Quality of Life Among Married Working Women and Housewives

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Abstract

A married woman has many roles to play in the society i.e. a wife, mother, and daughter in law etc. which was really a highly stressful job. With the increase in population throughout the globe the access to basic needs of life has been limited and it was then the need of modern time that women work side by side with men in order to run their house. Being at workplace and at home brings no of challenges for women which in turn influence the quality of life of women. In the present study, The WHOQOL-BREF (1996) Questionnaire was administered on 80 married women participants age ranging from 25-40 years. Out of which 40 were Married working women and 40 housewives in Bijnor, UP. Independent T-test was used for statistical analysis of data. Result showed that there was no difference between Married working women and housewives on physical health whereas both the group differs on psychological, social and the environmental aspect.

Keywords: Quality of life, Married working women, mental health, housewives

1. Introduction

Women are going to expand their lives to include a career while maintaining their traditional roles. Mothers may work in an office for six to eight hours but their work does not end there. After finishing office, a mother comes home and takes care of her children, husband, and house. Her office as well as home responsibilities make a very demanding schedule (Rapaport & Rapaport 1972). Women’s economic well-being is usually enhanced by women acquiring independent sources of income that begets increased self-esteem and improved conditions of their households and the overall level of development in their communities. The gender gap in the ownership and control of property is the most significant contributor to the gender gap in the economic well-being, social status and empowerment of women (Andal, 2002).

Working married women found themselves moving from job to job under a frequently changing cast of bosses. Reduced autonomy and an ever-increasing workload, combined with the added burden of having a small child at home, made their job's huge claim on time and emotional energy intolerable. That is why they cannot perform well at home (Hofferth, 79; Hicks and Platt, 69). With the increase in population throughout the globe the access to basic needs of life has been limited and it is now the need of modern time that women work side by side with men in order to run their house. There are three basic changes in the economy that have contributed to an increase in the working hours by married women (1) improvement in technology; (2) an alteration in societal orientation towards married women who are working outside their house (Khan, 2004). Easterlin (2003) suggests that if long-term improvement in QOL were the goal, policy would focus more on health and time available for family rather than economic production.
“Quality of life relates both to adequacy of material circumstances and to personal feelings about these circumstances”. It includes “overall subjective feelings of well being that are closely related to morale, happiness and satisfaction (Bennett, Garrad and McDowell, 1987). The QoL is related to the health concept proposed by the World Health Organization (WHO)—physical, mental and social well-being. It means the individual’s perception of his/her own health generally speaking, according to his/her cultural demands, value systems, goals, expectations and concerns. This explains why individuals with similar objective indicators of QoL can have quite different indices in the subjective QoL (Seidl & Zannon, 2004; Mayo, Moriello, Asano, Van Der Spuy, & Finck, 2010). In one of the important studies working women reported higher scores on general health, life satisfaction and self esteem and lower scores hopelessness, insecurity and anxiety (Nathawat & Mathur, 1993). According to Sprangers et al. (2000), the poor schooling may lead the subjects to have difficulty in understanding and evaluating their own QoL. Ojha and Rani (2004) observed significant negative correlations between life stress and positive self-evaluation and between life stress and integration of personality among working and non-working women. Optimism has been shown to play a role in positive mood, perseverance, good problem solving, and academic and occupational success (Peterson, 2000).

Testa and Simonson (1996). Quality of life as a measure of health is therefore a broad concept and is concerned with whether disease or impairment limits a person's ability to accomplish a normal role (for example, whether the inability to climb stairs limits a person at work). However, the measures do not consider how people arrive at these judgments. Greenhaus & Powell (2006) stated that the experiences in one role may improve people’s sense of wellbeing in other roles and their quality of life. Today, scholars and organizations recognize the benefit of integrating work and family because work and family are both an integral part of people’s everyday lives. Some scholars have argued that effectively balancing work and family is an important concern in present day society (Milkie & Peltola, 1999). Quality of life studies tend to divide sources of well being into two categories: external circumstances such as available community services or family life, and internal dispositions such as self-esteem or the sense that one controls one’s own fate. In one study it was found that the number of friends a person had was a better predictor of happiness than was income (Robert Lane, 1994).

Another study tried to measure the quality of life among nonworking and working women using indirect measures like mental health, self-esteem, mother role satisfaction and stress. The results revealed that non-working women had poorer mental health as well as the lower self-esteem as compared to the working women. The nonworking women also reported more depression. The most common stressor reported by the non-working women was poor social life (Hashmi, Khurshid & Hassan, 2007). One study from India found that small families have more female literacy rates, high family planning adoption rates, less history of mortality in preceding year, better standard of living (good house, vehicle, TV, lack of debts) but were not happy regarding positive feeling towards life as compared to big families (Avasarala, 2009). The impact of occupational stressors on the subjects partially differs because of the possibility to use psychosocial resources, which favor strategies to cope with adverse situations (Lazarus & Folkman, 1984; Margis, Picon, Cosner, & Silveira, 2003). Results of Giannouli et al (2012) showed that higher total QoL in women was predicted by being married, physical exercise and a good financial status. In this study, women with a better QoL were more health conscious and more likely to have utilized the public health preventive resources. While in another study conducted by Akbari (2012) found that life satisfaction of working women were better in comparison to non working women. Studies from Turkey and Iran showed that employed women reported higher quality of life score than non-employed women in all aspects of quality of life (Saraç, Parýldar, Duman, Saygýlý, Tüzün and Yýlmaz , 2007; Zanjani and Bayat, 2010). Similar type of study done among working and non-working women in Rajkot conducted by Revati et al showed that non-working women have a good mental health than the working woman.

1.1. Current Study
In married life women had a number of responsibilities to perform therefore women under go high amount of pressure. This pressure at the workplace and the house may influence the quality of life differently. The working women experience financial independence, high self esteem and the house wife may experience insecurity and poor social life etc. Since there was dearth of studies in this aspect
therefore we planned to measure the Quality of Life Among Married Working Women and Housewives.

2. Method
2.1. Participants: There were 80 married women participant in the study age ranging from 25-40 years. There were 40 Married working women and 40 housewives. The data was collected from Bijnor, Uttar Pradesh.
A diagrammatic presentation of the sample is given below.

2.2. Sample

\[(N=80)\]

<table>
<thead>
<tr>
<th>Married Working women</th>
<th>Housewives</th>
</tr>
</thead>
<tbody>
<tr>
<td>(n= 40)</td>
<td>(n=40)</td>
</tr>
</tbody>
</table>

2.3. Measures:

2.4. Socio-demographic data sheet: It was prepared by the investigator to collect information about demographic details.

2.5 WHOQOL-Brief (1996): The WHOQOL-Brief (1996) was used to measure the QOL of working and non-working women. It is a 26 item instrument consisting of four domains: Physical domain (7 items), psychological domain (6 items), social domain (3 items) and environmental domain (8 items). It is the 5 point scale in which response categories are 1.Very Poor 2. Poor 3. Neither poor nor good 4. Good 5. Very good. The internal consistency of the WHO QOL-Brief as determined by Cronbach’s alpha coefficient for the responses of all subjects for physical health in the healthy individuals was (0.070) and for the ill individuals was (.73), for psychological health in the healthy individuals was (0.073) and for ill individuals is (0.55), for social relationships in the healthy individuals (.055) and for ill individuals (.84), for environmental health in the healthy individuals (.084) and for ill individuals (.072).

2.6. Procedure: Informed consent was taken prior to the administration of tools. The WHOQOL-Brief (1996) Questionnaire was administered on 80 participants age ranging from 25-40 years. Out of which 40 were working and 40 housewives. Independent T-test was used for statistical analysis of data.

The inclusion criteria included: 1) married working women’s minimal working period to be at least 6 months and housewives minimal marriage period to be at least 1 year. 2) age of respondents be between 25-40 years.

Exclusion criteria included: 1) All of the single employees, employees who were studying, women who were out of age range and those who had a history of psychiatric disorders.

Table 1: Demographic Profile of Married Working Women

<table>
<thead>
<tr>
<th>Years of Marriage</th>
<th>Education</th>
<th>Occupation</th>
<th>No of children</th>
<th>Job of Husband</th>
<th>Religion</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 women 0-3 years of marriage</td>
<td>21 M. Ed/MBA/Ph. D</td>
<td>19 teachers</td>
<td>2 Children 16</td>
<td>13 Govt Job</td>
<td>23 Hindu</td>
</tr>
<tr>
<td>24 above 3 years</td>
<td>12 Post Graduate</td>
<td>14 Office jobs</td>
<td>1 Child 11</td>
<td>19 Pvt Jobs</td>
<td>12 Muslim</td>
</tr>
<tr>
<td>6 Graduate</td>
<td>9 Miscellaneous</td>
<td>More than two children 8 women</td>
<td>8 Business</td>
<td>2 Christian</td>
<td></td>
</tr>
<tr>
<td>3 Inter and high school</td>
<td></td>
<td>No child 5 women</td>
<td></td>
<td></td>
<td>3 Sikh</td>
</tr>
</tbody>
</table>
Table 1 revealed that 16 married working women had 0-3 years of marriage and 34 women more than 3 years of marriage. Twenty women had done professional course, twelve post graduate, six graduate, and three intermediate and high school. In the total sample nineteen were teachers, fourteen office jobs and nine other jobs. Sixteen women had 2 children, eleven one child, eight women more than two children and five women had no child. The husbands of thirteen women were on Government Job, nineteen on Private jobs and eight were doing business. Twenty three working women belong Hindu religion, 12 Muslims, two Christian and three Sikh community.

Table 2: Demographic Profile of Housewives

<table>
<thead>
<tr>
<th>Years of marriage</th>
<th>Education</th>
<th>No of children</th>
<th>Job of Husband</th>
<th>Religion</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 housewives 0-3 years of marriage</td>
<td>15 Post Graduate and above</td>
<td>2 children 21 women</td>
<td>13 Government Job</td>
<td>21 Muslims</td>
</tr>
<tr>
<td>27 housewives above 3 years</td>
<td>12 Graduate</td>
<td>More than two children 9 housewives</td>
<td>19 Pvt Job</td>
<td>15 Hindu</td>
</tr>
<tr>
<td>13 Inter &amp; High school</td>
<td>No child 2 housewives</td>
<td>1 child 8 women</td>
<td>8 Business</td>
<td>1 Christian</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3 Sikh</td>
</tr>
</tbody>
</table>

Table 2 revealed that 13 housewives had 0-3 years of marriage and 27 housewives more than 3 years of marriage. Fifteen women were post graduate and above, twelve graduate, thirteen were intermediate and high school. Twenty one housewives had two children, nine more than two children, eight women one child and two women had no child. The husbands of 13 women were on Government Jobs, nineteen on Private Job and The husband of eight women were doing business. Twenty one housewives were Muslims, Fifteen Hindu, one Christian and three belonged to Sikh community.

3. Result:

Table 3: Comparison between Married working women and housewives on various domains of the WHOQOL-BREF (1996).

<table>
<thead>
<tr>
<th>Group</th>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Domain</td>
<td>Working Women Housewives</td>
<td>40</td>
<td>23.00</td>
<td>2.60</td>
<td>.41</td>
<td>1.28</td>
</tr>
<tr>
<td></td>
<td>Housewives</td>
<td>40</td>
<td>22.22</td>
<td>2.80</td>
<td>.44</td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td>Working Women Housewives</td>
<td>40</td>
<td>20.40</td>
<td>3.13</td>
<td>.49</td>
<td>2.38**</td>
</tr>
<tr>
<td>Domain</td>
<td>Housewives</td>
<td>40</td>
<td>18.37</td>
<td>4.36</td>
<td>.69</td>
<td></td>
</tr>
<tr>
<td>Social Domain</td>
<td>Working Women Housewives</td>
<td>40</td>
<td>13.17</td>
<td>2.09</td>
<td>.33</td>
<td>3.74*</td>
</tr>
<tr>
<td></td>
<td>Housewives</td>
<td>40</td>
<td>11.30</td>
<td>2.37</td>
<td>.37</td>
<td></td>
</tr>
<tr>
<td>Environmental</td>
<td>Working Women Housewives</td>
<td>40</td>
<td>29.40</td>
<td>4.68</td>
<td>.74</td>
<td>3.47*</td>
</tr>
<tr>
<td>Domain</td>
<td>Housewives</td>
<td>40</td>
<td>24.95</td>
<td>6.60</td>
<td>1.04</td>
<td></td>
</tr>
</tbody>
</table>

Significant at .01*
Significant at .05**

Table 3: The statistical analysis reveals that there was no significant difference between Married working women and housewives on physical domain as the t-value was not found to be significant at .05 levels. There was significant difference between working women and housewives on psychological aspect as the t-value was found to be significant at .05 levels. There was significant difference between working women and housewives on social domain as the t-value was found to be significant at .01 lev-
els. The t-value was found to significant at .01 levels which indicate that there was difference on environmental domain between working women and housewives.

4. Discussion
In the current study, we planned to measure and Quality of Life Among Married Working Women and Housewives. The WHOQOL-BREF (1996) Questionnaire was administered on 80 married women participants age ranging from 25-40 years. Out of which 40 were married working women and 40 housewives in Bijnor UP. Independent T-test was used for statistical analysis of data. There was no significant difference between Married working women and housewives on physical domain. In contrast this finding, In their study Nathawat & Mathur, 1993 on working women reported higher scores on general health, life satisfaction and self esteem and lower scores hopelessness, insecurity and anxiety.

There was significant difference between working women and housewives on psychological domain. it was in agreement with the study conducted by Hashmi, Khurshid & Hassan, 2007) quality of life among nonworking and working women using indirect measures like mental health, self-esteem, mother role satisfaction and stress. The result revealed that non-working women had poorer mental health as well as the lower self-esteem as compared to the working women. The nonworking women also reported more depression. The most common stressor reported by the non-working women was poor social life. Similarly, a study done among working and non-working women in Rajkot conducted by Revati et al showed that non-working woman have a good mental health than the working woman. In the same way Akbari (2012) found that life satisfaction of working women were better in comparison to non working women. There was significant difference between married working women and housewives on social and environmental domain. The reason may be that the married working women are generally more educated and exposed to professional interpersonal relationship. Sometimes they have dual role to play as a working women and the housewives. The housewives remain at home and do household work although she indirectly contributed in the overall output of the family.

5. Conclusion
Thus we can say that married working women and the housewives have their own set of issues which may cause difference in their quality of life. In the present study there was no difference between married working women and housewives on physical health whereas both the group differs on psychological, social and the environmental aspect. The results of psychological, social and the environmental domain were in agreement with the earlier studies.

References:


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