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A comparative study to assess the quality of life of married and unmarried women

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Abstract
Quality of life is an important topic in health psychology as well as clinical psychology because to understand an individual's quality of life, it is important to know the values, knowledge and objective indicators that might affect an individual's experience of well-being. An individual's perception of their place in life in relation to the culture and value systems in which they reside as well as their own goals, standards, and concerns are indicates as their quality of life. The present study aims to determine and compare the quality of life of married and unmarried women in district Hisar of Haryana state. Sample of the current study consists of 40 women (20 married and 20 unmarried) between age ranges of 20-40 years. The data was collected using the Quality-of-Life Questionnaire by Gehlert *et al.* (2006) [15]. The data collected was analysed using SPSS version 28. The results of the study revealed that there was a significant difference in the overall quality of life among married and unmarried women, married women had a better overall quality of life as compared to unmarried women. Comparison of various aspects of QOL revealed that unmarried women were better in physical and mental aspects and married women had better social and spiritual health. Smartphones and screen time was found negatively correlated with quality of life of women. Similarly, significant negative relationship also existed between family size and quality of life.

Keywords: Quality of life, physical health, mental health, spiritual health, social health

Introduction

Quality of life is a complex concept that encompasses various aspects of an individual's life. It is influenced by several factors such as physical health, psychological health, social support, economic status, and overall life satisfaction. Nowadays, many public and academic researcher shifted their attention from physical diseases and life span to psychological health and quality of life (QOL) because it is studied by focusing on different research objectives. It is a concept that includes subjective evaluations of positive as well as negative aspects of life. The term "quality of life" has significance for almost everybody and every intellectual discipline, entities as well as groups can define it differently. According to WHO (1996) [13], quality of life refers to a subjective evaluation that is embedded in a cultural, social, and environmental context, because this definition of quality of life focuses upon respondents' "perceived" quality of life, it is not expected to provide a means of measuring any. For instance, a disease and its treatment may have an impact on a person's social, economic, psychological, and biological integrity. This enables it to influence the interventions on particular or overall aspects of life quality. Many times, the terms Quality of Life (QOL), subjective wellbeing, happiness, life satisfaction, and good life are used interchangeably; however, conceptually, they do overlap. QOL, on the other hand, is a multidimensional rather than a unidirectional concept. It investigates a wide range of domains and aspects that influence lifestyle. An evaluation of HRQOL is essentially an evaluation of QOL and its relationship to health.

Quality of life an individual can be affected by the many common factors such as physical, social, intellectual and emotional factors. One's physical quality of life factors include, physical comfort by meetings personal needs of comfort, providing suitable environment to our needs and adequate sleep and amount of food which we take also affect our quality of life.

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A balanced or adequate diets according to the age and requirement of individual, make our quality of life better as well as improve our wellbeing; intellectual quality of life involves how sharply we are engaged in the various activities such as working in office, doing household chores and also focusing on our hobbies side by side without impact of our mental peace or mental health; People's emotional quality of life is satisfied when they believe they have achieved a sense of privacy and have the time they require alone. This also applies to an individual's dignity and psychological security. Reassurance and effective communication can assist an individual in overcoming problems. Our social quality of factors includes the social contact and social support received from the people around us. The word 'social' means an opportunity to engage and to interact with people. Without social contact individuals can feel lonely and even depressed. By engaging in social contact, we can belong to a range of social groups, depending on our age, abilities, or interest. An example of social contact may include playing with children, spending time with friends etc. Social support can be received by people we trust, with whom we spend our time, it can either be a family member or a friend. It helps an individual in discussing their problems, getting their problems solved etc. Women's quality of life is an important issue as they often face several challenges and constraints in their personal and professional lives. The quality of life of women, whether they are married or unmarried, is an important aspect that can have a significant impact on their overall well-being and development. In this context, quality of life refers to the level of satisfaction that a woman experiences in various aspects of her life, including but not limited to her physical health, mental health, social relationships, economic status, and access to resources. Married women are those who are legally bound to a partner through a formal marriage, while unmarried women are those who are not married and may or may not be in a romantic relationship. Both groups face unique challenges and opportunities in their lives that can influence their quality of life. Married women may experience greater economic stability and social support due to their partnership, but may also face pressures and responsibilities related to maintaining a household and meeting the expectations of their spouse and family. On the other hand, unmarried women may have more autonomy and freedom in their personal and professional lives, but may also face stigma or discrimination due to their unmarried status. There as some others factor such as access to education, healthcare, and employment opportunities can also impact the quality of life of both married and unmarried women. Women who have access to these resources are more likely to have greater economic security, better physical and mental health outcomes, and more fulfilling social relationships.

Current study
Women's quality of life is an important issue as they often face several challenges and constraints in their personal and professional lives. It is important to recognize and address the various factors that can impact the quality of life of women, regardless of their marital status The quality of life of women, whether they are married or unmarried, is an important aspect that can have a significant impact on their overall well-being and happiness. While there has been extensive research on the quality of life of various group

such as elderly, children, individuals with disabilities and suffer from any disease such as cancer, relatively very little attention has been given to the quality of life of women, especially in relation to their marital status. So, the present study was done to assess the quality of life of married and unmarried women.

Literature Review
A study conducted by Venu R Shah (2017) [8] on "Quality of life among elderly population residing in urban field practice area of a tertiary care institute of Ahmedabad city, Gujarat revealed that, Males had significantly higher QOL across four domains when compared to females. Those who were educated and married and lived with their spouse performed better in the physical, environmental, and psychological domains.

Eden Moss & Brian J. Willoughby (2016) [5] was examined the relationships between beliefs about marriage and life satisfaction by moderating the role of relationship status and gender. The sample was drawn from the United States and included 24,268 married and unmarried men and women. According to the findings, the benefits of marriage were associated with higher life satisfaction. Nonetheless, a three-way interaction was discovered between gender, marital status, and belief in advantageous marriage. Married men who believed in advantageous marriages reported higher levels of life satisfaction. Unmarried men who believed in the benefits of marriage had lower life satisfaction. It was also discovered that marital beliefs may play a role in life satisfaction depending on regional context.

Bhatia R, et al., (2022) [6] in their comparative study on "to Assess the Quality of Life among Married and Unmarried Individuals in University of North" found that, the overall quality of life of married Panjab University, Chandigarh employees and students was higher than that of unmarried employees and students in all domains (physical, psychological, social, and environmental) due to the better physical and psychological support as well as social security and the poor QQL of the unmarried individual due to poor physical health, psychological conditions (such as facing depression, social insecurities, stress, familial and peer pressure). However, the quality of life decreases with increasing age, duration of marriage, and number of children. It was also discovered that among all individuals, married and unmarried, homemakers had higher QOL than working and non-working individuals.

Rishika (2022) [14] in their study of to measure the quality of life and satisfaction of married and unmarried adults revealed that, there is no significant difference was found in the quality of life of married and unmarried adults but the life satisfaction of married adults was higher as compared to unmarried adults.

Aims and Objective
- To study quality of life of married and unmarried women.
- To compare the quality of life of married and unmarried women.

Materials and Methodology
Study area
The study included the married and unmarried women from the Haryana state, District Hisar II.

Participants

Data was collected using questionnaire form which was filled up by married and unmarried women of rural area of Hisar (II) after taking proper consent from them. The representative sample includes 40 women (20 married and 20 unmarried) between the age of 20-40 years of age.

Sample
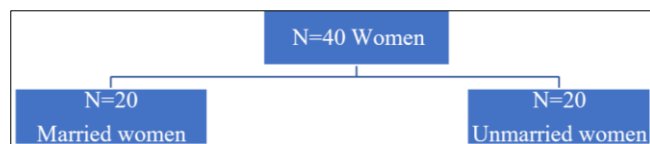
Tool used

Socio – economic data sheet: It was prepared by the investigator to collect the socio-economic details of the selected participates.

Women's Quality of Questionnaire by Gehlert et al. (2006): [15] The research instrument was used to assess the Quality of life of married and unmarried women. This tool consists of 40-items to be rated on a three-point Likert scale. The questionnaire consists of four aspects of quality of life namely physical health (10 items), mental health (10 items), social health (10 items) and spiritual health 10 items). The ratings of the related items were added to the scores for the four dimensions, and the sum of these scores represented the QOL of married and unmarried women. There were three categories for scores: low, medium, and high.

Procedure for data collection: A survey method was used for data collection. All the important instructions were given to the participants to fill out the questionnaire. The questionnaire clearly stated the study's purpose, and consent was taken from all the participants. Additionally, it was stated that all information collected would be kept private and that participation was strictly voluntary.

Data validation and statistical analysis

It was done using the Microsoft Excel and SPSS (Statistical Package for Social Sciences) version 28. The data was analysed using descriptive statistics and inferential statistics.

Inclusion criteria

Married and unmarried women of the age range between 20 to 40 years in the above said area.

Exclusion criteria

Participants excluded in the study was the women who did not give consent for the study and separated from marriage and widows.

Result and Discussion

Table 1: Socio-personal profile of married and unmarried women

	Variables	Married women		Unmarried women	
		f	%	f	%
Age	20-25	4	20.0	9	45.0
	26-30	9	45.0	11	55.0
	31-35	5	20.0	-	-
	36-40	2	10.0	-	-
Education qualification	Matric	2	10.0	3	15.0
	Post matric	8	40.0	6	30.0
	Graduation	8	40.0	7	35.0
	Post graduation	2	10.0	4	20.0
Occupation	Private job	3	15.0		
	Government job	2	10.0	2	10.0
	Semi-government	-	-	4	20.0
	Self -employed	2	10.0	2	10.0
	House-wife	9	45.0	-	-
	Student	4	20.0	12	60.0
	None	-	-	2	30.0
No. of year of marriage	0-5 years	5	20.0	-	-
	5-10 years	11	55.0	-	-
	10-15 years	4	20.0	-	-
	15-20 years	-	-	-	-
Spouse Education	Matric	-	-	-	
	Post matric	9	45.0	-	-
	Graduation	9	45.0	-	-
	Post-graduation	2	10.0	-	-
	Other	-	-	-	-
Spouse Occupation	Private job	6	30.0	-	-
	Government job	5	25.0	--	-
	Semi-government	1	5.0	-	-
	Self-employed	2	10.0	-	-
	Farmer	6	30.0	-	-
No. of children	0	3	15.0	-	-
	1	6	30.0	-	-
	2	9	45.0	-	-
	3	2	10.0	-	-
Domestic Help	From family members	18	90.0	18	90.0

	Paid Labor	2	10.0	2	10.0
No. of hour spent on social media	2 hours	5	25.0	2	10.0
	3 hours	10	50.0	3	15.0
	4 hours	5	25.0	15	75.0
	5 hours	-	-	-	-
Phone type	Keypad	5	25.0	6	30.0
	Smartphone	15	75.0	14	70.0
Family size	Small (0-4)	5	25.0	15	75.0
	Medium (4-7)	13	65.0	2	10.0
	Large (7 and above)	2	10.0	3	15.0
Family type	Joint	13	65.0	14	70.0
	Nuclear	7	35.0	6	30.0
Family income	10000-50000	4	20.0	9	45.0
	50000-100000	10	50.0	9	55.0
	100000-above	6	30.0	2	10.0

Table -1 revealed the socio-personal profile of married and unmarried women. It was found that, around half of the married (45%) and unmarried (55%) women lie between the age range of 26-30 years. Data regarding education qualification showed that a major proportion of both groups were educated up to post-matric and graduation level with a small proportion of postgraduates. Around half of the married women were homemakers and more than half of unmarried women were students. 55 percent of married women have completed ten years of marriage followed by less than ten and more than ten years. Trends in spouse education were almost similar to respondents' education. 30 percent of spouses were doing private jobs and a similar proportion were engaged in farming followed by govt jobs and self-employment. 45 percent of married women have two children, 30 percent have one and 10 percent have three. Majority of the respondent take help from family members to complete household tasks. Among married women, half of the respondents spend 3 hours on social media or phone and among unmarried women 75 percent of respondents spend 4 hours/day. Majority of respondents have smartphones. A large proportion of both married and unmarried women belonged to small or large families. 65 percent of married women and 70 percent of unmarried women were from joint families respectively. Around half of the respondents were from families with a monthly income of 50000-100000.

Table 2: Comparison between married and unmarried women on various aspects of women's quality of life: N=40

Aspects	Married women Mean ±S.D	Unmarried women Mean ± S.D	T-Value
Physical health	17.7±2.85	22.3±2.43	5.355**
Mental health	18.35±2.29	21.95±2.15	4.758**
Social health	19.65±1.62	17.55±2.06	3.491**
Spiritual health	20.80±2.52	19.05±5.56	2.123*
Overall QQL	82.6±6.86	79.6±5.28	1.799*

** Significant at the 0.01 level (2-tailed)
* Significant at the 0.05 level (2-tailed)

Table-2 depicts difference in the mean scores (± S.D) distribution of respondents in the level of QOL. The mean scores of married and unmarried women at the first dimension of QOL i.e., physical health was 17.7±2.85 and 22.3±2.43 respectively. This indicates that significant (T=5.355, $p \le 0.01$) differences existed in physical health dimension of QOL and married women had poorer physical health than unmarried women. Comparison in case of

mental health dimension of QOL revealed that significant (T=4.758, $p \le 0.01$) differences existed among married (18.35±2.29) and unmarried (21.95±2.15) women, it depicts that unmarried woman had better mental health as compared to married women. Mean score of non-working women on social health dimension was found to be 19.65±1.62 which was significantly (T=3.491, $p \le 0.01$) higher than mean score of unmarried women (17.55±2.06). Significant differences on spiritual aspect were also found married women (20.80±2.52) possess greater level (T=2.123, $p \le 0.05$) of spirituality as compared to unmarried women (19.05±5.56). Comparison on overall quality of life revealed that mean score of married women (82.6±6.86) women was significantly (T=1.799, $p \le 0.01$) higher than the mean score of unmarried women (79.6±5.28) which indicates that married women enjoy a better-quality life than unmarried women. These finding are line with the study of Kyu-Tae Han (2014) [3-4], Saxena *et al.* (2013) [7], Bhatia at al. (2022) [6] and Kaur *et al*. (2012) [16] found that married women had better QOL than singles and people with marriage problems such as divorce/separation, while married men had a higher score than those with marriage problems or who were single.

Table 3: Distribution of married and unmarried women across dimensions of quality of life: N=40

Quality of life	Level	Married Women		Unmarried Women	
		F	%	F	%
Physical health	Low	1	5.0	-	-
	Medium	15	75.0	4	20.0
	High	4	20.0	16	80.0
Mental health	Low	-	-	-	-
	Medium	15	75.0	6	30.0
	High	5	25.0	14	70.0
Social health	Low	-	-	-	-
	Medium	13	65.0	18	90.0
	High	7	35.0	2	10.0
Spiritual health	Low	-	-	-	-
	Medium	8	40.0	14	70.0
	High	12	60.0	6	30.0
Overall quality of life	Low	-	-	-	-
	Medium	8	40.0	11	55.0
	High	12	60.0	9	45.0

Table-3 represents the distribution of married and unmarried women across various dimensions and levels of quality of life. Data on the physical health depicted that 10.0 per cent married women and no unmarried women had low level of physical health, 75.0 per cent married and 20.0 per cent

unmarried women had medium level and 20.0 per cent married and 80.0 percent unmarried women were found to be high level of physical health. In case of mental health, no married and unmarried women had low level of mental health, 75.0 per cent and 30.0 percent women were middle level of mental health and
25.0 and 70.0 percent women were high level of mental health. Outcomes of Social health of 65.0 percent married and 90.0 percent women had medium level of spiritual health and 35.0 and 10.0 percent had high level of social

health respectively. In case of spiritual health 40.0 per cent, 60.0. per cent married women and 70.0, and 30.0 percent unmarried women had medium and high level of quality of life respectively. No women had low level of spiritual health. Result regarding overall quality of life depicts that, no married und unmarried women had low level of quality of life and 40.0 percent married and 55.0 percent unmarried women had medium level and 60.0 percent married and 45.0 percent unmarried women had high level of QOL.

Table 4: Relationship between selected socio-economic variables and quality of life married women

Socio-Economic Variables			Quality of life		
	Physical Health (R)	Mental Health (R)	Social Health (R)	Spiritual Health	Overall QQL (r)
Age	-0.207	-0.293	0.148	0.234	-0.108
Education	0.195	0.072	0.065	0.127	0.170
No of year in marriage	-0.133	-0.129	0.055	0.244	-0.053
Spouse Education	0.008	-0.044	-0.088	0.187	0.206
MM: No of Hours	0.296	0.106	-0.296	0.144	0.233
Type of Phone	0.424	0.067	-0.545*	0.054	-0.032
Family Income	0.074	0.058	-0.390	0.082	0.017
Family size	0.182	0.333	-0.061	0.236	0.222

Table-4 depicts the quality of life of married women with various selected socio-economic variables and result revealed that no significant relationship was found in various selected domains except mass media variable. A significant negative correlation was also observed between number of hours spent on mass media and social health of married women (R= -0.545, $p \leq 0.05$), it depicts that excess use of the media and spending more time decreases their social health. The study conducted by Gull et al. (2019) [1]

revealed that, use of media is the major causes of negative impact on the QOL and marital satisfaction of married couple, because it is causing conflicts, lack of trust, loneliness and inappropriate posts causing negative feeling among married couple. And on the other hand, some studies also revealed that QQL decreases with increasing age, duration of marriage, and number of children and also discovered that QOL was better in homemakers than in working and non-working people (Bhatia et al. (2022) [6].

Table 5: Relationship between selected socio-economic variables and quality of life unmarried women:

Socio-Economic Variables			Quality of life		
	Physical Health (r)	Mental Health (r)	Social Health (r)	Spiritual Health	Overall QOL (r)
Age	0.050	-0.373	0.302	0.154	-0.052
Education	0.115	-0.184	0.178	0.184	0.190
MM: No of Hours	-0.233	0.305	-0.155	0.102	0.081
Type of Phone	-0.167	0.145	0.111	0.218	0.173
Family Income	0.140	0.31	0.140	0.275	0.30
Family Size	-0.065	-0.085	0.043	-0.487*	-0.459*

Table-5 indicates the relationship of various socio-economic variables with QOL of unmarried women. Results revealed that, no significant relationship was found between various selected socio-economic variables and quality of life except the family size. There is significant negative relation was existed between the family size and spiritual health (r= -0.487, $p \leq 0.01$). Similarly, the family size also found the negatively correlated (R= -0.459, $p \leq 0.01$), with overall quality of life among unmarried women. It shows that, the family size is an important variable for quality with increase of family size the quality of life decreases because the in larger family more resources and amount of money required to fulfil the basic needs and women remains more engaged in taking care of family members. But the study conducted by Solhi, M et al. (2016) [11] was found a significant correlation between physical health, education, and marital status, with higher education women having better physical health and married women having worse physical health.

Conclusion
The study concluded that quality of married women of Hisar district, Haryana has been found higher than the QOL of

unmarried women. The study also revealed that married women reported higher score on the aspect of social health and spiritual health and unmarried women reported higher score in the physical health and mental health aspects of quality of life. There is significant negative correlation was found between the family size and spiritual health of unmarried women and QOL of married women in number of hours spends on mass media was found negatively correlated with the social health of married women. Future research could be explore on large population and the relationship between quality of life among married and unmarried women on various other variables such as life satisfaction, family relationship and self-esteem.

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