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Study of the Effect of Gender and Health on General Well-Being

Abstract : Well-being refers to a state of being happy, healthy, and comfortable, both physically and mentally. It often involves things like good physical health, a sense of purpose, strong relationships, mental resilience, and finding balance in life. Present study aimed to investigate the effect of gender and health on general well being. It was hypothesized that (1) The level of well being would be found higher in Male than female (2) The Level of well being would be found higher in healthy people in comparison to those suffering from chronic illness (3) The difference would be found on the level of well-being among male and female who were suffering from chronic illness. A total of 40 subjects from different area of Gorakhpur city, participated as respondent. The findings revealed that male were found high level of well-being than female. Effect of health was found to be significant, which reveals that healthy people shows high level of well being than unhealthy people.

Key Words: Gender, Well-being, Health & Quality of Life.

Introduction : Well – being is a holistic state of health in which an individual experience physical, mental, emotional, and social balance ,and is able to realize their potential, cope with normal life stresses, work productively, and contributes to society. It is a positive state in which individuals experience good health, happiness, life satisfaction, and a sense of purpose, influenced by personal, social, and environmental conditions. Well-being (2024 definition): A dynamic, multidimensional state where an individual experiences positive emotional, social, mental, and physical health, characterized by:

- 1. Physical well-being:** Maintaining a healthy body through regular physical activity, balanced nutrition, and access to medical care.
- 2. Mental well-being:** Cognitive and emotional health,

including a sense of clarity, resilience, and the ability to manage stress and challenges.

3. **Emotional well-being:** Experiencing positive emotions (like happiness, contentment, and gratitude), while being able to manage negative emotions in a healthy way.
4. **Social well-being:** Having fulfilling, supportive relationships and a sense of belonging within a community or network of people.
5. **Purpose and Meaning:** Feeling that life has direction, often linked to personal values, goals, and contributing to something larger than oneself.
6. **Economic well-being:** Having financial security and access to resources that enable individuals to meet their basic needs and pursue personal growth.
7. **Environmental well-being:** Living in a healthy, safe, and sustainable environment that promotes a sense of calm and reduces stress.

This broader definition reflects a holistic view of well-being, where individuals are not merely free from disease but thrive across various domains of their lives, enjoying life satisfaction and resilience in the face of adversity. It has become more clear that well-being is subjective, meaning it's experienced differently by each person based on their circumstances, values, and personal experiences. Although women reports more negative affect but at the same time they also seem to experience greater joy. **Martekaasa (1992)** has studied on student well being among University students from 39 countries over the world on both developed and developing countries by using satisfaction with life and happiness scale. He found that male are more happy than female. **Diener (1984)** healthy in strongly related with the subjective well being. Diener Sandvik (1993) in their study found that subjective well being is higher in healthy people in comparison to unhealthy people. **Ryff et.al. (1997)** physical health among people shows a strong co-variation with subjective well being. Temperament has a powerful effect as subjective well being. Studies of heritability in which twins separated at birth are studies as adults found that both pleasant and unpleasant affects have a strong genetic basis (**Lykken & Tellegen, 1996, Lykken, Bouchrad, Wilcox, Segal & Rich, 1988**). **David G. Blanchflower (2024)** found that women reported higher level of anxiety and depression compared to men across multiple countries. **M.Pinho (2026)** reported that women shows trait and state anxiety, negatively affecting subjective well-being. **P.Yurayat et.al (2025)** identified gender difference across PERMA dimension (Positive emotion, Engagement , Relationship , Meaning , Accomplishment) with men scoring slightly higher in life satisfaction. **A.K.Remesan (2025)** highlights that women report higher level of psychological distress associated with chronic health conditions.

Method :

Design: In the present study a 2x2 (i.e., well being healthy and unhealthy X gender: male and female) factorial design was used.

Sample: A total of 40 subjects (Male x Female) participated in the study between the age of 40-50 years. Among them 20 were suffering from chronic illness. The other 20 subjects were normal healthy individuals with no health related problem. 10 male and 10 female subjects were suffering from chronic illness and other 20 male & female subjects were healthy people.

Material:

PGI General Well-being Measure: In this study PGI general well-being measure was used. The scale was developed by Dr.Santosh Kumar Verma and Mrs. Anita Verma. In this scale there were 20 items. Items were tested through “thinking aloud method” for their suitability. Its difficulty value was judged by, “ underlining test” and was found to be quit low and highly satisfactory. It was well accepted and took very little time to administer, The scoring was easy-

just counting the number of ticks () with scores ranging from 0-20. It was measured by K.R. 20 formula and found to be 98 ($P < .01$) (S.K.Verma) while test –retest reliability was 91($P < .01$) (Moudgil et.al (1986) for the English version and 86 ($P < .01$) for the Hindi version.(Moudgil et.al 1986).

Procedure: Data was collected from patients mostly in hospital but sometimes at their home as well. In case of healthy subjects data was collected at their home or work place. Each respondents was contacted individually. The physicians permission was sought-before to talking to patients. Instruction were read to respondents who were also requested to read the printed instruction carefully along with the researchers and indicate their responses at the space provided in the answer sheet. The questionnaire measures were presented.

Scoring: Number of ticks are counted and constitute the well being score of the particular individual at that time, the administration and scoring takes hardly 5-6 minutes per subjects.

RESULTS : This chapter includes the obtained result from the statistical analysis of responses data obtained from subjects (Male + Female and Healthy + Unhealthy) were scored and treated statistically in terms of means, SDs and analysis of variances (ANOVA). Result are displayed in Table No-3.1 and 3.2.

Analysis of Variance : Table 3.1 reveals that, there is a difference between the level of well being among the male & female. It is apparent from the result as given in table 3.1, that level of well being is higher in male ($M = 14.8$) than female ($F = 13.2$). Contrary to this, as table 3.1 denotes that the level of well being is higher in healthy people ($M=14.8$, $F=13.2$) in comparison to unhealthy people ($M=4.10$, $F2.33$) their result reveals that, there is a difference between the level of well being among male (7.9) and female (5.5) who were suffering from chronic illness.

Table- 3.1
Shows mean & SDs level of well being in Gender and Health

		Male	Female
Healthy	Mean	14.8	13.2
	SDs	2.48	4.21
Unhealthy	Mean	7.9	5.5
	SDs	4.10	2.33

Further in order to determine the effect of well being on Gender and health of people a 2 x 2 (Gender: Male and Female x Health: Chronic illness and Health) ANOVA analysis was done, result displayed in table 3.2 shows the varied level of well being. ANOVA result revealed that health & gender exerted significant effect of Gender well being of subject. Main effect for gender has also found to significant [$F(1, 36) 3045, P < .01$] with reels that male subject ($M 14.8$) showed higher level of well being than female ($F = 13.2$).

Table- 3.2
Shows F value of well being level of health and Gender of People

Source	SS	Df	Mean Square	F.Ratio
Among treatment A	606.15	1	606.15	30.45**
Among B treatment	3861	1	3861	194.02**
A X B Treatment	3942.15	1	3942.5	198.09**
Within Treatment	416.6 9125.90	36 40	19.90	

A= Gender B= Health $P < .01 = **$

Main effect of health [F (1,36)-194.02, P<.01] was found to be significant which reveals that healthy people (M14.8, F 13.2) shows high level of well being than unhealthy peoples (M-7.9, F = 5.5). As table 3.2 denotes that A x B (Gender: Male & Female x Health: Chronic illness & Health) interaction effect [F (1,36) 198.09 P<.01] was found to be significant. Table 3.2 indicate that gender & health together exercised join effect on well being of people. In case of unhealthy conditions female second high on well being measure than male. Findings also suggest that the level of well being is low in female than male.

Discussion : Findings of the present study are interpreted and discussed under this section. Major findings of the study have been interpreted in accordance with the statistical treatments, presented in results section. Further, the role of predicting variables health, gender and its effect on well being of people have been discussed in the subsequently section. More specifically the first, section, deals with the role of gender in well being. In second section the effect of well being on health and gender of people have been discussed.

Major findings of the study :

- 1- In brief, the major findings of this study suggested that the well being varied in accordance with gender female were found low level of well being than male. Result reported that people who were suffering from chronic illness have low level of well being.
2. ANOVA results revealed that health and gender exerted significant effect of well being of subject. Main effect for gender has also to be significant.
3. Effect of health was found to be significant which reveals that there is a difference among the male & female who were suffering from chronic illness.

Empirical and theoretical validation of the findings : The findings of present study originate that numerous factors related to gender and health, exercised significant role in the level of well being. Gender difference was formed in our society the main different in individual of social being is her on his society, perhaps every individual follow up his or her society, thus socio-culture difference were found. Society play a very important role in women improvement & personality development. Every society life style. Norms value are different from another society & women have to learn and follow the rules and value from the very earlier of her life. They are likely to behave accordance to it, hence there are some society, high, middle & low class. There society have some rules to follow up people. Gender stereotypes are also found in society. Women are mostly like to see unexposed to society and they have no freedom. Result of present study, evinced that women are found low level of well being. **A.K.Remesan (2025)** highlights that women report higher level of psychological distress associated with chronic health conditions.

Demographic variable, such as age, gender and coloration have high retention do subjective well being. **Lichtenstein et. al (1996)**, **Blanchflower, D.G. (2024)** found the gender and subjective well being one other finding of the study in that there is a significant difference between the male and female subjective well being. **Frontiers in Psychology (2024)** has studied on student well being among university students from 39 countries over the world in both developed and developing countries by using satisfaction with life and happiness scales. He formed that male are more happy than female. A longitudinal study by **Sunna Gestsdottir et al.(2015)** showed that Girls reported lower mental well being during adolescence. Gender differences increase over time into adulthood. **M.Pinho (2026)** reported that women shows trait and state anxiety, negatively affecting subjective well-being.

Result of present study also evinced that healthy people shows high level by well being in comparison to those who were suffering from chronic illness. Numerous studies demonstrated

that unhealthy people shows low level by well being **Diener (1984)** health is strongly related with the well being **Diener & Sandvik (1993)** in their study they found that well being in higher in healthy people comparison to unhealthy people. **Ren-Hau Li et al. (2015)** examined Ryff,s well-being model and found that gender difference exist across dimensions such as autonomy, environment mastery, and personal growth. MDPI social science (2024) physical health among people shows a strong co-variation with well being. **M. Pilar Matud et.al. (2019)** conducted a large study and found men scored higher in autonomy and self-acceptance, women scored higher in personal growth and relationships.

Thus defined and conceptualized, the general well being may show some degree of positive correlation with quality of life, job satisfaction general satisfaction level, sense of achievement etc, and negatively related with neuroticism, psychotic sum and other such variables a subjective well being in a rapidly growing research and applied area. **Diego Gomez – Baya et.al. (2018)** found women reported more health problems and lower psychological well-being. Measures of subjective well being appear to have adequate validity do allow progress in one area subjective well being is on average positive in industrialized notions though people do differ in their levels of pleasant affect, unpleasant affect and life satisfaction.

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