



## The health related quality of life of housewives and employed women : a comparison between the two categories

Dr. Tripti Chopra  
Dr. Shine David  
Career Point University  
Kota, Rajsthan, India

---

### Abstract

*The definition of quality of life is different for every individual and it changes from situation to situation. Quality of life directly relates to one's self satisfaction in the life. Considering the role of a woman in a family and the specific cultural characteristics of the region and social health the study aims to compare quality of life of housewives and working women in central India. The study would be carried out on 100 housewives and 100 working women. The research would help in identifying significant differences in quality of lives of housewives and working women in central India.*

**Key words :** *Quality of life, working women, housewife, central India.*

---

### Introduction

In past few years there has been an increase in the scope and relevance of health awareness. The concept of health has now been considered with more comprehension and due to that more attention is paid towards integrating various aspects of health quality in assessment of health (Madhuku, 2002). At present the assessment of health related quality of life is used widely as a result of health care interventions and health care systems. The quality of Life group of World Health Organisation defines perceptions of individuals of their position in the lives in context of value systems and culture systems where in they live and with respect to their expectations, goals, concerns and standards. In this manner quality of life means different things to different people and there are other associated factors such as age, gender, culture, education, social environment, disabilities, diseases and social class that influence quality of life (Attridge, 2009).

It is identified that one of the most effective factors on quality of life of a women is job. It is also argued that the level of education of women and employment status of women are positively associated with their empowerment and due to that it affects their quality of life (Macionis & Plummer, 2012). At the same time research also identified that the choice to be a housewife or working out as a housewife depends upon social status and economical status and the desire to earn money (Bidwell & Briscoe, 2013). The statistical evidences from developing countries reveal that the participation of women has increased in various professions like nursing, service occupations and education. The recent national census in India revealed that the share of women in workforce is around 27% (Hughes, 2012).

As per the sociologists, household chores and household works are facilitating factors to create a comfortable environment for the members of the family. These chores include providing necessary requirements of the family, taking care of children and other family members, etc. (Brown, 2013). Housekeeping is very different from other occupations since it is not paid and the job is done in isolation. The household works are not regulated under national laws and they are repetitive and endless. In reports it is also identified that women who are employed generally have higher quality of life than the women who are not employed (Hill et al., 2008). Considering the fact that the health of women has impact on overall family health and with regards to the lack of shared responsibility in women and men and also considering the minor role of women's employment while a major role of housekeeping, the study is designed to



compare the quality of life of employed women with the housewives in Indore, the business capital city of Madhya Pradesh, India. Work life balance has been a matter of great concern for most of the working women. At the same time a number of housewives face problems related to health related work life balance in their life. There have been a number of studies undertaken on health related issues of housewives and working women (Castelli, 2011). The number of women in workforce is increasing gradually in those women are combining work responsibilities and family in these policies are often called as family friendly policies. Housewives as well as working women face a number of issues. It is also identified that unemployed women on housewives also faced various problems. It is quite difficult to define work life balance because the definition of work life balance is different from person to person (Denise, 2006). Work life and personal life are interconnected in independent. Spending more time at work while dealing with clients and the pressure of job can definitely interfere in personal life and it sometimes becomes impossible to complete household course. On the other hand many times the personal life becomes very demanding when people have kid or aging parents and have financial problems. It leads to absenteeism from work and also creates a lot of stress (Friedman, n.d.). These are the two aspects of personal life and professional life that lead to improper work life balance.

The best individual work balance vary from time to time and on a daily basis the right balance for today might not be the right balance for tomorrow except for that the right balance for singles and unmarried and when parents is also different. There have been a number of reasons identified behind imbalance in work life that further leads to health related issues (Jeffrey, 2003). From pressure to cope up with family two individual career ambitions the reasons can be individual specific and situation specific. With advancement of Information Technology the competition has also increased in the Talent supply market. This has resulted into performance driven culture that create Expectations to perform more in also create pressure to perform better every time (Jeffrey, 2003). The increasing responsibilities on the personal front with age also lead to stress in personal as well as professional fronts. A decade back the employees used to have fixed working hours from Monday to Friday. But these days the boundary between home and work has disappeared totally. Now people are spending 12 to 16 hours every day in office in instead of 5 days people are also working 7 days. This is something that has affected working women in a significant manner (Bidwell & Briscoe, 2013).

As far as housewives are considered, it is assumed that they enjoyed a great physical health because they do not have to deal with home as well as office affairs. It is asserted that house wives are only required to look after the family and the house and you to that the level of stress is very less in their life (Friedman, n.d.). But a number of research studies have undertaken to determine whether housewife enjoy healthy life or working women. The comparison in quality of life has been undertaken on different dimensions between the two groups. Is also suggested that the quality of life depends upon country region society and the family in which women are living (Hill et al., 2008). For house wives it is very important to comply with social and family norms. In many cases in certain countries the house wife are not even able to decide what they want to have in lunch or dinner. Housewives are generally forced to behave in the manner as desired by their family members .but many Indian families have also undergone Rapid changes because of increased pace of modernization and urbanization. This has resulted into enhancing the living standard of women (Hughes, 2012).

### Research Methodology

The present cross-sectional study is carried out in 2017 to compare the quality of life of employed women and housewives in Indore. For the selection of women a multiple random sampling methodology was used. Initially the city was divided into four parts that are east, west, north and south. After that two healthcare centers from each part were identified and that way



10 healthcare centers were identified. All married women falling in age group 18-45 years were considered eligible for the participation in the study. There was also an exclusion criterion and the criteria are as under:

- a) women with a record of mental illness and physical illness.
- b) women with more than three children.
- c) obese women and pregnant women
- d) women not living with their husbands at the time of the study (separated, widowed, divorced)

### Sample size

The sample size of the study is based on sufficient statistical power (80%) so as to detect around 20% differences in the quality of life measures between the two stated study groups at significance level of 5%. The sample size was 110 women per group.

### Questionnaire

To collect the data for the study a two-part questionnaire has been used. Part one of the questionnaire comprised of demographic information and part two consisted of 36 questions measuring eight dimensions of quality of life. The score on each dimension ranged from 0 to 100. A better condition is indicated by a higher score.

### Statistical analysis

To explore the data, descriptive statistics were used. The comparison between quality of life in housewives and employed women were compared using ANCOVA (analysis of covariance). Analysis was done using SPSS 19.0.

### Results

#### Characteristics of sample

Overall 220 women were studied throughout the research. The mean age of participants was 33 years. It was also identified that 80 women (36%) possess university degree. The family income ranged from 25000-100000 per month. It was also identified that employed women were older than housewives. The level of education is better in employed women.

|                      | All (n=220)  | Employed Women (n=110) | Housewives (n=110) |            |
|----------------------|--------------|------------------------|--------------------|------------|
|                      | No(%)        | No(%)                  | No(%)              | P          |
| <b>Age</b>           |              |                        |                    | 0.03*      |
| 18-27                | 26 (12.1)    | 6 (6.11)               | 20 (18.01)         |            |
| 28-35                | 86 (38.22)   | 42 (38.99)             | 44 (37.98)         |            |
| 36-40                | 72 (32.1)    | 41 (37.98)             | 31 (26.3)          |            |
| 40-45                | 36 (16.42)   | 17 (16.2)              | 19 (17.10)         |            |
| Mean                 | 33.98 (8.99) | 35.01 (7.79)           | 32.9(8.99)         | 0.007**    |
| <b>Education</b>     |              |                        |                    | <0.00001*  |
| Illiterate           | 40 (18.20)   | 4 (2.4)                | 38 (34.2)          |            |
| Secondary            | 98 (44.99)   | 36 (33.12)             | 64 (56.21)         |            |
| Higher               | 79 (36.1)    | 69 (63.12)             | 12 (8.99)          |            |
| Mean                 | 10.88 (4.2)  | 12.89 (2.89)           | 7.8 (4.5)          | <0.00001** |
| <b>Family Income</b> |              |                        |                    |            |
| Mean                 | 50,525       | 75,213                 | 29,325             |            |

\*Derived from Chi-square test.

\*\*Derived from T-test.

### Discussion

Comparison between housewives and employed women regarding quality of life is presented in the table 2. The table contains the means of the two groups in it is identified that the lowest means in both groups are attributed to role emotional enroll physical. This implies that role



limitation is due to emotional problem as well as physical problem. The highest and lowest rating for housewives has been found on the role emotional and physical functioning. For employed women the lowest mean is obtained for General Health perception and the highest mean is obtained for physical functioning. As a matter of fact the analysis of covariance indicated that there was no significant difference in quality of life between housewives and employed women. These findings reveal that the employed women are enjoying better health status than housewives in all the domains of quality of life except for one domain that is physical functioning. The findings also suggest that the differences are more related to psychology call health and Physical health. This implies that the differences are in vitality, role emotional and mental health. It is identified that employment status tends to provide a better psychological health to women as compared to non employed women. The present study did not collect data Type of employment but it has been identified earlier that not all the employment conditions in to provide health benefits to women. Another similar study on nurses found that my job demands, no work related social support, low job condition associated with poor health status in them. However there are also other reasons for non significant differences in the quality of life between housewives unemployed women. An interesting implication is that the housewives reported metaphysical functioning as compared to that of employed women. It is asserted that one reason behind low physical functioning among employed women is work related stress. The findings from this study are also consistent with earlier studies in other regions. a study identified the impact of employment on health status of mothers and it was identified that 3 three factors that were work and work related socio-demographic and social life context were not found to be statistically significant between non working in working women in range of Physical health outcomes. The comparison of quality of life scores between the study population and sample of other study revealed that means code for different quality of life dimensions in the sample of this study is lower than that of the Other study.

|                      | All (n=220)   | Employed Women (n=110) | Housewives (n=110) |      |      |
|----------------------|---------------|------------------------|--------------------|------|------|
|                      | Mean (SD)     | Mean (SD)              | Mean (SD)          | P*   | P**  |
| Bodily Pain          | 64.01(25.23)  | 65.32 (23.54)          | 61.98 (26.99)      | 0.40 | 0.67 |
| Physical functioning | 81.96 (20.2)  | 80.98(21.02)           | 82.41 (21.2)       | 0.38 | 0.34 |
| Vitality             | 54.11 (22.8)  | 58.20 (20.36)          | 50.23 (23.21)      | 0.02 | 0.07 |
| Role physical        | 52.24 (38.54) | 55.2 (41.32)           | 52.47(39.00)       | 0.05 | 0.58 |
| Role emotional       | 51.02 (43.52) | 54.21 (42.53)          | 44.44(42.41)       | 0.08 | 0.11 |
| Social functioning   | 72.32 (21.05) | 72.84 (21.09)          | 70.77 (20.98)      | 0.64 | 0.92 |
| Mental health        | 62.90 (19.89) | 65.32 (17.56)          | 59.56 (23.10)      | 0.04 | 0.24 |
| General health       | 61.98 (19.47) | 62.14 (20.11)          | 62.12 (18.95)      | 0.94 | 0.44 |

\*Derived from t-test

\*\*Derived from analysis of covariance.

Modern women tend to fulfill multiple roles: partner, housewife, caregiver to elders, Parent and worker in labour force. Within the theoretical framework model the relationship between women's health status in employment has been addressed with the use of two major approaches that our role enhancement and role strain. Multiple roles might have negative effects on psychological well being of women in this is something that is argued by role strain. But role enhancement suggests that multiple role increase the well being of women. The implications of present study are related to roll enhancement approach. This approach



emphasizes on employment of women as an additive role to the traditional role that they perform and it is also considered to be very positive. The positive effects of employment of women are achieved through increased income self esteem and wider social support. But then there is a longstanding debate on whether working wives are happier and healthier or housewives are happier and healthier. The result obtained from cross-national data from 29 countries depicted that house wife was slightly happier than employed women. In future it might be helpful to examine the topic within the perception of work family enrichment theory. It would help in studying the experience in one role to enhance the quality of life in another role.

#### Limitation

The present study is a cross-sectional study and due to that the findings of the study are limited. At the same time the information of psychological status of the women were not collected during the research this is also a weakness. For illiterate women the data was collected by interviews while for other self completion method was used. This might had an impact over the study.

#### Conclusion

The findings from the study depicted that there is no significant difference in quality of life related to the health in house wives unemployed women. However the score of employed women is higher on SF 36 on the aspects of Mental Health, vitality and emotional health. The findings also revealed that the association exist between employment and health-related quality of life. It seems important to improve health related quality of life among housewives.

#### References

- Attridge, M., 2009. *Measuring and managing employee work engagement : A review of the research and business literature. Journal of workplace behavioural health .*
- Bidwell, M. & Briscoe, F., 2013. *The Employment Relationship and Inequality: How and Why Changes in Employment Practices are Reshaping Rewards in Organizations. The academy of Management Annals.*
- Brown, A., 2013. *Quality :Where have we come from and what can we expect ? The TQM Journal , 25(6), pp.585-96.*
- Castelli, A., 2011. *Improving the measurement of health system output growth. Health Economics , pp.12-21.*
- Denise, H., 2006. *The Impact of Working Women on Work/Life. University of Pennsylvania ScholarlyCommon.*
- Friedman, S.D., n.d. *Work and family—Allies or enemies? What happens when business professionals confront life choices. New York: Oxford University Press.*
- Hill, M., Glaser, K. & Harden, J., 2008. *A feminist Model for ethical decision making. Women & Therapy , pp.101-21.*
- Hughes, P., 2012. *Introduction to health and safety at work. Routledge.*
- Jeffrey, H., 2003. *The relation between work–family balance and quality of life. Journal of Vocational behaviour.*
- Macionis, J. & Plummer, K., 2012. *Health, medicine & well being. Essex: United Kingdom.*
- Madhuku, L., 2002. *Zimbabwe Legislation and Gender Equality in Employment. SRO.*