

“Self Esteem & Quality Of Life: A Comparative Study Among Working And Non – Working Women”

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ABSTRACT

Employment has become increasingly significant in the lives of women. The modern woman is trying to be happier and better adjusted by relinquishing the traditional and modern role or by combining the two roles. The present study aims to compare the Self-esteem & Quality of life of working and non – working women in the city of Hyderabad.

The samples consisted of 50 married working and 50 non – working women of the age range of 25 – 45 years, with educational qualification of Graduates and above, by administering self – esteem scale and quality of life scale questionnaires.

The State Self-Esteem scale was chosen for collection of data. SPSS was used for analyzing data. Results indicate that working women were found to be significantly higher on self-esteem as well in quality of life than non-working women. The reason for this difference may be because of the fact that employment is associated with enhanced self-esteem and quality of life.

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I. INTRODUCTION

Self – esteem is a personal, judgment of worthiness that is expressed in the attitudes of the individual holds towards him / herself. These personal evaluations are based on the values of the social groups and the society. Baumeister (1993) contends that self-esteem implies self-acceptance, self-respect and feelings of self-worth. In sum self-esteem might be viewed as a person's overall judgment of himself / herself pertaining to self-competence and self-worth. Studies have suggested that there is a negative relationship between self-esteem and stress. In case of working women the ability to enact multiple roles may contribute to the self-esteem because performing different tasks and interacting with more role partners might increase their sense of competence and equip them to deal with range of situations. High self-esteem appears to buffer people against feelings of anxiety, enhancing coping and promoting physical health (Baumeister, 1993).

Self Esteem is a term in psychology to reflect a person's overall evaluation or appraisal of own worth. Self Esteem encompasses beliefs and emotions such as triumph, despair, pride and shame. "The self-concept is what people think about the self and the positive or negative evaluation of the self. A person's self-concept consists of the beliefs one has about oneself, one's self-perception, or, as expresses it, "the picture of oneself". It is described as total perception which people hold about themselves. It is not the "facts" about one-self but rather what one believes to be true about one-self. Those who have high self-esteem are presumed to be psychologically happy and healthy (Branden, 1994; Taylor & Brown, 1988), whereas those with low self-esteem are believed to be psychologically distressed and perhaps even depressed (Tennen & Affleck, 1993).

In the wake of rapid social change in various aspects of Indian Society, the role and position of women are undergoing changes at a rapid pace. Many women are working and manage both marital life and career. They take up nontraditional roles and have developed a new outlook of life. These days, women have become more conscious of their own identity and status. Modern women know their self-worth and they wish to develop self-reliance and self-esteem by taking up jobs in various aspects. Many researchers over the past years have made comparative studies of working and non - working women on various psychological variables and the relationships between them.

Quality of life (QOL) is the general wellbeing of individuals and societies, outlining negative and positive features of life. It observes life satisfaction, including everything from physical health, family, education, employment, wealth, religious beliefs, finance and the environment. (1) World Health Organization defines quality of life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept incorporating in a complex way the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of the environment.

(2) Gender roles are the ‘social definition’ of women and men. Performance of these roles is guided by social norms, cultural values, class system, ages and historical perspectives of a society. Traditional gender roles which viewed male as breadwinner and female as homemaker, have changed over the time and there has been an increase in families headed by two working spouses and support to this notion keeps increasing. In few of the societies due to men and women both being working, men have started contributing to household chores, still in many societies, due to their culturally determined gender ideologies, the responsibility of child care and other family members, remains with women and they are faced with juggling the role of mother, partner and daughter as well as employee. Carrying out these roles may impact on women’s quality of life which as defined by World Health Organization (1997) is: “Individuals perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment. Quality of life is a state of happiness and satisfaction that a woman gets from the role that she plays. Its presence in a woman’s life is unquestionably important.

Need of the study:

The working women experience financial independence, high self –esteem and the housewife may experience insecurity and poor social life etc. The focus of this study is on self – esteem and quality of life of working and non – working women. Studies examining self – efficacy is the level and strength of a woman’s belief that she can successfully perform a given activity, have been examined given the similarity of this construct to self-esteem. This paper is an attempt of understanding and underlying structure of the self – concept, which can contribute to the process of mediating change in self – esteem and improving quality of life among women.

Since there was dearth of studies in this aspect therefore it is planned to find the correlation and also compare the level of self – esteem and quality of life among working and non – working women.

Problem statement:

Ground: With current emphasis on leadership in medicine, this study explores Goleman’s leadership styles of medical education leaders at different hierarchical levels and gain insight into factors that contribute to the appropriateness of practices. Methods: Forty two leaders (28 first-level with limited formal authority, eight middle-level with wider program responsibility and six senior- level with higher organizational authority) rank ordered their preferred Goleman’s styles and provided comments. Eight additional senior leaders were interviewed in-depth. Differences in ranked styles within groups were determined by Friedman tests and Wilcoxon tests. Based upon style descriptions, confirmatory template analysis was used to identify Goleman’s styles for each interviewed participant. Content analysis was used to identify themes that affected leadership styles. Results: There were differences in the repertoire and preferred styles at different leadership levels. As a group, first-level leaders preferred democratic, middle-level used coaching while the senior leaders did not have one preferred style and used multiple styles. Women and men preferred democratic and coaching styles respectively. The varied use of styles reflected leadership conceptualizations, leader accountabilities, contextual adaptations, the situation and its evolution, leaders’awareness of how they themselves were situated, and personal preferences and discomfort with styles. The not uncommon use of pace-setting and commanding styles by senior leaders, who were interviewed, was linked to working with physicians and delivering quickly on outcomes. Conclusions: Leaders at different levels in medical education draw from a repertoire of styles. Leadership development should incorporate learning of different leadership styles, especially at first- and mid-level positions Various studies have been conducted with and without combinations of self – esteem, psychological well – being, stress, quality of life, life satisfaction, but not many research studies could be found with reference to measure and compare the self – esteem and quality of life among women in an Indian context.

II. REVIEW OF THE LITERATURE

Recently woman has distinguished herself as the very foundation for the edifice of human civilization. Just as the foundation stone of any building can't be seen, but gives stability to that building, in the same way, it is woman who has given silent support and stability to human civilization. In today's modern world women are leaving the confined home and entering the male domain of work. Financial independence to a great extent is linked with the competence to do independent work. Employment serves as a resource for boosting their confidence and self-esteem, leading to sense of psychological well-being as well as economical security, and autonomy and expands their social network. So it enhances their confidence and raises the level of self-esteem; self-esteem has been conceptualized as a "social vaccine" because it inoculate them against vulnerability to a wide range of social illnesses. Self-esteem over a certain threshold is a protective resource for women. There is

a huge literature which reported that working women had more level of self – esteem as compared to non – working women.

What is self-esteem?

In sociology and psychology self-esteem reflects a person's overall subjective emotional evaluation of his or her own worth. It is a judgment of oneself as well as an attitude toward the self which encompasses beliefs "I am competent", "I am worthy" the most basic need all of us have is to have a sense of personal worth. This sense of personal worth has two elements: security and significance. Security means being loved and accepted just for who I am, regardless of what I do. This is what Gloria Steinem calls “core” self-esteem, and psychologists refer to as “global” self-esteem, being loved and accepted.

Persons who possess high self-esteem apparently feel good about them, cope effectively with challenges and criticism, and feel wanted and respected socially too, thus lead happy and productive lives. By contrast, people with low self-esteem see the world through a more negative filter. Accumulated research suggests that unemployment is associated with increased depression and poorer self- esteem.

Significance means having meaning or purpose in life, being adequate for what I do. This is also called situational self-esteem. It knows that we are good at what we do. The problem is that we develop a series of false assumptions of what we think will meet our needs for security and significance. We usually learn these assumptions in childhood. If we don't experience unconditional love and acceptance as a child, we will experience pressure to have those needs met elsewhere. And if we aren't given a sense of competency and significance in childhood, we will also experience pressure to meet that need elsewhere. It is generally believed that there are many benefits of having a positive view of the self. Those who have high self-esteem are presumed to be psychologically happy and healthy whereas those with low self-esteem are believed to be psychologically distressed and perhaps even depressed. Persons who possess high self-esteem apparently feel good about them, cope effectively with challenges and criticism, and feel wanted and respected socially too, thus lead happy and productive lives. By contrast, people with low self-esteem see the world through a more negative filter. Accumulated research suggests that unemployment is associated with increased depression and poorer self- esteem

What is Quality of Life?

India has the world's largest number of professionally qualified women. India has more female doctors, surgeons, scientists and professors than the United States. On an average however, women in India are socially, politically and economically weaker than men. The reality of women's lives remains invisible, and this invisibility persists at all levels beginning with the family to the nation. The status of women can be a better predictor of a nation's general quality of life than GDP. Quality of Life (QOL) is seen as the product of the interaction of a number of different factors: social, health, economic, and environmental conditions. These factors often in unknown ways interact to affect both human and social development at the level of individuals and societies. The term Quality of Life relates to the description and evaluation of the nature or conditions of life of people in a certain country or region. One of the most popular aggregate measures of the quality of life is the individual estimation of one's happiness. Happiness here is defined as the degree to which an individual judges the overall quality of her life as-a-whole favourably. The quality of life as an area of research has attracted an ever increasing amount of interest over the past two decades. It was a presumption till late 60's that women with jobs / working outside are generally happier and satisfied as compared to fulltime housewives or non – working women. A study tried to measure the quality of life among non – working 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 compared to the working women. The most common stressor reported by the non – working women was poor social life. The family relationship and the family adjustment are two very crucial factors predicting the quality of life especially in women.

As defined by World Health Organization (1997) Quality of life is: “Individuals perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment. Quality of life is a state of happiness and satisfaction that a woman gets from the role that she plays. Its presence in a woman's life is unquestionably important. Thus this research was conceptualized considering the changes in role of women in India have undergone in the recent past. This study aimed to explore understanding of women about the different roles that they play in a society and their experiences related to the roles they identified.

With increased opportunities for employment for women and the need to supplement household income; more and more women are entering the job market. With the breaking up of joint family system and the

increased phenomenon of nuclear families, working women need support; in terms of quality and care; for their young children while they are at work. Women play multiple roles in the family that affect the health and well-being of all family members. The role of women as care-givers and as providers of family income may conflict with one another; which may have potentially important implications for the welfare of children.

The working women experience financial independence, high self –esteem and the housewife may experience insecurity and poor social life etc. Since there was dearth of studies in this aspect therefore it is planned to measure and compare the level of self – esteem and quality of life among working and non – working women.

Review of literature on Self – Esteem:

Aastha Dwivedi & Anubha Srivastava; 2016: “A study of depression and self – esteem between working and non – working married women”. This study explored depression and self-esteem between working and non-working married women. In this study 140 females 70 working and 70 non–working who fulfilled the inclusion and exclusion criteria were selected purposely for the study. After developing the good rapport with the females, their socio–demographic details were collected with their concerns. After that Beck depression inventory (BDI) and Rosenberg self–esteem scale were administered on them. Findings revealed that there is significant difference between working and non–working married women on depression and self-esteem.

Irandokht Asadi Sadeghi Azar, PhD in Psychology, Zabol University of Medical Sciences, Zabol, Iran – “Relationship between Quality of Life, Hardiness, Self – efficacy and Self-esteem amongst Employed and Non - working Married Women in Zabol” (2006). The samples in the present study consisted of 250 married employed women and 250 married non - working women in the age range of 24 – 41 years old belonging to lower, middle, and upper socioeconomic status groups, with educational qualification of 10±2 and above and having at least one school child. Stratified convenience sampling technique was used for the selection of the sample. The World Health Organization – Quality of Life (WHO QOL) – BREF, the Personal View Survey (PVS), the General Self-Efficacy Scale (GSE), The Cooper Smith Self-Esteem Inventory (CSEI) and demographic questionnaire sheet were chosen for collection of the data. Obtained Pearson r values revealed significant positive interrelationship between quality of life, hardiness, self-efficacy, and self-esteem in the whole sample, within the subgroups of professional and non-professional employed and non - working women. Obtained pearson r values revealed significant negative relationship between employment and the above variables in women. The study indicates that women with higher quality of life score rank also higher on hardiness, self-efficacy, and self-esteem and vice versa.

Dr. Kompal Wadhawan; 2016: “A Comparative Study of Self-Esteem of Working and Non-Working Women in Relation to their psychological well – being”. Employment has become increasingly significant in the lives of women. The modern woman is trying to be happier and better adjusted by relinquishing the traditional and modern role or by combining the two roles. The study aims to compare the Self-esteem of working and non-working women in relation to their psychological well-being. The samples consisted of 20 married working and 20 married non- working women of the age range of 20 – 45 years, with educational qualification of 10+2 and above. Cluster sampling technique was used for the selection of the sample. The State Self-Esteem scale was chosen for collection of data. SPSS was used for analyzing data. Working women were found to be significantly higher on self-esteem than non-working women. The reason for this difference may be because of the fact that employment is associated with enhanced self-esteem and life.

Maryam Pish-ghadam, Babo Allah Bakhshipour and Sedigheh Ebrahimi; 2013: “Self – esteem comparison between employed and non - working women of Tehran city”. Paid employment has become increasingly significant in the lives of women. The pertinent questions that arise: Is the woman happier and better adjusted by relinquishing the traditional role or by combining the two roles? Self-esteem was selected to evaluation the effect of employment on women in this study. The samples consisted of 150 married employed and 150 married non - working women in the age range of 20 – 45 years, with educational qualification of 10+2 and above. Cluster sampling technique was used for the selection of the sample. The State Self-Esteem scale was chosen for collection of data. SPSS was used for analyzing data. Employed women were found to be significantly higher on self- esteem than non - working women. The reason for higher self-esteem among employed women than non-employed women may be because of the fact that employment is associated with enhanced self-esteem and life satisfaction only when it is regarded as a career or significant life work.

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.

Saeedinejat S, Ebrahimipour H, Nejatadegan Z, Arefeh Pourtaleb, Vafae-Najar A, Tabatabaee S S: “A Survey on Evaluating the Relation between Self-esteem and Quality of Life in Students of Health School Affiliated to Mashhad University of Medical Sciences” (2012). Self-esteem is one of the essential human needs regardless of the individual's social, scientific, and moral status. It has an exceptional role in one's mental health and personality balance. The purpose of the study was to examine the relationship between self-esteem and quality of life in the students of Health School of Mashhad Medical Sciences University. Methods and Materials: This study was a cross-sectional survey on 234 students of Health School of Mashhad Medical Sciences University in educational year of 2012-2013. Data were collected using WHO life quality questionnaire and Copper Smith self-esteem questionnaire. The collected data were analyzed through descriptive statistics methods (frequency, percentage, mean, and standard deviation), independent t-test and ANOVA using SPSS16 software. Results: The findings showed that 61% of the students had a high quality of life with a good self-esteem indicating a statistically significant relation ($p=.052$). Among the five domains of quality of life; a significant relation was observed between social quality and self-esteem ($p<0.05$).

Stephen Kermode, Southern Cross University, Doug MacLean, Southern Cross University: “A study of the relationship between Quality of life, Health and Self - Esteem (2001)”. In this study, 757 participants reported data on quality of life (QOL), health and self-esteem. Findings indicated that older people experienced higher QOL than people in other age groups. Variables contributing to higher QOL include having good relationships with their partner, with their children, and God. Caring for others, or carrying a disability or illness diminished QOL scores. High positive self-esteem scores were important in overall indices of QOL. High positive self-esteem and absence of negative self-esteem were substantial contributors to the 'happiness' dimension of QOL. Having a good sex life, or not having sex was more important than having poor sexual relationships.

Sunita Rani & Shalini Singh; 2014: “Stress, Self-esteem and Well-being amongst women: A Comparative Study”. The aim of the study is to draw a comparison between stress, self-esteem and well-being amongst working and non- working women. A sample of 100 subjects was used. Half of them were working women and half of them were housewives having an age range of 30-45 years. Number of children (Min. 2) and type of family (nuclear / joint), demographic variables were controlled. Life Events Scales (Holmes and Rahe, 1967) was used as a measure of stress, Self-Esteem Inventory (Virk and Chauhan, 2003) for measuring self-esteem and P.G.I. Well-Being Scale (Verma, Dubey & Gupta, 1983) for measuring well-being. The data was analyzed by using t-test. No significant difference was found between working and non-working women on stress. The results revealed that that a great difference exists in the means of the stress scores in working women (mean 98.70 and SD 86.53) and non-working women (mean 134.21 and SD 94.53), working women were higher on self-esteem and well-being than non-working women. The mean is found higher among non-working women, it means that homemakers are under more stress than working women. It was also seen from the result that self-esteem and well-being are higher in working women as compared to non-working women. The findings of the study would be discussed in the light of changing scenario towards health promoting behaviour i.e. to maintain a balance between job and family.

Vasiliu Ana Maria, National University of Physical Education and Sports, Bucharest, Romania: “Self – Esteem as an indicator of Quality of Life” (2015). This study aims the quality of life having self-esteem as an indicator. Self-confidence, the reaction in the face of setbacks, mobilization to achieve certain objectives are attitudes related to self-esteem. People who have an optimal self-esteem react easily to certain contingencies and mobilizes more easily in order to achieve certain goals. We want to see to what extent self-esteem is influenced by practicing physical activities and is higher in subjects participating in physical activity programs compared to subjects who do not participate in such programs and to capture the importance of an optimal self-esteem in daily life. As research method we used one of the most known instruments for evaluating self-esteem: Rosenberg Self-Esteem Scale, a ten item Likert scale developed in 1965 by the American sociologist Morris Rosenberg. Self-esteem is generally a stable characteristic of adults and refers to his being and overall self-Rosenberg defines it as the totality of individual thoughts and feelings with reference to himself as an object. We have applied the scale on a number of 56 subjects, 33 of them are freshmen students and participants at physical activity programs, and 23 are master students. The results are focused on finding differences at the two categories of subjects on how people find themselves, how pleased are about them. The conclusions aim to encourage people to avoid sedentary lifestyle by highlighting the benefits of active lives on self-esteem and quality of life of participants in physical activity programs. The study indicates a high level of self-esteem gives self-confidence, ability to solve difficult situations and it is an engine that emits optimism and generates resources for the successful achievement of predetermined goals. The results provide data that contribute to a better understanding of the aspects that influence the QOL of the elderly due to reduced self-esteem, thus providing information for the development of health strategies.

Zeab, Fareda; Ali, Uzma; “A comparative study on self-esteem of working and non – working women in Pakistan” (2015); Journal of Social Sciences (COES&RJ-JSS), Vol.4, No.4, PP: 934 – 944. The purpose of the study was to explore the difference of self-esteem between working and non-working women of Pakistan. It was hypothesized that “the working-women will score higher on the variable of Self-esteem as compare to non-working women. The sample of 250 (125 working, 125 non-working) women were taken by purposive sampling technique. The target group’s age range was between 28 years to 45 years. The Mean score of age was ($M=34.126$) and the standard deviation was ($SD=4.129$). The women were selected from different organizations and areas of Karachi, Pakistan through purposive sampling technique. After taking the permission from authorities and informed consent from the participant demographic forms were filled then in order to measure the self-esteem, Rosenberg self-esteem Scale (RSES, 1965) was administered, individually. Descriptive statistics and t-test for independent mean were used to analyze the data through SPSS. It was concluded that non-working women are likely to have higher self- esteem than working-women in Pakistan.

Review of literature on Quality of life:

Mehfooz Ahmad & Aqeel Khan; 2018: 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 the results of psychological, social and the environmental domain were in agreement with the earlier studies.

Shuchita Anand, Mahak Sharma; 2017: Quality of life is the general wellbeing of individuals and societies, outlining negative and positive features of life. The aim was to undergo a comparative study on the quality of life of working and non-working females. The study was carried out in January 2017 purposive sampling was done to enrolled total 100 females from different location of Delhi-NCR. Questionnaire was formulated to collect qualitative data. Anthropometric measurements were done. Quality of life was determined by using WHO – 'QUALITY OF LIFE - BREF' standardized Questionnaire. The results revealed that physical domain, Psychological domain and Environmental domain depicted that more of non-working females had good quality of life (60%, 58%, 56% respectively) as compared to working females but the differences were not statistically significant. Social domain depicted that more of non-working females had good quality of life (68%) as compared to working females(40%) and the differences were statistically significant ($p>0.05$). The study concluded that non-working females had a better quality of life as compared to working females.

Nitasha Sharma, Sumandeep Kaur; 2012: The status of women in India has been studied in various forms. In that matter, the 'quality of life' is a relatively new concept. Quality of Life (QOL) is seen as the product of the interaction of a number of social, health, economic and environmental factors. The quality of life is a degree to which a person enjoys the important possibilities of his / her life. The study was undertaken to assess the quality of life among non-working females residing in selected rural area of Punjab. A total of 50 subjects were included in the study using the convenience sampling technique. A 15 item "Quality of life scale "given by John Flanagan was used as research measure. The tool gives the overall QOL score and score in five domains: 1) Physical & Material well-being 2) Relations with other people 3) Social, community & civic activities 4) Personal Development and fulfilment 5) Recreation. The maximum mean score 6.3 was obtained in the item referring to relationship with parents, siblings and significant others & the lowest mean score was in the item referring to participation in organisational & public affairs. The maximum per cent score was obtained in domain of relationship, 84% and minimum score in domain of social, community and civic activity, 51%. The study supports the underlying conceptualisations about 'Quality of life' as a multidimensional construct. The study also recommends the need to create more learning experiences for rural non-working women to improve their knowledge and provide an outlet for creative expression.

III. RATIONALE / SIGNIFICANCE OF THE STUDY

The main rationale of this study is to add to the research in the areas of self-esteem and quality of life, to investigate the previous research and to help this area of research find a way to completely stop low self-esteem from being a debilitating factor among women. Self-esteem appears to impact the development of quality of life and this is of huge interest to me as it appears depression will be the second leading cause of disease by 2020 (Moussavi, Chatterji, Verdes, Tandon, Patel and Ustun, 2007).

The focus of this study is on self-esteem of working and nonworking women. Studies examining self-efficacy is the level and strength of a woman’s belief that she can successfully perform a given activity, have been examined given the similarity of this construct to self-esteem. This study is an attempt of understanding and underlying structure of the self-concept, which can contribute to the process of mediating change in self-esteem and improving quality of life.

Why study self – esteem & quality of life?

In the heady days of the 1970s, it might have seemed possible to assert that self-esteem has a causal effect on every aspect of human life, and by the 1980s, the California legislature might well have been persuaded that funding a task force to increase the self-esteem of Californians would ultimately produce a huge financial return because reducing welfare dependency, unwanted pregnancy, school failure, crime, drug addiction, and other problems would save large amounts of taxpayers’ money.

However, as Karl Marx, Sigmund Freud, and other grand thinkers could assert if they were alive today, even the most elaborate and persuasive theories about human behaviour do not generally receive empirical support in all aspects. Thus, we note at the outset that we did not expect all the extravagant claims of the self-esteem movement to be supported.

Even if the self-esteem movement was wrong in crucial respects, its positive aspects and contributions deserve to be recognized and celebrated. The self-esteem movement showed that the American public was willing to listen to psychologists and to change its institutional practices on the basis of what psychology had to teach. It would not be in psychology’s best interest to chastise the American public for accepting the advice of psychologists. If errors were committed, perhaps psychologists should reduce their own self-esteem a bit and humbly resolve that next time they will wait for a more thorough and solid empirical basis before making policy recommendations to the American public. Regardless of the outcome of the self-esteem movement, it showed that there is a voice for psychology in public policy and discourse. If psychology uses that voice judiciously, it may still be able to make a major contribution to the well-being of society.

“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).

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 or at 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 working women and housewives.

IV. OBJECTIVES, HYPOTHESIS OF THE STUDY

OBJECTIVES:

This study is planned to measure and compare the level of self – esteem and quality of life among working and non – working women. It follows specific objectives.

1. To study the relationship between Self-esteem and Quality of life among working and non – working women.
2. To study the level of self- esteem among working and non – working women.

3. To study the level of Quality of life among working and non – working women.

HYPOTHESIS:

Following hypothesis has been formulated for this study.

1. There is a significant relation between Self-esteem and Quality of life among working and non – working women (H1).
2. There is a significant difference in Self-esteem among working and non – working women (H1).
3. There is a significant difference in Quality of life among working and non – working women (H1).

V. METHODOLOGY

Statement of the problem:

The proposed study measures and compares the levels of self – esteem and quality of life among the working and non – working women.

Sample:

A group of 100 women in the age group of 25 and 45 years are selected as a sample for the present study. Half of the female (n=50) are working women and rest half (n=50) are non - working housewives. Their qualification would be Diploma holders, Engineering, Graduation and Post - Graduation. After identifying the samples the questionnaires were personally distributed to them and collected by the researcher. Population was selected on random basis. Statistical analysis is done using computer.

Test / Tools used:

Keeping in view the objectives of the study and the nature of the research, questionnaire was an ideal choice. Questionnaire is used to collect qualitative data on demographic profile.

1. **Self – Esteem Inventory:** Rosenberg Self – Esteem Scale (1965) which is one of the most widely used inventory, will be used to assess self – esteem. It contains 10 items, that is rated on 4 point Likert scale; 4 is **strongly agree**, 3 is **agree**, 2 is **disagree**, 1 is **strongly disagree for straight items. For reversely scored items, the 4 point Likert scale is;** 4 is **strongly disagree**, 3 is **disagree**, 2 is **agree** and 1 is **strongly agree**. Reversely scored items that indicates that lower the scores, higher the self-esteem. Normally, participants take 5 – 10 minutes to complete the questionnaire. The scale has high Reliability and Validity. The internal consistency range from 0.75 – 0.92 and test – retest reliability is 0.85 – 0.88, concurrent validity of Rosenberg self-esteem scale is 0.60 – 0.72.

2. **Quality of Life Scale (QOLS):** The QOLS was originally a 15 – item instrument that measured five conceptual domains of quality of life: 1) material and physical well-being, 2) relationships with other people, 3) social, community and civic activities, 4) personal development and fulfilment, and 5) recreation. After descriptive research that queried persons on their perceptions of quality of life, the instrument was expanded to include one more item: Independence, the ability to do for yourself. Thus, the QOLS in its present format contains 16 items, that is rated on 7 point Likert scale; 7 is **Delighted**; 6 is **Pleased**; 5 is **Mostly Satisfied**; 4 is **Mixed feelings**; 3 is **Mostly Dissatisfied**; 2 is **Unhappy**; and 1 is **Terrible**. Generally, participants take around 10 minutes to complete the questionnaire.

Estimates from the first study of 240 American patients indicated that QOLS satisfaction scale was internally consistent ($\alpha = .82$ to $.92$) and had high test – retest reliability ($r = 0.78$ to $r = 0.84$).

Procedure:

After ensuring all the sample were comfortable with English language, they were requested to form a part of the sample. After their consent they were given the two questionnaires, i.e. Self – esteem Scale (SES) and Quality of Life Scale (QOLS).

Instructions:

The two questionnaires were administered individually. After establishing a proper rapport with the subjects, they were asked to fill in their particulars and read the instructions carefully before giving responses they were asked to choose any one alternative for each item marking a tick (\surd) mark at their choice. Subject were asked to give their first impression and whatever is true and best describes the way they feel, should be reported. Queries / doubts raised by respective subjects have been clarified instantly. Assurance was given to the employees that names and information given would be kept completely confidential.

Scoring:

Keeping in view the objectives of the study and the nature of the research, questionnaire seems to be an ideal choice. Questionnaire will be used to collect qualitative data on demographic profile.

1. **Self – Esteem Inventory:** The scale is scored by simply adding the score on each item. The scores range between 10 – 30. Greater than 20, scores depict the positive self-esteem.

2. **Quality of Life Scale (QOLS):** QOL scale is scored by simply adding the score on each item. The scores range between 16 to 112, with a higher score being indicative of a higher quality of life. An average total rating is usually around 90, whereas a low quality of life measures around 16.

VI. RESULTS & DISCUSSION

The main aim of the present study was to investigate the significance difference between working and non – working women in terms of self-esteem and their quality of life.

ANALYSIS OF DATA:

The data is obtained from the sample of 50 – working women and 50 – non – working women and it is scored and analysed with the help of computer. The statistical analysis involve Pearson correlation, Mean, Standard Deviation and t – test.

The data analysed by calculating the Pearson correlation to find the relationship between the level of self-esteem and quality of life among working and non-working women. Means and Standard Deviations and t – test was used to find out the significant difference between working and non – working women.

TABLE – I

Table – I shows the demographics representing the data is as follows:

	Working	Non - working
AGE GROUP	25 – 45 years	25 – 45 years
QUALIFICATIONS	Graduates: 35 Post Graduates: 15	Graduates: 38 Post Graduates: 12
SOCIO ECONOMIC STATUS	Upper Middle class & Middle class	Upper Middle class & Middle class
LOCATION	Hyderabad	Hyderabad
TOTAL	50	50

TABLE – II:

Correlational study between Self – esteem and Quality of life

Dimensions	Quality of life
Self – esteem	
Pearson – r	0.564**
N	100

The first hypothesis: There is a positive correlation between the level of Self-esteem and Quality of life among working and non – working women (H1).

Pearson’s r was computed for the total sample to study the relationship between self-esteem and quality of life. A glance at the obtained Pearson r value (0.564) reveals significant positive relationship between self-esteem and quality of life. The variables correlated with each other significantly among working and non - working at 0.01 level. It indicates that women with higher score of self - esteem, also score higher on quality of life and vice – versa. As the findings / results of the present study support hypothesis, hence, the above hypothesis was accepted.

TABLE – III:

Mean, SD and T – test of Self – esteem

Dimensions	Working women (N = 50)		Non – working women (N = 50)		t – values
	Mean	SD	Mean	SD	
Self – esteem	23	2.03	21	9.89	4.69*

Significant at .05*

The second hypothesis: As indicated in the above table III, the Means of working and non-working women on Self-esteem were found to be 23 and 21, and the SD’s is 2.03 and 9.89 respectively. The t ratio is 4.69 obtained is found to be significant at .05

As per the results shown in table III, the work status on self-esteem revealed that the working women and non – working women differ significantly on self – esteem. The working women were significantly higher on self-esteem than non – working women. Working women had more power than non-working women with respect of children’s affairs and self-decision, decision taking related to house hold affairs than non-working women (Devi and Rayalu, 2003).

Higher self-esteem among working women as compared to non – working could be due to the fact that these women would achieve something positive (such as higher status and economic independence) in an opportunity to work outside the home. A feeling of contributing to the welfare of their families as well as society might enhance their self-esteem. Empowerment helps women gain access to many resources in the family as well as in the community to promote their well-being thus raising their self-esteem (Blumberg, 1991). The improved financial conditions are responsible for better and healthier understanding between the wife and husband that is more conducive and leads to better marital adjustment (Schoen, Roger and Amato, 2006).

The result have been supported by Nathawat and Mathur (1993) who found working women report higher scores on general health, life satisfaction and self-esteem measures and lower score on hopelessness, Stress and anxiety. Full time housewives hold more conservative values, and more traditional view of women’s roles report experiencing a more supportive family life, express lower self-esteem and are less dissatisfied than working women.

The above results become meaningful in the context of changing scenario of modern society, particularly in India. As India has witnessed profound changes almost in every aspect of social life in the last fifty years. Industrialization and urbanization has changed the attitudes of people towards marriage and social institutions. Economic, social and cultural values are also changing rapidly. As a result, women are not confined in household chores, but their roles have gone a tremendous change, which has brought psychological well-being and life satisfaction to some; but many still suffering from depression.

TABLE – IV:
Mean, SD and T – test of Quality of life

Dimensions	Working women (N = 50)		Non – working women (N = 50)		t – values
	Mean	SD	Mean	SD	
Quality of life	100.2	4.43	86.78	8.76	3.74*

Significant at .05*

The third hypothesis: There is a significant difference in Quality of life among working and non – working women (Ho3).

As per the results shown in table IV, the work status on quality of life revealed that the working women and non – working women differ significantly on quality of life. The working women were significantly higher on quality of life than non – working women. The Mean of quality of life is found to be 100, and the SD is 4.43. As the findings of the present study support our hypothesis, hence, the above hypothesis was accepted at 0.05

Quality of life scale covers the following five domains:

- 1) Material and physical well-being,
- 2) Relationships with other people,
- 3) Social, community and civic activities,
- 4) Personal development and fulfilment, and
- 5) Recreation.

VII. CONCLUSION

With increased opportunities for employment for women and the need to supplement household income; more and more women are entering the job market. With the breaking up of joint family system and the increased phenomenon of nuclear families, working women need support; in terms of quality and care; for their young children while they are at work. Women play multiple roles in the family that affect the health and well-being of all family members. The role of women as care-givers and as providers of family income may conflict with one another; which may have potentially important implications for the welfare of children. 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.

Results reveal that significant positive correlation exist between self – esteem and quality of life. According to the result’s higher self-esteem figures, the working women are felt to be confident, organized and practical. Working women’s better mental health condition than non – working one, points out the urge to providing the emotional security to the working women. The lowered scores on the variable of self-esteem of house wives showed the instable mental health than working women.

The reason for higher self-esteem among working women than non - working women may be because of the fact that employment is associated with enhanced self-esteem and life satisfaction only when it is regarded as a career or significant life work. For those women who did not think of the paid work role as a long term life goal, employment was not linked to higher self-esteem or life satisfaction. Another reason is that the Indian women with multiple roles especially in non- professional jobs face more stress, because of lower income and

support. They have less family support, social acceptance and less governmental support. Thus, employment status alone cannot enhance the self-esteem of non - working women.

Quality of Life (QOL) is a philosophy, which holds that women are the most important resource in a family / organization as they are responsible and capable of making valuable contribution and thus they should be treated with dignity and respect.

It is necessary for organizations to have good HR practices and processes in place, especially for its women employees to ensure that they enjoy good quality of life. Organizations should give them flexibility to plan their office hours around their personal commitments, option to work from home, and a friendly leave policy to help them juggle roles so as to maintain a good quality of life and proper work-life balance.

VIII. DELIMITATIONS

This research is not without its limitations.

- Firstly, the sample comprised only one of the metropolitan “B” city within Hyderabad, which implies that the results cannot be generalised to the entire population of the geographical area of the state or country.
- Secondly, the sample size may have affected the results of this study. A larger sample may have provided more information regarding the relationships between self – esteem and quality of life and revealed more insight into demographic differences.
- Thirdly, the socio economic status of the population covered is for middle class and upper middle class.
- Lastly, the use of self – ratings in both questionnaires is a huge limitation, as subjectivity can play a role in the results and therefore the findings of such a study.

SUGGESTIONS FOR FURTHER WORK

These findings need to be re-researched with the new dimensions, in future. The sample group should include major cities across India for example Mumbai, Delhi, Chennai, Kolkata and other upcoming metro cities. It will give expansion to the study and also various professions for instance blue collar jobs such as house maids, female labor, factory workers may also be included in the future studies. Future studies should strongly requisite consideration of the important demographic variables with self-esteem among women.

The study is a road map for the researchers and scholars of India with few limitations. This study may be implemented by concern authorities especially, in organizations for policy making. Lastly, this study may be very beneficial for not only having a healthy organizational culture but also for societies and household issues.

The results obtained in this research reveal that there is a significant difference between self – esteem of working and non – working women and also between quality of life between working and non – working women.

Future studies should aim to include all the geographical locations covering the entire state and to increase the sample size and demographic representation to ensure a more thorough study that can be more easily generalised. Longitudinal research should be used in future to identify and isolate causal factors, in order to ensure that environmental factors impacting on the data can be isolated and incorporated meaningfully.

In addition, future research should combine qualitative, quantitative and triangulation methods in order to facilitate a better understanding of the different variables being studied.

The following areas are suggested for future work:

- Blue collar women employees irrespective of the industry they work in.
- Girl students studying in Degree / PG Colleges.

High self – esteem has an important role in personal life, social relations, creativity, and ultimately, academic success, career growth and human development; thus a healthy and quality of life.

REFERENCES

- [1]. Aastha Dwivedi & Anubha Srivastava: A Study of Depression and Self Esteem between Working and Non-Working Married Women; 2016
- [2]. Fareda Zeab and Uzma Ali: A comparative study on self – esteem of working and non – working women in Pakistan; 2015
- [3]. Hetanshi Vakta: An Empirical Study on Work Life Balance and Quality of Life of Working Women in Public and Private Sector; 2014
- [4]. Iran Asadi Sadeghi Azar, Promila Vasudeva: Relationship between Quality of Life, Hardiness, Self-efficacy and Self-esteem amongst Employed and Non - working Married Women in Zabol (Iran); 2006
- [5]. Maryam Pish-ghadam, Babo Allah Bakhshipour and Sedigheh Ebrahimi: Self-esteem comparison between employed and non - working women of Tehran city; 2013
- [6]. Mehfooz Ahmad & Aqeel Khan: QOL among Working women and Housewives; 2018.
- [7]. Zanjani HA, Bayat M: A comparison of quality of life between employed and housewives in Mashhad, Iran. J Contem Social. 2010, 2: 171-190.

QUALITY OF LIFE SCALE (QOLS)

This form of the Quality of Life Scale (QOLS) has 16 items, please read each item and circle the number that best describes how satisfied you are at this time. You can be **Delighted** or **Terrible** with not doing the activity or having the relationship. Subjects are encouraged to fill out every item even if you are not currently engaged in it. (e.g. you can be satisfied even if you do not currently participate in organizations. Or you can be satisfied about not having children).

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you are **Delighted**, circle 7; if you are **Pleased**, circle 6; if you are **Mostly Satisfied**, circle 5; if you have **Mixed feelings**, circle 4; if you are **Mostly Dissatisfied**, circle 3; if you are **Unhappy**, circle 2; and if you feel **Terrible**, circle 1.

Sl. No.	Item	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
1	Material comforts home, food, conveniences, financial security	7	6	5	4	3	2	1
2	Health - being physically fit and vigorous	7	6	5	4	3	2	1
3	Relationships with parents, siblings & other relatives – communicating, visiting, helping	7	6	5	4	3	2	1
4	Having and rearing children	7	6	5	4	3	2	1
5	Close relationship with spouse	7	6	5	4	3	2	1
6	Close friends	7	6	5	4	3	2	1
7	Helping and encouraging others, volunteering, giving advice	7	6	5	4	3	2	1
8	Participating in organizations and public affairs	7	6	5	4	3	2	1
9	Learning – attending school, improving, understanding, getting additional knowledge	7	6	5	4	3	2	1
10	Understanding yourself - knowing your assets and limitations - knowing what life is about	7	6	5	4	3	2	1
11	Work – job or in home	7	6	5	4	3	2	1
12	Expressing yourself creatively	7	6	5	4	3	2	1
13	Socializing - meeting other people, doing things, parties, etc.	7	6	5	4	3	2	1
14	Reading, listening to music, or observing, entertainment	7	6	5	4	3	2	1
15	Participating in active recreation	7	6	5	4	3	2	1
16	Independence, doing for yourself	7	6	5	4	3	2	1

Scoring:

Grand Total

Sumana Bhuvakar. “Self Esteem & Quality Of Life: A Comparative Study Among Working And Non – Working Women.” *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 27(09), 2022, pp. 28-40.