

A STUDY ON FACTORS INFLUENCING THE QUALITY OF LIFE OF HOMEMAKERS IN MUMBAI CITY

Dr. Jayachitra T.A Assistant Professor, Department of Economics Avinashilingam University for
Women and Higher Education, Coimbatore, Tamilnadu, India

Nandini Jagannarayan Assistant Professor, Department of B.com (Banking & Insurance) RJ
College of Arts, Science and Commerce, Mumbai, Maharashtra, India

Abstract

Quality of Life (QoL) talks about the health concept proposed by the World Health Organization (WHO)—physical, mental and social well-being. An individual's perception of their health, cultural demands, value system, aspirations, expectations, and issues depicts QoL. This concept deals more with an individual's satisfaction in life in terms of physical health, family, education, employment, wealth, safety, security and freedom, religious beliefs and the environment he/she is living in. In India, many housewives are dependent on husbands, living with in laws and sometimes even with their extended families. They also get accustomed to this kind of a setup, where they sometimes, quit their jobs, take care of children, in laws and don't express a lot of their emotions. These suppressed emotions could cost their mental and physical health.

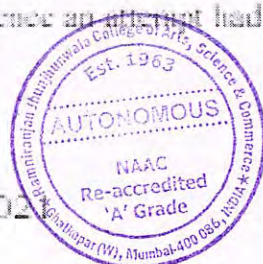
Current study focuses on the levels of quality of life of housewives in the Indian Patriarchal Society. For the purpose, 125 married housewives who were financially dependent on their spouses/ head of the family were interviewed by administering an interview schedule. The study cohort the demographic factors like age, family type, education, children with reference to their perspective of QoL among women. Age and children has shown significant association with quality of life of housewife or dependent women.

Key words. home makers, quality of life, financially dependent

Introduction

Married women in India are multi taskers – Wife, mother, Daughter, Daughter in law. This is very true, when it comes to a home maker, who acts more like a super human. Indian Patriarchal society expects these women to take care of their families once they are married and most of them quit their jobs. This leaves them with a lot of their aspirations unmet, making them financially dependent and disempowered. There is a lot of possibility that this will affect them mentally, which in turn could cost their physical health thus, leading to retardation in the quality of their life.

"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 . The quality of lives of women are majorly linked to their family and the members of their families throughout their course of life. Employed women have their stress relief due to social connection but unemployed women greatly depend upon the family connection as a tangible resource for their well being. Hence an attempt had made to find the relationship between quality of life and demographic factors.



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