

A STUDY OF THE QUALITY OF LIFE FOR MARRIED WORKING WOMEN AND HOUSEWIFE WOMEN IN PUSAD CITY

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ABSTRACT

A married woman has to play many roles in society like wife, mother and daughter-in-law etc. which is a stressful job. Due to the massive increase in population worldwide, it is becoming difficult to meet the basic needs of life. And in such a situation, women have recognized the need of the hour to work alongside men to run the household. Women face various challenges at the workplace and at home which affects the quality of life of these women. In this research, a questionnaire based on quality of life was administered to 80 married women aged 25-40 years in Pusad City. Among them 40 are married working women and 40 women are housewives. T-test was used for statistical analysis of data. The study showed that there was no significant difference in the physical health of married working women and housewives, the psychological, social and environmental aspects of women in both groups were found to be different.

KEYWORDS: *Quality of Life, Married Working Women, Mental Health, Housewife*

INTRODUCTION:

While women retain their traditional roles, their inclusion in the career field is increasing. In today's hectic life, women are seen to be active in various occupations. They are seen working six to eight hours at their workplace or office but their work does not end there. After finishing the office, they come home and take care of the house by performing their role of mother, wife, and daughter-in-law. She has to fulfil her role by scheduling her office as well as household responsibilities. Women's economic well-being is generally seen to increase as women obtain their independent sources of income. which increases their self-esteem and improves their home conditions and increases their overall level of development in society. The gender gap in property ownership and control is one of the most important factors for the economic well-being, social status and empowerment of women.

Working married women are seen moving from one job to another due to the frequently changing attitude of the boss. The added burden of women's reduced autonomy and ever-increasing workload, young children at home, and the heavy demands of their jobs make emotional energy unbearable. So they cannot perform well at the family level. Population growth worldwide has limited the provision of necessities of life and women working

alongside men to run the household has become a modern necessity. Three fundamental changes in the economy have led to increased working hours for married women; improvements in technology; Changes in social attitudes towards married women working outside the home. These factors indicate that a greater focus on health and the family rather than policy and economic output is the need of the hour to achieve long-term reform goals.

Quality of life is related to the adequacy of material conditions and personal feelings about these conditions. It includes the overall subjective feeling of health which is closely related to morale, happiness and satisfaction. These aspects are related to the concept of health proposed by the World Health Organization as physical, mental and social well-being. This means that according to the individual's cultural demands, value systems, goals, expectations and concerns, generally the individual's perception of his/her health. A landmark study found that employed women reported higher scores on general health, life satisfaction, and self-esteem, and lower scores on depression, insecurity, and anxiety, suggesting that poor quality education at the school level hindered their ability to understand and evaluate their quality of life. maybe difficult to do. Ojha and Rani found a significant negative relationship between life stress and positive self-evaluations as well as between life stress and personality integration among working and non-working women. Optimism has been shown to play a role in positive mood, persistence, good problem-solving, and academic and professional success.

According to Testa and Simonson, quality of life as a measure of health is a broad concept. Relates to whether or not the disease or impairment limits a person's ability to perform a normal role. However, the measures do not take into account how people arrive at these decisions. Greenhaus and Powell stated that experiences in one role can improve people's sense of well-being and quality of life in other roles. Today, many scholars and organizations are recognizing the benefits of integrating work and family. Because both work/job and family are an integral part of people's daily life. Some scholars have argued that effectively balancing work/job and family is an important concern in today's society (Milky and Peltola). Sources of health in the study of quality of life are divided into two categories: external conditions such as available community services or family life, and internal. Conditions such as self-esteem or a sense of control over one's destiny. One study found that a person's number of friends was a greater source of happiness than their income (Robert Lane). Another study attempted to measure the quality of life of Indian non-working/employed and working/employed women.

Measures such as mental health, self-esteem, satisfaction in the role of mother and stress. It explained that women who are not working/employed have poorer mental health as well as lower self-esteem compared to working/employed women. Women who do not work/are also more depressed. The most common stressor reported by working/unemployed women is their uncoordinated social life. A study in India found that small families have higher female literacy rates, higher adoption rates of sons due to family planning, consistently lower death rates in the past year, better living standards, better housing, vehicles, TVs, and credit adequacy but positive. It appears that they are not happy about the matter. A sense of life compared to large families. The impact of occupational stress varies among subjects in part due to the possibility of using psychosocial resources, which favour strategies for coping with adverse situations. Lazarus and Folkman found that a higher quality of life among women was determined by higher marriage rates, physical exercise, and better economic status. In this study, women with a better quality of life were more health conscious and had an effective attitude toward using public health prevention resources. Another study conducted by Akbari found that working women had better life satisfaction than employed women. Studies in Turkey and Iran showed that non-employed women had higher quality of life than employed women in all aspects of quality of life. In a similar study between working and non-

working women in Rajkot, Revathi et al showed that non-working women had better mental health than working women.

Women have to fulfil many responsibilities in married life. So many women are under a lot of pressure. These pressures at work/job and home can impact their quality of life differently. Employed women may experience economic independence, and high self-esteem and housewives may experience insecurity and poor social life. Due to a lack of studies in this area, the present research work has been done.

THE OBJECTIVE OF THE STUDY:

To study the quality of life of married working women and housewives in Pusad city.

RESEARCH METHODOLOGY:

The survey method was used for this research. In the research, 80 married women in the age group of 25-40 years from Pusad town in the Yavatmal districts of West Vidarbha were selected for this research. For this, a random sampling method was used. Among them, 40 women were married and employed while 40 women were housewives. Standardized tests were used to collect the necessary facts regarding the quality of life of these women. A total of 26 statements were determined under four factors in this test. In it, 7 statements were determined in physical life quality, 6 statements in mental life satisfaction, 3 statements in social life quality and 8 statements in environmental life quality. The test was determined on a five-point scale in which the options were determined as 1. poor, 2. poor 3. fair 4. good 5. very good. The reliability coefficient of this test was 0.070.

Consent was obtained from the respective women before the administration of the instruments. This quality of life questionnaire was then administered to women aged 25-40 years. Independent t-test was used for statistical analysis based on the data obtained from them.

STATISTICAL ANALYSIS:

Table no. 1.1

Quality of life of married working women and housewives in Pusad city

The factor of Quality of Life	Working Women			House wife			SE.dm	't' value
	N	M	SD	N	M	SD		
Physical quality of life	40	22.12	2.59	40	21.22	2.78	0.32	2.81
Psychological quality of life	40	19.41	3.12	40	17.32	4.34	0.93	2.24
Quality of social life	40	12.16	2.06	40	10.23	2.34	0.98	1.96
Environmental quality of life	40	28.29	4.63	40	23.78	6.56	2.11	2.13
Total	40	20.49	3.10	40	18.13	4.00	1.08	2.17

CONCLUSION:

There is a significant difference in the physical quality of life of working women and housewives. In this, the physical quality of life of employed women was found to be more effective than that of housewives. There is a significant difference in the psychological life quality of working women and housewives. In this, the psychological quality of life of employed women is more effective than that of housewives. The findings of this research are consistent with the study conducted by Hashmi, Khurshid and Hasan, 2007. Differences in quality of life between non-working/employed and working/employed women were detected using indirect measures such as mental health, self-esteem, satisfaction with the role of the mother, and stress. The results revealed that women who are not working/unemployed have poorer mental health and lower self-esteem compared to employed women. Women who do not work/are also found to have high levels of depression. The most common stress reported by working/unemployed women is their poor/poor social life. Similarly, Revathi et al.'s study of working/employed and non-working women showed that non-working women had better mental health than working/employed women. Similarly, Akbari (2012) found that working/employed women had better life satisfaction than non-working/employed women.

There were significant differences in quality of life in social and environmental domains between married working women and housewives. This may be because married working women are generally more educated and professionally socialized as well as connected. Sometimes they have to play the dual role of a working woman and a housewife. Housewives stay at home and do housework; they play an important role in the functioning of the family.

This shows that married working women and housewives have their own unique set of problems. This can make a difference in their quality of life. The study found significant differences in physical health between married working women and housewives. In this, the health level of working/ employed women was better than the health level of non-working/ housewives' women. Findings regarding social and environmental aspects are consistent with previous studies.

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