectation of having a child at the end have overwhelmed whatever pressure the stressors may be having on them. Meanwhile, during pregnancy the existing laws which give pregnant women some privileges at workplace and sometimes reduce their workload serves as a booster to their body system which has being going through tedious activities thereby assumes the stress to be positive in nature therefore, enhancing their well-being.

Meanwhile the study by Hasnani, Naz and Bano (2010), had found non-significant impact of occupational stress on well-being using lawyers. It therefore suggests that the type of job one is doing determines the nature of influence stress will have on the individual. This study has brought pregnant women who are doing different jobs together and this can influence the direction of influence.

Furthermore, when the work load, and organizational design and responsibility is high, the general well being of pregnant women in Benue is better. But when their decision making is reduced, the general well-being of pregnant women become better.

Meanwhile, looking at the dimension of general well-being, first, the general health of pregnant women in Benue State, occupational stress in general predicted general health. That is as occupational stress increases the general health of pregnant women gets

better. But it is only workload and organizational design and responsibility that predicted general health positively while decision making made a negative contribution. That is as decision making reduces, the general health increases.

Going further, occupational stress predicts anxiety. That is as occupational stress increases anxiety level increases. However, it is workload and performance that contributes positively to anxiety. Organizational design and responsibility did not make any contribution while decision making made a significant negative contribution to anxiety of pregnant women. That is as they get involved much in decision making their anxiety level decreases.

Still on occupational stress, it was found that occupational stress predicted the self-control of pregnant women. Simply put, as their occupational stress increases, they learn how to control themselves better. In the same vein, it was only organizational design and responsibility that contributed positively to self-control. That is, as their organizational design and responsibility increases their self-control increase. But all other domain of occupational stress (performance, workload and design making) did not make any significant contribution.

Also occupational stress predicted depression among pregnant women in Benue State. That is as their stress level increase their depression increases. It was observed that workload and organizational design and responsibility contributed positively to depression which means increase in workload and organizational design and responsibility increases depression. But decision making made a significant negative contribution to depression, which means that as decision making increases, depression reduces and vice versa, leaving only performance without any significant contribution.

However, occupation stress did not predict vitality. However, it is only performances that made a significant and positive contribution to vitality. That is, as performance increases, vitality of pregnant women increase while workload, organizational design and responsibility, and decision making did not make significant contributions.

Lastly on occupational stress, it predicted positive well-being which means as occupational stress increases positive well-being increases. But workload and decision making made significant and positive contributions to positive well-being. As workload and decision making increase, positive well-being also increases. Performance and organizational design and responsibility did not make any significant contributions.

Hypothesis two states that personality traits will independently and jointly predict the general well-being of pregnant women in Benue state. Result indicated that personality traits jointly predicted the general well-being of pregnant women in Benue state while independently it is only neuroticism that significantly and positively contributed to the general well-being of pregnant women in Benue state. Openness to experience, Agreeableness, Extraversion and Conscientiousness did not make significant independent contribution to the general well-being of pregnant women in Benue State.

This finding is not in agreement with other researches. Mobarakeh *et.al* (2015), found a significant relationship between adolescent personality traits and psychological well-being with neuroticism having a negative significant relationship while openness to experience and Conscientiousness do not have any significant relationship. Aldridge and Gore (2016), found that neuroticism was the strongest predictor for most of the well-being variables while the second predictor among students and employees were conscientiousness but for parents it was agreeableness. Asude (2011), also found that

neuroticism was a negative predictor of subjective well-being while openness to experience and agreeableness do not contribute to well-being among undergraduates in Turkey. Marzuki (2013), found that openness to experience and conscientiousness to be significant predictors of well-being among lecturers followed by extraversion.

Meanwhile, from previous research findings it is well established that neuroticism has a negative influence on well-being but regarding other traits, there has not been consistent findings. For different group of people, different personality traits predict their well-being as we see from Marzuki (2013), among lecturers was openness to experience and conscientiousness while Asude (2011), among undergraduates openness to experience and agreeableness do not contribute.

A simple explanation to neuroticisms positive contribution to the general well-being of pregnant women is that at pregnancy, there are several biological changes that take place in a woman. These changes may cause a woman to behave in a way that others may not be at ease with her. Such like outburst of emotions. This may be considered strange by many people however such such emotional outburst may be a way of releasing build up tensions that may constitute future problem to the woman if left unreleased.

On the dimension of well-being, personality traits predicted general health with only neuroticism making a significant and positive contribution to general health. That is the high the neuroticism level the better the general health of pregnant women in Benue State, while openness, extraversion, agreeableness and conscientiousness did not make any significant contribution.

On the other hand, on the dimension of anxiety, personality traits significantly predicted it. Meanwhile, conscientiousness made a negative contribution. That is the less conscientious one is the higher the anxiety level. But, neuroticism made a positive

contribution, which means the more the individual is tends to the trait of neuroticism the higher the level of anxiety. Openness, agreeableness and extraversion did not make any significant contribution.

On the dimension of self-control, personality traits significantly predicted it. Openness made a negative contribution to self control. That is as the individual tends to be more open to new experience their self-control reduces. Extraversion made a positive contribution to self-control. That is as the individual tends to more extroversion his/her self-control increase. Agreeableness conscientiousness and neuroticism did not make any significant contribution.

Furthermore, personality traits significantly predicted vitality among pregnant women. Only agreeableness made a significant and positive contribution to vitality. That is, as the individual tends to be more agreeable the more vigour they possess. All other traits did not make significant contribution to the model.

Meanwhile, personality traits did not predict positive well-being among pregnant women. But extraversion and neuroticism significantly and positively predicted positive well-being. The more extraverted and neurotic individuals are the better thier positive well-being. Also all other traits did not make significant contribution to positive well-being.

On the whole, different traits influences different aspect of well-being, for example neuroticism made positive contributions to general health, anxiety and positive well-being. It may sound strange how it is possible. However, looking back to how neurotic people behavior, they tend to be emotionally unstable and may develop psychological disorder. This behaviour may serve as a booster to their health as they use

it to release undue tension in their systems. Neuroticism did not predict depression, self-control and vitality whereas some other traits. This applies to all the traits.

Hypothesis three states that marital satisfaction will significantly predict the general well-being of pregnant women in Benue state. Result indicated that marital satisfaction positively predicted the general well-being of pregnant women in Benue State. That is, as pregnant women perceive the benefits and costs of their marriages to be favourable, the general well-being becomes favourable too. The higher the marital satisfaction, the better the general well-being of pregnant women in Benue State. While the lower their marital satisfaction the unfavourable their general well-being.

This finding agrees with most studies related to these variables. Ofovwe *et.al* (2013), found a strong association between marital satisfaction and psychological disorders among secondary school teachers. Katja *et.al* (2017), found that marital satisfaction is associated with health and well-being in older couples over time. Gorchoff (2008), found a strong link between marital satisfaction and well-being while individuals highly-invested in unsatisfying marriages experienced lower levels of well-being and higher levels of depression than less-highly-invested individuals.

Furthermore, marital satisfaction predicts all dimensions of general well-being. Marital satisfaction contributes positively to general health, anxiety, self-control, depression but negatively to vitality and positive well-being. This suggests that couples should adhere to marriage agreements in order to ensure wellness even during pregnancy.

Hypothesis four states that occupational stress, personality traits and marital satisfaction will jointly predict the general well-being of pregnant women in Benue State. Result indicated that occupational stress, personality traits and marital satisfaction jointly predicted the general well-being of pregnant women in Benue State. This means that

occupational stress, personality traits and marital satisfaction are co-determinants of the general well-being of pregnant women. This finding supports the Network theory of well-being by Bishop (2012), which holds that well-being of an individual is as a result of several related variables that are influencing each other.

Further exploring the joint influence of occupational stress, personality and marital satisfaction on the general well-being of pregnant women in Benue State, it was found that occupational stress, personality traits and marital satisfaction jointly predicted all the dimensions of general well-being (general health, anxiety, self-control, depression, vitality and positive).

5.2 Implications of the Study

The findings of this study have a lot of implications as regards the general well-being of pregnant women. Even though, there are a lot of empirical evidences which support that occupational stress negatively predict well-being and health outcomes yet this finding has come up with a relevant information concerning pregnancy. During pregnancy, it is not a time to be idle completely unless there are medical conditions that suggest that. Pregnant women should be actively engaged to an extent for that helps their general well-being. However, a working class pregnant woman should constantly monitor her depression/anxiety indices because occupational stress will likely cause a rise on those variables.

Another implication as regards the general well-being of pregnant women is that pregnant women who are high on neuroticism have the tendency of having a better general well-being. Therefore, pregnant women should be free to express their emotions anywhere anytime, because trying to suppress their emotions may have a negative effect on them but expressing it enhances their well-being.

Also finding indicated that marital satisfaction predicted the general well-being of pregnant women. The implication of this finding is that in most homes where the perceived benefits and cost of marriage are not satisfactory, the general well-being of the pregnant woman is at risk. However where the perception is satisfactory, the general well-being of the pregnant woman is meant to be favourable. It is therefore for couples to live in disharmony knowing its influence on the general well-being of a woman that is pregnant.

Finally, the finding that occupational stress, personality traits and marital satisfaction jointly predicted the general well-being of pregnant women suggests that the issue of the general well-being of a pregnant woman should not be looked at from a single variable perspective. There are several variables that may be influencing a pregnant woman's well-being which if overlooked may be dangerous for her.

Previous researches reviewed had looked on well-being from a global point of view but well-being comprises of several dimensions. Generally, a person may report that he/she is generally well but that does not rule out the fact that one or two areas of his/her life may not be perfectly well. From this research, the assertion that 'I am well' does not mean that everything concerning the individual is well is confuted. There may be some aspect of the person that is not completely well.

5.3. Conclusion

In a bid to investigate occupational stress, personality traits and marital satisfaction as correlates of general well-being of pregnant women in Benue State, theories and empirical literatures were reviewed, data were collected and tested. Based on the result, it was concluded that:

- i. Occupational stress predicted the general well-being of pregnant women in Benue state.
- ii. On the dimensions of general well-being, occupational stress predicted general health, anxiety, self-control, depression and positive well-being but did not predict vitality of pregnant women in Benue State.
- iii. Personality traits jointly predicted the general well-being of pregnant women in Benue State. However, neuroticism positively contributing significantly to the general well-being of pregnant women in Benue State.
- iv. On the dimensions of general well-being, personality traits predicted anxiety, self-control and vitality but could not significantly predict general health, depression and positive well-being among pregnant women in Benue State.
- v. Marital satisfaction promotes the general well-being of pregnant women in Benue state of pregnant women in Benue State.
- vi. On the dimensions of general well-being, marital satisfaction predicted all the dimensions of general well-being (general health, anxiety, self-control, depression, vitality and positive well-being) among pregnant women in Benue State.
- vii. Occupational stress, personality traits and marital satisfaction have joint influence on the general well-being of pregnant women in Benue State.
- viii. On the dimensions of general well-being, Occupational stress, personality traits and marital satisfaction jointly predicted all the dimensions of general well-being (general health, anxiety, self-control, depression, vitality and positive well-being) among pregnant women in Benue State.

5.4. Recommendations

The general well-being of pregnant women is very essential since their well-being to a large extent determines the well-being of the unborn baby and the entire family. Therefore, their general well-being should not be compromised at all in order to give both the family and the society the needed atmosphere to thrive well. Meanwhile, the following specific recommendations are made:

- i. Pregnant women should not be idle but should be actively engaged in some sort of mild activities that are not too stressful since their active involvement in stressful activities enhances their well-being. Such activities like swimming, walking, running and dancing, they help pregnant women not to concentrate on the stress which enhances their well-being unless there are medical conditions that prohibits it.
- ii. Pregnant women should engage in psychological self-care in order to mediate the progression of depression and anxiety.
- iii. The general well-being of pregnant women should be examined periodically along side other variables like occupational stress, their personality traits, marital satisfaction and others to see areas of likely intervention.
- iv. Emotional outburst and uncontrolled impulses of women during pregnancy should be condoned for that may be a way of releasing inner tensions that might be harmful to their health.
- v. Marriage agreements should be kept in order to make the home harmonious.

5.5. Limitations of the Study

This study has contributed immensely to knowledge. However, it is limited in some aspects.

- I. Pregnant women demonstrated some level of fear when filling the questionnaire, despite assurance of confidentiality. They felt that the information they gave will be divulged, thereby using it to witch-hunt them. Therefore, the researcher could not guarantee the degree of honesty in their response.
- II. The study employed only quantitative approach (use of structured questionnaire) of data collection thereby leaving the qualitative procedure (face-to-face verbal interview) of information gathering.
- III. Only the urban areas were used in this study leaving out the rural areas which actually occupy a greater percentage of the population of Benue State.

5.6. Suggestions for Further Studies

It suggested that further studies should do the following:

- I. Combine both qualitative and quantitative approaches.
- II. Examine the variables using experimental studies which have the capacity to strengthen the weakness of this ex-post-facto approach.
- III. Make use of both urban and rural areas as that may give a better picture of the people.

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Instruments

Department of psychology
Benue state university
Makurdi

Dear Respondent

QUESTIONNAIRE

I am a student of the above department, and the questionnaire below is part of my PhD thesis. Please, you are enjoined to go through each part and respond to them as they apply to you. This is purely an academic exercise therefore all responses provided will be treated with great confidence and will be used only for this purpose.

Thanks

Yours sincerely

Uchenna Gerald Eze
Bsu/psy/PhD/15/7618

SECTION A: PERSONAL DATA INSTRUCTION: Please mark / / in the appropriate box.

- 1. **Age; 18-30** **30 and above**
- 2. **Educational Level:** 0 level ID/NCE First degree/HND
MSC and above
- 3. **Tribe:**Tiv doma ede hers
- 4. **Place of work;** Makurdi tsin-Ala ikpo
- 5. **Religion:** Christianity Islam raditional
- 6. **Number of children:** 1-4 5 and above
- 7. **Type of job:** self employed civil service ivate sector

SECTION B

INSTRUCTION: The following are statements designed to find out how frequently you are bothered at work. It is not a test, 'so there are no wrong answers. Please read each statement carefully and shade the appropriate number to the right of the statement to indicate how bothered you feel at work.

S/N		NEVER	RARELY	SOMETIMES	RATHER OFTEN	ALWAYS
1	Feeling that you have too little authority to carry out the responsibilities assigned to you.					
2	Being unclear on just what the scope and responsibilities of your job are.					
3	Not knowing what opportunities for advancement or promotion that exist.					
4	Feeling that you have too heavy a work load, one that you can't possibly finish during an ordinary workday.					
5	Thinking that you'll not be able to satisfy the conflicting demands of various people over you.					
6	Feeling that you're not fully qualified to handle your job.					
7	Not knowing what your immediate supervisor thinks of you, how he or she evaluates your performance.					
8	The fact that you can't get information needed to carry out your job.					
9	Having to decide things that affect the lives of individuals, people that you know.					
10	Feeling that you may not be liked and accepted by the people you work with.					
11	Feeling unable to influence your immediate supervisor's decisions and actions that affect you.					
12	Not knowing just what the people you work with expect of you.					
13	Thinking that the amount of work you have to do may interfere with how well it gets done.					
14	Feeling that you have to do things on the job that are against your better judgment.					
15	Feeling that your job tends to interfere with your family life.					

SECTION C

INSTRUCTION: The following are statements people often use to describe themselves. Read each statement carefully and indicate the extent to which it is a true description of you as you see yourself by shading only one of the following words in the box in front of each statement. It is not a test, so there are no rights or wrong answers. Work rapidly. The words are: disagree strongly, disagree a little. Neither a little, agree a little and agree strongly.

I see myself as someone who

S/N		Disagree strongly	Disagree a little	Neither a little	Agree a little	Agree strongly
1	is outgoing and sociable					
2	is talkative.					
3	has an assertive personality					
4	generates a lot of enthusiasm.					
5	is full of energy.					
6	is reserved.					
7	is sometimes shy, inhibited.					
8	tends to be quiet.					
9	is considerable and kind to almost everyone					
10	likes to cooperate with others					
11	is helpful and unselfish with others					
12	has a forgiving nature					
13	is generally trusting					
14	tends to find fault with others					
15	starts quarrels with other					
16	can be cold and aloof					
17	sometimes rude with others					
18	does a thorough job					
19	does thing effectively					
20	makes plans, follows through with them.					
21	is a reliable worker					
22	perseveres until the task is finished					
23	is easily distracted					
24	can be somewhat careless					
25	tends to be lazy.					
26	tends to be disorganized					
27	worries a lot					
28	can be tense					
29	gets nervous easily					
30	is depressed, blue					
31	can be moody					
32	remains calm in tense situations					
33	is emotionally stable, not easily upset					
34	is relaxed, handles stress well					
35	is inventive					
36	original, comes up with new ideas					
37	values artistic, aesthetic experiences					
38	has an active imagination					
39	likes to reflect, play with ideas					
40	is sophisticated in art, music or literature					
41	is ingenious, a deep thinker					
42	is curious about many different things.					
43	prefers work that is routine					
44	has few artistic interests					

SECTION D:

INSTRUCTION: The following are statement designed to find out how you are satisfied in your marriage. Please read each statement carefully and tick or shade the appropriate box that indicates how you are satisfied.

1. Please indicate the degree of happiness, all things considered of your relationship.

- Extremely unhappy
- Fairly unhappy
- A little unhappy
- Happy
- Very happy
- Extremely Happy

2. In general, how often do you think things between you and your partner are going well

- All the time
- Most of the time
- More often than not
- Occasionally
- Rarely
- Never.

	Not at all true	Somewhat true	A little true	Mostly true	Almost completely true	Completely true
3. Our relationship is strong						
4. my relationship with my partner makes me happy						
5. I have a warm and comfortable relationship with my partner						
6. I really feel like part of a team with my partner						
7. how rewarding is your relationship with your partner?						
8. How well does your partner meet your needs?						
9. To what extent has your relationship met your original expectations?						

10. In general, how satisfied are you with your relationship?							
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For each of the following items, select the answer that best describes how you feel about your relationship. Base your responses on your first impressions and immediate feelings about the item.

11. Interesting	5	4	3	2	1	0	Boring
12. Bad	0	1	2	3	4	5	Good
13. Full	5	4	3	2	1	0	Empty
14. Sturdy	5	4	3	2	1	0	Fragile
15. Discouraging	0	1	2	3	4	5	Hopeful
16. Enjoyable	5	4	3	2	1	0	Miserable.

SECTION E:

INSTRUCTION: For each question, choose the answer that best describes how you have felt and how things have been going for you *during the past month*.

1. How have you been feeling in general?

- In excellent spirits
- In very good spirits
- In good spirits mostly
- I've been up and down in spirits a lot
- In low spirits mostly
- In very low spirits

2. Have you been bothered by nervousness or your "nerves"?

- Extremely so to the point where I could not work or take care of things
- Very much so
- Quite a bit
- Some enough to bother me
- A little
- Not at all

3. Have you been in firm control of your behavior, thoughts, emotions, or feelings?

- Yes, definitely so
- Yes, for the most part
- Generally so
- Not too well
- No, and I am somewhat disturbed
- No, and I am very disturbed

4. Have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile?

- Extremely so to the point I have just about given up
- Very much so
- Quite a bit
- Some enough to bother me
- A little bit
- Not at all

5. Have you been under or felt you were under any strain, stress, or pressure?

- Yesô almost more than I could bear
- Yesô quite a bit of pressure
- Yesô some, more than usual
- Yesô some, but about usual
- Yesô a little
- Not at all

6. How happy, satisfied, or pleased have you been with your personal life?

- Extremely happyô couldn't have been more satisfied or pleased
- Very happy
- Fairly happy
- Satisfiedô pleased
- Somewhat dissatisfied
- Very dissatisfied

7. Have you had reason to wonder if you were losing your mind or losing control over the way you act, talk, think, feel, or of your memory?

- Not at all
- Only a little
- Some, but not enough to be concerned
- Some, and I've been a little concerned
- Some, and I am quite concerned
- Much, and I'm very concerned

8. Have you been anxious, worried, or upset?

- Extremely soô to the point of being sick, or almost sick
- Very much so
- Quite a bit
- Someô enough to bother me
- A little bit
- Not at all

9. Have you been waking up fresh and rested?

- Every day
- Most every day
- Fairly often
- Less than half the time
- Rarely
- None of the time

s/n		All the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
10	Have you been bothered by any illness, bodily disorder, pain, or fears about your health?						
11	Has your daily life been full of things that are interesting to you?						
12	Have you felt downhearted and blue?						
13	Have you been feeling emotionally stable and sure of yourself?						
14	Have you felt tired, worn out, used-up, or exhausted?						

Circle the number that seems closest to how you have felt generally *during the past month*.

15. How concerned or worried about your health have you been?

Not concerned at all	10	8	6	4	2	0	Very concerned
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16. How relaxed or tense have you been?

Very relaxed	10	8	6	4	2	0	Very tense
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17. How much energy, pep, and vitality have you felt?

No energy At all, " listless	0	2	4	6	8	10	very cheerful
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18. How depressed or cheerful have you been?

Very Depressed	0	2	4	6	8	10	very energetic dynamic
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