

A Descriptive Study to Assess the Quality of Life among Middle-Aged Homemakers

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Abstract: *Women play a crucial role in shaping family well-being and societal development, yet many middle-aged homemakers experience challenges that impact their quality of life. This study aimed to assess the quality of life of middle-aged homemakers and examine its association with selected demographic variables. A descriptive survey approach with a non-experimental research design was adopted, targeting 100 middle-aged homemakers who attended a PTA meeting at Crescent College of Nursing, Kannur. Data was collected using a demographic questionnaire and the WHOQOL-BREF scale, validated by experts with a reliability score of 0.945. The findings revealed that most homemakers (60%) rated their physical health as good, while 52% felt neutral about their psychological health. Most respondents (57%) reported positive social relationships and environmental satisfaction. Statistical analysis demonstrated a significant association between education, family type, and financial status with quality of life, whereas religion showed no significant correlation*

Keywords: Quality of Life, Middle-Aged Homemakers, WHOQOL-BREF, Physical Health

1. Introduction

Women play a fundamental role in shaping family well-being and contributing to societal development. They are central figures within the household and the larger community, balancing multiple responsibilities that demand both physical and emotional resilience. Ensuring their overall well-being is crucial, as it directly impacts their ability to fulfill these diverse roles effectively (Haydari et al., 2011).

In India, married women often take on multiple roles, including those of wife, mother, daughter, and daughter-in-law. Homemakers, in particular, are expected to manage household responsibilities seamlessly, embodying the essence of multitasking. Within a traditionally patriarchal society, many women prioritize family over professional aspirations after marriage. This shift often leads to financial dependence, unfulfilled ambitions, and a sense of disempowerment, which, over time, can affect their mental and physical health, ultimately diminishing their overall quality of life (Jayachitra, T. A., 2021).

Research highlights that education and employment significantly contribute to a woman's empowerment, which in turn enhances her quality of life (Harriet & Presser, 2000). Quality of life itself is a subjective concept influenced by various factors such as age, gender, socioeconomic status, cultural background, education level, health conditions, and social environment. These factors shape individual perceptions of well-being and determine what one considers essential for a fulfilling life (Brown, Bowling, & Flynn, 2004).

The World Health Organization (WHO) describes quality of life as how individuals perceive their own position in life, considering the cultural and value systems around them, as well as their personal goals, expectations, and concerns. This perspective highlights the subjective nature of quality of life, emphasizing that it differs from person to person based on their unique priorities and circumstances (Bowling, 2003). (Bowling, 2003).

2. Need for the Study

The quality of life for middle-aged homemakers is an area that warrants focused attention, given their significant contributions to their families and society. It is a complex concept that encompasses various aspects, including perceptions of well-being along with physical, psychological, social, and spiritual elements (Carr A, et al 2003). Despite their indispensable role, many homemakers experience a decline in mental and physical well-being due to factors such as social isolation, financial dependency, and lack of recognition for their efforts. The cumulative effect of these challenges can impact their overall satisfaction with life and well-being.

Understanding the quality of life among middle-aged homemakers can provide valuable insights into the challenges they face and highlight the need for supportive policies and interventions. By assessing the various dimensions of their well-being, including physical health, emotional resilience, social support, and economic stability, this study aims to offer a comprehensive perspective on their lived experiences. The findings can contribute to the development of programs that enhance their empowerment, promote mental and physical well-being, and improve their overall quality of life.

3. Objectives of the Study

- 1) To assess the quality of life of middle-aged homemakers.
- 2) To find the association between the quality of life of middle-aged homemakers and selected demographic variables

Hypotheses

- 1) H0 There is no significant association between the quality of life of middle-aged homemakers and selected demographic variables
- 2) H1 There is a significant association between the quality of life of middle-aged homemakers and selected demographic variables.

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4. Methodology

Research Approach: A descriptive survey approach is adopted to portray the quality of life of middle-aged homemakers

Research design: A non-experimental descriptive research design is used for this study

Settings: Crescent College of Nursing, Kannur

Target Population: Middle-aged homemakers

Accessible Population: Middle-aged homemakers who are the mothers of the students visiting Crescent College of Nursing, Kannur, to attend the PTA Meeting.

Sampling Technique: Non-probability purposive sampling technique

Sample size: 100 middle-aged homemakers, who are the mothers of B.Sc. Nursing students.

Variables

Dependent variables: Dependent variables related to quality of life include physical health, psychological health, social relationships, and environment.

Independent variables: Family, religion, occupation, and economic status are the independent variables measured.

Criteria for the sample collection:

Inclusion criteria

All middle-aged homemakers who are

- 1) The mothers of the students enrolled in the Crescent College of Nursing
- 2) Willing to participate in the study.
- 3) Able to communicate in Malayalam
- 4) Available during the period of data collection

Exclusion criteria:

All middle-aged homemakers who are

- 1) Not the mother of a student enrolled in Crescent College of Nursing
- 2) Not willing to take part in the study.
- 3) Not able to communicate in Malayalam.

Tool of the study: The study consists of a demographic variable questionnaire and the standardized World Health Organization Quality-of-Life Scale (WHOQOL-BREF), which contains a total of 26 questions. Permission was obtained from WHO through an email. In the present study, the researcher used standardized tools that were selected based on the literature review and in consultation with experts from the field of nursing.

Validity: Five experts validated the tool. Accepted the suggestions and corrections made by the experts and made the necessary corrections.

Reliability: Following administrative approval, a pilot study was conducted among 10 middle-aged homemakers.

Reliability was estimated by calculating Cronbach's alpha. The computed value for the quality of life scale was 0.945

Data Collection: Data was collected from April 7, 2023, to May 10, 2023, after obtaining prior permission from the concerned authority at Crescent College of Nursing following the PTA meeting. Informed consent was obtained from the participants, and ethical considerations were followed. Approximately 25 to 35 minutes were taken to complete the questionnaire.

Data Analysis and Interpretation: Descriptive and inferential statistics were used to analyze and interpret t

5. Results & Discussion

Section I: Description of the Demographic Variables of Middle-aged Homemakers

Table 1: Frequency and percentage distribution of middle-aged homemakers according to demographic variables

S no	Variables		Middle-aged homemakers (n=100)	
			Frequency	Percentage
1	Age in years	40- 45	2	2%
		46- 50	50	50%
		51- 55	40	40%
		56 --60	8	8%
2	Educational status	Illiterate	0	0%
		Primary school level	10	10%
		Secondary school level	19	19%
		Higher Secondary	36	36%
		Graduate	28	28%
		Post graduates	7	7%
3	Family type	Nuclear	80	80%
		Joint family	20	20%
		Extended	0	0%
4	Financial status	Low class	18	18%
		Middle class	80	80%
		Upper class	2	2%
5	Religion	Hindu	61	61%
		Christian	32	32%
		Muslim	7	7%

The majority of middle-aged homemakers (50%) are between 46 and 50 years old, followed by 40% in the 51-55 age group. A smaller proportion (8%) falls within the 56-60 age range, while only 2% are between 40 and 45.

Most middle-aged homemakers (36%) have completed higher secondary education, and 28% were graduates. About 19% have studied up to secondary school, while 10% have only primary education. A smaller proportion (7%) were post graduates. Sprangers et al. (2000) suggest that individuals with limited education may struggle to comprehend and assess their own quality of life.

The majority of middle-aged homemakers (80%) belong to nuclear families, while 20% live in joint families

The majority (80%) are middle-class, while 18% are lower-class, and 2% are upper-class.

In terms of religion, most homemakers are Hindu (61%), followed by Christians (32%) and Muslims (7%). This indicates a predominance of middle-class Hindu homemakers in the sample.

Section II: Analysis of quality of life among homemakers

Table 2: Frequency table of responses from homemakers for physical health, (n=100)

Category	Physical Health				
	Very poor	Poor	Neither poor nor good	Good	Very Good
Homemakers	3	0	12	60	25

Most of the middle-aged homemakers (60%) rated physical health as good, 25% rated it as very good, and 12% were neutral, while only 3% reported that they had very poor health.

Table 3: Frequency table of responses from homemakers for Psychological Health, (n=100)

Category	Psychological Health				
	Very poor	Poor	Neither poor nor good	Good	Very Good
Middle-aged Homemakers	0	2	52	36	10

Most middle-aged homemakers (52%) felt neutral about their psychological health; only 36% rated it as Good, 10% reported Very Good health, and 2% said it was Poor.

Table 3: Frequency table of responses from homemakers for Social Relations, (n=100)

Category	Social Relationship				
	Very poor	Poor	Neither poor nor good	Good	Very Good
Middle-aged Homemakers	2	3	21	57	17

Most (57%) of homemakers said social relationships were good, and 17% reported it as very good. A small group (21%) felt neutral, about 3% reported poor, and 2% said as very poor.

Table 4: Frequency table of responses from homemakers for Environment, (n=100)

Category	Environment				
	Very poor	Poor	Neither poor nor good	Good	Very Good
Middle-aged Homemakers	2	3	21	57	17

Most middle-aged homemakers (57%) rated their environment as good, 21% were neutral, and 17% were reported as very good.

Section III: Association between Middle-aged homemakers concerning demographic variables

Table 5: Association between education and quality of life

Null Hypothesis H₀: There is no association between education and quality of life (n=100)

Variable	Chi-Square Value	Degrees of Freedom	P-Value	Inference
Physical Health	79.36	15	0.000	Associated
Psychological Health	111.51	15	0.000	Associated
Social relationship	37.97	20	0.009	Associated
Environment	63.36	20	0.000	Associated

The analysis showed a significant association between education and all aspects of middle-aged homemakers' quality of life. Since all associations are statistically significant, it suggests that higher education levels may contribute to a better overall quality of life. Physical health ($\chi^2 = 79.36$, $df = 15$, $p = 0.000$), psychological health ($\chi^2 = 111.51$, $df = 15$, $p = 0.000$), social relationships ($\chi^2 = 37.97$, $df = 20$, $p = 0.009$), and environment ($\chi^2 = 63.36$, $df = 20$, $p = 0.000$) all show p-values below 0.05, leading to the rejection of the null hypothesis. This suggests that education plays a significant role in influencing the quality of life across these domains.

Table 6: Association between family type and quality of life

Null Hypothesis H₀: There is no association between family type and quality of life, (n=100)

Variable	Chi-Square Value	Degrees of Freedom	P-Value	Inference
Physical Health	79.36	15	0.000	Associated
Psychological Health	111.51	15	0.000	Associated
Social relationship	37.97	20	0.009	Associated
Environment	63.36	20	0.000	Associated

The chi-square test results indicate a significant association between family type and all aspects of quality of life. Physical health ($\chi^2 = 79.36$, $df = 15$, $p = 0.000$), psychological health ($\chi^2 = 111.51$, $df = 15$, $p = 0.000$), social relationships ($\chi^2 = 37.97$, $df = 20$, $p = 0.009$), and environment ($\chi^2 = 63.36$, $df = 20$, $p = 0.000$) all show p-values below 0.05, leading to the rejection of the null hypothesis. This suggests that family type is significantly associated with the quality of life across these domains.

Table 7: Association between financial status and quality of life

Null Hypothesis H₀: There is no association between financial status and quality of life, (n=100)

Variable	Chi-Square Value	Degrees of Freedom	P-Value	Inference
Physical Health	19.80	6	0.003	Associated
Psychological Health	44.71	6	0.000	Associated
Social relationship	7.11	8	0.525	Independent
Environment	14.36	8	0.073	Independent

The chi-square test results indicate a significant association between financial status and physical health ($\chi^2 = 19.80$, $df = 6$, $p = 0.003$) as well as psychological health ($\chi^2 = 44.71$, $df = 6$, $p = 0.000$), leading to the rejection of the null hypothesis for these domains. However, social relationships ($\chi^2 = 7.11$, $df = 8$, $p = 0.525$) and environment ($\chi^2 = 14.36$, $df = 8$, $p = 0.073$) show p-values above 0.05, indicating no significant association. This suggests that while financial status influences physical and psychological health, it does not have

a significant association with social relationships and environmental factors.

Table 8: Association between Religion and Quality of Life

Null Hypothesis H_0 : There is no association between religion and quality of life

Variable	Chi-Square Value	Degrees of Freedom	P-Value	Inference
Physical Health	7.44	6	0.282	Independent
Psychological Health	3.13	6	0.793	Independent
Social relationship	14.82	8	0.063	Independent
Environment	7.48	8	0.486	Independent

The chi-square test results indicate that for all four dimensions, the p-values are greater than 0.05. This suggests that there is no statistically significant association between religion and quality of life. The null hypothesis (H_0), stating that there is no association between religion and quality of life, was tested at a significance level of 0.05. Therefore, the null hypothesis is retained, confirming that religion does not have a significant impact on quality of life in the studied sample.

The study aligns with the findings of Ziapour and Kianipour (2018), who reported that health-related quality of life was significantly associated with demographic factors such as gender, age, marital status, education, and residence ($p < 0.001$). Similarly, Naserkhaki et al. (2012) found that quality of life was significantly linked to gender and occupational status but not to age, education, housing, or work experience. The present study underscores the significant influence of education, family type, and financial status on the quality of life of homemakers, reinforcing the importance of socio-economic and educational interventions to enhance well-being.

6. Conclusion

This study highlights the significant role that middle-aged homemakers play in their families and society while shedding light on the factors influencing their quality of life. The findings suggest that education, family type, and financial status have a substantial impact on various dimensions of well-being, including physical health, psychological health, social relationships, and environmental factors. In contrast, religion was not found to have a significant association with quality of life.

The study reinforces the importance of educational and socio-economic empowerment in enhancing the well-being of homemakers. Higher levels of education were associated with better quality of life, emphasizing the need for initiatives that promote lifelong learning and skill development. Additionally, financial stability plays a crucial role in improving psychological and physical health, underlining the necessity for economic support mechanisms and employment opportunities for homemakers.

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