

Research Article

A Comparative Study of Health-related Quality of Life among Working and Non-working Married Women in an Urban area in South Goa

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A B S T R A C T

Background: It is believed that job is one of the most effective factors in improving a women's quality of life. However, working women often suffer from physical as well as psychological health problems due to dual responsibilities they have to perform i.e. at workplace as well as maintaining their traditional roles at home. This pressure at workplace and house may have an influence health-related quality of a woman.

Objectives: This study was conducted with the following objectives:

- To determine the health related quality of life among working and non working women.
- To compare the quality of life among working and non working women.
- To study certain factors associated with health related quality of life among them.

Materials and Methods: This was a cross sectional study conducted among 50 working and 50 non working married women between 25 to 45 years of age, in an urban area in South Goa. Simple random sampling was used to select the households and data was collected through face to face interview and the health related quality of life was assessed using SF-36 questionnaire. Data was summarized using frequencies, percentages, means and standard deviations. Student's T test was used to compare the quality of life scores between working and non-working women.

Result: The working women had higher SF-36 scores in all the 8 categories. The mean score of general health domain in working women was 63.80 ± 15.17 among working women compared to 50.20 ± 10.50 among non working women ($p < 0.001$). Similarly in the domain of role limitations due to physical health, working women had a significantly higher mean score (90.50 ± 15.06) compared to non working women (58.67 ± 23.69). This implied that working women had better quality of life in comparison to non working women. The lowest means were in energy/fatigue category.

Conclusion: Findings of this study suggest working women to have better quality of life. This may be due to a sense of self esteem, security and independence of a working woman.

Keywords: Working, Women, Health, Quality of Life

Introduction

Woman is an integral part of our families and societies; and the health of a woman reflects the overall health of the community. Over the past few years, women's attitude towards the traditional roles has been changing and many have taken up the dual responsibilities of managing job as well as household work. "The number of working women has increased compared to a decade before due to the increase in educational and job opportunities as well as due to financial demands of managing households".¹ For the social, political and economic improvement of women's status, empowerment of women is of utmost importance.² Many studies have reported married working women to have better health despite having dual roles and responsibilities.³

The World Health Organization (WHO) defines health as a "state of complete physical, mental and social wellbeing and not merely the absence of disease". "Health-related quality of life is an individual's perceived physical and mental health over time".⁴ The WHO defines quality of life as "an individual's perception of their position in life in context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns".⁵

It is believed that job is one of the most effective factors in improving a women's quality of life.⁶ However, working women often suffer from physical as well as psychological health problems due to the dual responsibilities at workplace as well as maintaining their traditional roles at home that they have to perform.⁷ This pressure at workplace and house may have an influence on the health-related quality of a woman. On the other hand, working women may also experience financial independence, increased self esteem and better social life.

Objectives

This study was conducted with the following objectives:

- To determine the health related quality of life among working women and housewives.
- To compare the quality of life among working women and housewives.
- To study certain factors associated with health related quality of life among them.

Materials and Methods

This cross sectional study was conducted in an urban area in South Goa.

Study Setting

This study was conducted in ward number 8 under Madgao Municipality in South Goa. There are 25 wards under Madgao Municipality. By lottery method one number

(between 1 to 25) was chosen randomly and it turned out to be 8. Hence Ward number 8 under the Madgao municipality was selected for the present study.

Study Duration

The present study was conducted over duration of two months from 1st November 2017 - 31st December 2017.

Sample Size

A sample size of 50 working women and 50 non working women was considered for the study. The following formula was used to derive at the above sample size using mean and standard deviations of mental health score from a study by Zalodiya K et al.⁸

$$n = 2(z_{\alpha} + z_{\beta})^2 S^2 \text{ where } z_{\alpha} = 1.96, z_{\beta} = 0.84,$$

$$(\mu_1 - \mu_2)^2 \text{ Mean } (\mu): \mu_1 = 73.5, \mu_2 = 68$$

$$\text{Standard deviation (S): } S_1 = 9.2, S_2 = 10.5$$

Study Subjects

- Ever married women, working for at least last 6 months and non-working
- Women residing in the study area for more than 6 months.
- Age: 25 to 45 years

Exclusion Criteria

- Critically ill patients, pregnant
- Participants who did not give consent.

The following definitions were considered:

Working Woman:⁹ Is a woman who earns a salary, wages, or other income through regular employment usually outside home.

Non working Woman: is a woman who does not earn any income, wages or salary and does only household chores.

Data Collection

The households from Ward number 8 were selected by simple random to obtain the desired sample size. If any house was found locked in spite of two attempts, then the locked house was excluded and procedure of simple random sampling was repeated till desired sample size was reached. If during data collection, there was more than one woman in a house fitting the inclusion criteria, only one of them was chosen randomly and included in the present study. Informed consent was taken from each participant in their local language.

Data collection tool: Data was collected by face to face interview. The following data tools were used for data collection:

1. Predesigned questionnaire containing socio-demographic, medical and work-related information

2. SF – 36 questionnaire to assess health-related quality of life

SF-36 Questionnaire¹⁰

The SF-36 (36 item Short Form survey) was developed by the RAND Corporation as a part of the Medical Outcomes Survey to assess the quality of life. The SF-36 questionnaire had 36 questions, which were then grouped into 8 categories:

- Physical functioning
- Role limitations due to physical health
- Role limitations due to emotional problems
- Energy/fatigue
- Emotional well-being
- Social functioning
- Pain
- General health

Each scale is directly transformed into a 0-100 scale on the assumption that each question carries equal weight. Higher the score, the less is the disability. The grouping of each question into scales and scoring was done based on the instructions provided by the RAND 36-item Health Survey.

Data Analysis

The data from the duly filled questionnaires was coded and entered in Excel spreadsheet. Data was then analyzed in

SPSS version 22. Data was summarized using frequencies, percentages, means and standard deviations. Student's T test was used to compare the quality of life scores between working and non-working women. A p value < 0.05 was considered as statistically significant.

Result

The mean age of working women was 34.62±6.23 years and that of non-working women was 35.70±5.97 years. Majority of the study participants were Hindus. The working and non-working women had similar characteristics with respect to socio-demographic characteristics as shown in Table).

72% of working and non-working women stayed in a nuclear family with majority having two children. 10 % working women and 18 % non-working women had their spouses abroad (Refer Table 2).

Work-related Characteristics of Working Women

62 % of the working women worked because they had some financial constraint or to contribute to the family income whereas the remaining 38% worked due to their personal interest. 54% of them worked for a private company and 30% had government jobs. 84% of them had regular duty hours and only 10 % had rotatory which included night shifts (Refer Figure 1, Figure 2 and Table 3).

Table 1. Socio-demographic characteristics of study participants

Variable		Working women (N=50)		Non-working women (N=50)	
		No.	%	No.	%
Age Group	25 - 29 years	13	26	10	20
	30 - 34 years	13	26	13	26
	35 - 39 years	12	24	13	26
	40 - 45 years	12	24	14	28
Religion	Hindu	24	48	31	62
	Christian	23	46	16	32
	Muslim	03	06	03	06
Education	Illiterate	02	04	07	14
	Primary	10	20	13	26
	High school	11	22	14	28
	Higher secondary	15	30	13	26
	Graduate or higher	12	24	03	06
Marital Status	Married	48	96	46	92
	Widow/separated/divorced	02	04	04	08
Socio-economic class using Modified BG Prasad Classification	Class I	40	80	38	76
	Class II	04	08	10	20
	Class III	04	08	02	04
	Class IV	02	04	00	00
	Class V	00	00	00	00

Table 2. Family-related characteristics of study participants

Variable		Working women (N=50)		Non-working women (N=50)	
		No.	%	No.	%
Type of family	Nuclear	36	72	36	72
	Joint or three generation	14	28	14	28
Number of children	None	04	08	04	08
	One child	15	30	20	40
	Two children	29	58	26	52
	Three or more children	02	04	00	00
Age of child less than 5 years	Yes	14	28	15	30
	No	32	64	31	62
	Not applicable	04	08	04	08
Critical academic event of child	Yes	04	08	03	06
	No	42	84	43	86
	Not applicable	04	08	04	08
Spouse is abroad/ often out of station	Yes	05	10	09	18
	No	43	86	37	74
	Not applicable	02	04	04	08
Tobacco/ alcohol addiction in spouse	Yes	14	28	12	24
	No	34	68	34	68
	Not applicable	02	04	04	08
Bed-ridden/ seriously-ill family member	Yes	02	04	03	06
	No	48	96	47	94
Household-help	Yes	11	22	17	34
	No	39	78	33	66

Table 3. Work-related characteristics of study participants

Variable		Working women (N=50)	
		No.	%
Work timings	Regular duty hours	42	84
	Shift-pattern	06	12
	Hourly/contract basis	02	04
Distance to work	Less than 10 kms	02	04
	10 - 20 kms	28	56
	More than 20 kms	20	40
Mode of travel to work	Walking	02	04
	Public transport	12	24
	Own vehicle	36	72

Comparison of Quality of Life among working and non-working women

Comparison of SF-36 scores for both the groups is depicted

below in Table 4. The results show that working women have a better health-related quality of life compared to non working women. Except for physical functioning, the difference in scores of all other scales was statistically

significant. The lowest means were in energy/ fatigue category for working women whereas for the non working women it was in the emotional well-being category. Higher scores suggest a better quality of life. Highest scores were in the role limitations due to physical health category for working women whereas for non-working women highest scores were in the category of physical functioning.

Association of Health-related Quality of Life with Certain Variables

SF-36 scores of women were compared with respect to certain variables such as education status of the women, presence of any household help at home and a child

having any critical academic event such as a final exam in the upcoming year. None of the scores were found to be significantly different. However, those women whose child had some critical academic event had lower scores suggesting lower quality of life. Also, when the scores of working women who cited financial problems as the reason for working were compared to those who worked because of personal interest, it was found that the former had poorer scores. The above findings indicate that the above variables did not have a significant effect on quality of life of women. The difference in SF-36 scores between working and non working women could probably be due the working profile of the working women (Refer Table 5).

Table 4. Health-related of quality of life scores among study participants

SF-36 scores	Working women (N=50)		Non-working women (N=50)		T-test	p-value
	Mean	SD	Mean	SD		
Physical functioning	60.80	36.24	60.70	14.49	0.018	0.986
Role limitations due to physical health	90.50	15.06	58.67	23.69	7.994	< 0.001
Role limitations due to emotional problems	88.67	19.76	54.00	30.03	6.818	< 0.001
Energy/fatigue	55.40	8.07	46.00	6.92	6.250	< 0.001
Emotional wellbeing	59.28	16.65	42.08	9.87	6.282	< 0.001
Social functioning	66.25	16.99	49.25	15.85	5.173	< 0.001
Pain	70.05	8.31	57.05	20.90	4.087	< 0.001
General health	63.80	15.17	50.20	10.50	5.174	< 0.001

Table 5. Comparison of mean SF-36 scores among study participants with respect to certain variables

(N = 100)

Variables		SF-36 scores		T-test	p-value
		Mean	SD		
Education of High school or more	Yes	90.10	11.27	0.38	0.704
	No	91.00	10.34		
Household help	Yes	88.93	13.03	0.83	0.408
	No	90.96	10.06		
Critical academic event of any child	Yes	83.29	10.26	1.80	0.075
	No	90.92	10.86		
Financial constraint as reason for working among working women	Yes	87.42	12.05	0.56	0.576
	No	89.32	10.72		

Discussion

In the present study working women had better quality of life scores in all the 8 categories compared to non-working women. Except for physical functioning, all other parameters showed a statistically significant difference. This suggests that working had an effect on improving the quality of life of women.

In spite of being at home and not having dual responsibility of managing work as well as household chores, non-working women reported poorer quality of life. It is argued that employment can have a role enhancement effect as well as role strain effect on the health of working women.¹¹ The findings of this study suggest a role enhancement approach. Dwiwedi A et al reported working married women to have better self-esteem, are well aware of their psychological

needs and manage them well.¹² Mehfooz A et al used the WHOQOL-BREF questionnaire to assess quality of life and reported no difference in physical health between married working women and housewives, but both the groups differed with respect to psychological, social and environmental aspect.¹³ Riffat S et al, however reported married working women to have more somatic as well as psychological problems due to dual responsibilities.¹⁴ A study done in Rajkot by Dudhatra R et al showed non-working women to have better mental health unlike the findings of the present study.¹⁵ Suman VB et al used SF-36 to assess quality of life and reported working women to have poorer scores however, none of the values were found to be statistically significant.¹⁶ Harilal A also found stress levels to be higher among employed women compared to housewives and reported the family's financial position to play a key role.¹⁷ Saravi F also reported findings similar to the present study, i.e employed women scored higher than housewives in all measures except for physical functioning and the differences were found to be remarkable for vitality, mental health and role emotional.¹⁸

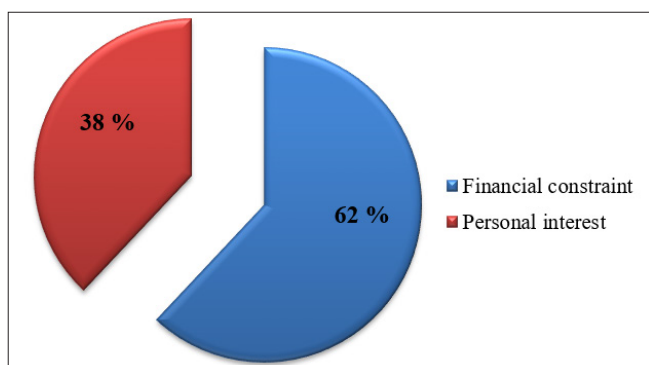


Figure 1. Reasons for working as reported by working women (N=50)

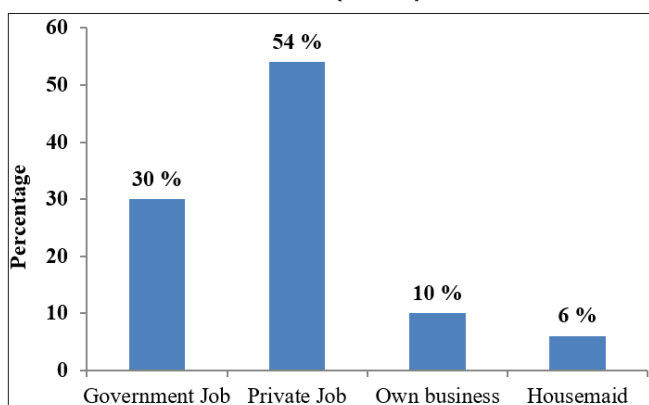


Figure 2. Type of work as reported by working women (N=50)

Conclusion

Findings of this study suggest working women to have better quality of life. This may be due to a sense of self

esteem, security and independence of a working woman. Employment and work provides women with opportunities to become self reliant and hence employment or work contributes to improvement of quality of life of women. Even though balancing work and household tasks remains a paramount challenge to many women, making work environment more flexible will encourage women to take up work and thus improve their quality of life.

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Conflict of Interest: None

References

1. R Balaji. Work life balance of women employees. *IJRSET* 2010; 3(10): 16840-16843. Available from: http://www.ijrset.com/upload/2014/october/63__work%20life%20balance.pdf [Google Scholar].
2. Kumari V. Problems and challenges faced by urban working women in India [dissertation]. Odisha: National Institute of Technology; 2014.
3. Working moms healthier than full-time homemakers [Internet]. Scientific American. Available from: <https://www.scientificamerican.com/article/working-moms-healthier-th/> Accessed 20 May 2017.
4. Health-Related Quality of Life (HRQOL) [Internet]. Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/hrqol/>. Accessed 20 June 2018.
5. WHOQOL: Measuring Quality of Life [Internet]. World Health Organization. Available from: www.who.int/healthinfo/survey/whoqol-qualityoflife/en/. Accessed 20 May 2017.
6. Farlinger S: Quality of life for women. *Soc Indicators Res* 1996; 39(1): 109-119. Available from: <https://link.springer.com/article/10.1007/BF00300835>.
7. Shambunath B. Working women: a study on health status [dissertation]. Karnataka: Gulbarga University; 2015.
8. Mankani R, Yenagi G. Comparative study of mental health of working and non working women. *J of Agr Sci* 2012; 25(4): 510-513. Available from: <http://14.139.155.167/test5/index.php/kjas/article/view/6675> [Google Scholar].
9. Zalodiya K. A comparative study of mental health among working women and housewives. *Int Multidisciplinary J* 2013; 1(3): 57-58.
10. Working woman. Collins English Dictionary_ Complete and Unabridged. 12th Edition. Harper Collins Publishers.
11. RAND. 36-Item Short Form Survey (SF-36). Available at: www.rand.org/health/surveys_tools/mos/36-item-short-form/scoring.html.

12. Reid J, Hardy M. Multiple roles and well-being among midlife women: testing role strain and role enhancement theories. *J Gerontol B Psychol Sci Soc Sci* 1999; 54(6): S329-S338. Available from: <https://academic.oup.com/psychsocgerontology/article/54B/6/S329/577203> [PubMed/ Google Scholar]
13. Dwiwedi A, Srivastava A. A study of depression and self-esteem between working and non-working married women. *Int J of Sci Research* 2016; 5(5): 186-190. Available from: [https://www.worldwidejournals.com/international-journal-of-scientific-research-\(IJSR\)/article/a-study-of-depression-and-self-esteem-between-working-and-nonworking-married-women/Nzk4NA==/?is=1](https://www.worldwidejournals.com/international-journal-of-scientific-research-(IJSR)/article/a-study-of-depression-and-self-esteem-between-working-and-nonworking-married-women/Nzk4NA==/?is=1).
14. Mehfooz A, Khan A. Quality of life among married working women and housewives. *Int J of Eng and Techn* 2018: 14-17. [ResearchGate].
15. Riffat S, Amena Z. Dual responsibility: a contributing factor to psychological ill-being in married working women. *Academic Research J* 2014; 5(2): 300-308. Available from: [http://www.savap.org.pk/journals/ARInt./Vol.5\(2\)/2014\(5.2-33\).pdf](http://www.savap.org.pk/journals/ARInt./Vol.5(2)/2014(5.2-33).pdf) [Google Scholar].
16. Dudhatra R, Jogsan Y. Mental health and depression among working and non working women. *Int J of Sci Research*. 2012; 2(8): 1-3. Available from: <http://www.ijsrp.org/research-paper-0812/ijsrp-p0835.pdf> [Google Scholar].
17. Suman VB, Chatterjee P. Psychological and physical wellbeing in working women. *Int J of Med Sci and Pub Health* 2015; 4(11): 1489-1492. Available from: <http://www.ijmsph.com/?mno=179944> [Google Scholar].
18. Harilal A, Santhosh V A. A comparative study on stress levels among working women and housewives with reference to the state of Kerala. *NMIMS J of Economics and Public Policy* 2017; 2(1): 31-35. Available from: <https://epp-journal.nmims.edu/wp-content/uploads/2017/april/a-comparative-study-on-stress-levels-among-working-women-and-housewives-with-reference-to-the-state-of-kerala-harilal-a-santhosh-v-a.pdf> [Google Scholar].
19. Saravi F, Navidian A, Rigi S, Montazeri A. Comparing health-related quality of life of employed women and housewives: a cross sectional study from South East Iran. *BMC Women's Health* 2012; 12: 41. Available from: <https://bmcwomenshealth.biomedcentral.com/articles/10.1186/1472-6874-12-41> [PubMed/ Google Scholar].