

# Psychological Well-Being of Homemakers in Urban and Rural Areas – A Comparative Study

Khushi Teli

Pandit Deendayal Energy University

## Abstract

A person who generally manages the household of his or her own family is a homemaker (“Homemaker Definition and Meaning | Collins English Dictionary,” 2023). Being a patriarchal society, India has traditionally had a male head of household who earns much of the household income, with the female providing domestic help and backup. Homemakers frequently work from dawn until dusk and perform a variety of jobs, including those of wife, mother, housekeeper, nurse, teacher, and chef, unaware of the effect this has on their mental health. The present study aims to find if there exists a difference in the psychological well-being of homemakers living in urban and rural areas, respectively. 114 subjects from the states of Gujarat and Maharashtra were administered the Psychological Well-Being Scale (Sisodia and Choudhary, 2012). The findings indicated that there is no significant difference in the overall psychological well-being of homemakers living in urban and rural areas. However, while evaluating the subscales of Psychological Well-Being Scale, it was found that there exists a difference in mental health and sociability of the two respective areas of residence.

**Keywords:** psychological well-being, homemakers, India, urban area, rural area

## 1. Introduction

Homemakers are an underappreciated and frequently underestimated group of "nonworkers" who are primarily responsible for domestic activities such as housekeeping and caring for children, spouses, or other family members. (“6. Undefined Retirement and the Retirement Mystique: The Homemakers,” 2018).

Homemakers devote their entire lives to their families. They get up early in the morning, cook breakfast, snacks, prepare tiffins, clean the house; women with babies must care for them, feed them, buy groceries, and maintain the house; being left alone in a home causes anxiety, loneliness, and depression; and once children return from school, they must care for them, be a listener, teacher, therapist, and motivational speaker for the members of their family. In the most basic sense, they are qualified to earn the wages associated with occupations such as cook, cleaner, therapist, motivational speaker, teacher, and many more. Regardless, at the end of the day, they are referred to as "just a homemaker." (George, 2021)

Depression and anxiety disorders are more common among Indian homemakers than they are among males. Women who suffer from depression are more prone to take their own lives than males who suffer from depression. Rai et al. (2021) has reported findings that homemakers experienced a significant

decline in their mental health and quality of life during the COVID-19 pandemic. Homemakers were the most impacted category in terms of anxiety score, with 39% having moderate anxiety and 25.6% having severe anxiety. Out of a total of 476 participants, 82 (17.2%) were homemakers.

After people who worked for daily wages, homemakers accounted for the second-highest percentage of all people who committed suicide in India. Early marriage, young motherhood, marital violence, economic reliance, and other factors are among the primary contributors to this phenomenon. The issues of mental and physical health that are faced by homemakers in India need to be discussed, and solutions need to be developed, in order to improve the quality of life for these individuals. (George, 2021) When referring to an individual's emotional and mental health, the term "psychological well-being" speaks about an individual's overall state. It involves a wide variety of aspects, such as having happy feelings, having life satisfaction, having a purpose, having high self-esteem, being resilient, and having positive relationships with other people (Lcsw, 2022).

Ryff's Scale of Psychological Well-being is a widely used tool to measure an individual's subjective experience of well-being. This scale is based on the theory of psychological well-being, which suggests that well-being is a multidimensional construct comprising different dimensions of mental and emotional health. The scale was developed by Carol Ryff, a prominent psychologist, and consists of six dimensions of well-being, namely self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1989).

A person who is psychologically healthy typically has a positive attitude towards life, the ability to effectively manage with stress and problems, the experience of having a purpose and meaning in life, positive connections with others, and an overall sense of contentment and fulfilment in life. There are a variety of factors, such as genetics, life experiences, personal qualities, social support, and access to resources and services that promote mental health, that may contribute to a person's psychological well-being.

When their labour is acknowledged and valued by both their family and society, homemakers have the potential to enjoy positive psychological well-being. It's possible that they appreciate the regularity and structure that comes with being responsible for managing a household, in addition to the gratification they get from contributing to the health and happiness of their family (Wala, 2021).

However, homemakers may also face challenges that can impact their psychological well-being. For example, they may experience social isolation if they are primarily responsible for caregiving and household duties, which can lead to feelings of loneliness and reduced social support. They may also feel undervalued and experience a lack of autonomy and control over their lives. Moreover, homemakers who lack access to resources and support for their mental health needs may experience mental health issues such as depression, anxiety, and stress, which can impact their psychological well-being.

Therefore, it is essential to recognize and support the value of the role of homemakers in society and ensure that they have access to resources, support, and opportunities to maintain their psychological

well-being (Kaplan, 2021). This can include social support networks, access to mental health services, and opportunities to pursue personal interests and goals outside of their domestic responsibilities.

**1.1 OBJECTIVES OF THE STUDY**

- To study the difference between the Psychological Well-Being of homemakers living in urban and rural areas.
- To study the difference between Life Satisfaction, Efficiency, Sociability, Mental Health and Interpersonal Relations of homemakers living in urban and RURAL areas.

**1.2 HYPOTHESIS OF THE STUDY**

H0: There is no significant difference between area of residence and Psychological Well-Being of the respondents.

H1: There is a significant difference between area of residence and Psychological Well-Being of the respondents.

H0: There is no significant difference between area of residence and Life Satisfaction of the respondents.

H2: There is a significant difference between area of residence and Life Satisfaction of the respondents.

H0: There is no significant difference between area of residence and Efficiency of the respondents.

H3: There is a significant difference between area of residence and Efficiency of the respondents.

H0: There is no significant difference between area of residence and Mental Health of the respondents.

H4: There is a significant difference between area of residence and Mental Health of the respondents.

H0: There is no significant difference between area of residence and Sociability of the respondents.

H5: There is a significant difference between area of residence and Sociability of the respondents.

H0: There is no significant difference between area of residence and Interpersonal Relations of the respondents.

H6: There is a significant difference between area of residence and Interpersonal Relations of the respondents.

**2. Methodology**

**2.1 Sample**

A sample of 114 female homemakers, within the age group 18 to 45 years, was collected using convenience sampling, a non-probability sampling technique. The respondents readily took part in the online survey distributed using Google Forms. A partial part of the data was collected offline, for homemakers living in rural areas.

Table 2.1 Table of Demographics

<b>DEMOGRAPHICS</b>	<b>n</b>	<b>%</b>
<i>Total</i>	<i>114</i>	<i>100</i>
<b>Age (in years)</b>		
18-30	26	22.8
31-45	88	77.2
<b>Area of Residence</b>		
Urban	66	57.9
Rural	48	42.1

State of Residence		
Gujarat	106	92.9
Maharashtra	8	7.1

## 2.2 Instruments

Psychological Well-Being Scale by Sisodia and Choudhary

The participants' psychological well-being was assessed using the Psychological Well-Being Scale, a tool created by Sisodia and Choudhary (2012). It is a self-report questionnaire, containing 50 items that measure five dimensions (subscales) of well-being, which are, Life Satisfaction, Efficiency, Sociability, Mental Health, and Interpersonal Relations. Each subscale consists of ten items, with a response range of five points, from strongly agree to strongly disagree. Consequently, in addition to a score for overall psychological well-being, the measure also provides scores for five aspects or subscales. Good psychological well-being is indicated by a high score. Internal consistency reliability coefficient for the overall well-being score is stated to be .90, and test-retest reliability for the normative sample is reported to be .87. The test manual asserts good content and face validity.

### Subscales

*Life Satisfaction* is a person's cognitive and emotional assessment of the overall quality of their existence. The degree of life happiness is frequently determined by the person's comparisons of their perceived living circumstances with self-imposed standards (Shin and Johnson 1978; Pavot and Diener 1993). Here, life satisfaction reflects the multidimensional conditions of one's well-being, covering personal, relational and societal well-being. It is measured by the items 1, 2, 3, 5, 6, 7, 8, 9 and 10.

*Efficiency*, compares what is produced or executed with what can be accomplished with the same consumption of resources (money, time, effort, etc.), assessed in the items from 11 to 20. Efficiency or the ability to produce an effect or effects; effective power or agency.

*Sociability* is the skill, tendency, or property of being sociable or social, of interacting well with others. Items 21 to 30 aim to measure the respondents' relative tendency or disposition to be sociable.

According to the World Health Organization (WHO), *Mental Health* is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Through items 31 to 40, the participant's level of cognitive and emotional well-being is measured. A person who is in good mental health can handle life's problems, think clearly, and cope with daily occurrences.

*Interpersonal Relations* of the participant is measured in items 41 to 50. An interpersonal connection is a partnership between two or more people who communicate effectively with people from different backgrounds and in various contexts; demonstrates courtesy and understanding. The basis for this association could be regular interactions, limerence, love and like, or some other sort of social commitment.

## 2.3 Procedure

As previously noted, the Psychological Well-Being Scale (50 item scale and a 5-point Likert scale) was used for this research investigation. All things considered, the final form disseminated for the data

collecting procedure includes an informed consent, distributing all the information regarding the objective of the selected issue and what it seeks to measure.

The responses were collected both using online and offline means. A Google form was made from the final questionnaire and was circulated through WhatsApp. For participants who preferred to fill it offline, a physical form was given. In total, 114 responses were collected.

The data collected was compiled and coded using Microsoft Excel. The study's hypotheses served as the foundation for the data analysis. Scoring for previously validated tool, Psychological Well-Being was used to calculate descriptive statistics. Hypothesis testing was done using Mann Whitney U test on IBM SPSS Version 23.

### 3. Results and Conclusions

#### 3.1 Descriptive Statistics of total data

Psychological Well-Being Questionnaire was used to assess the level of PWB, further detailed with the aid of five subscales (a) Life Satisfaction (b) Efficiency (c) Sociability (d) Mental Health, and (e) Interpersonal Relations. Total PWB scores were calculated across the five factors to imply the overall level of an individual's well-being. The table shows the descriptive statistics of the overall and factor-wise PWB scores for the entire sample. The overall mean score of psychological well-being was found to be 192.035.

Table 3.1 Descriptive Statistics of Psychological Well-Being Questionnaire

	Total Psychological Well-Being	Subscale 1: Life Satisfaction	Subscale 2: Efficiency	Subscale 3: Mental Health	Subscale 4: Sociability	Subscale 5: Interpersonal Relations
N	114	114	114	114	114	114
Mean	192.035	38.456	41.623	36.465	34.079	41.412
Std. Error of Mean	1.3072	.3935	.4007	.3831	.5348	.3700
Median	194.000	40.000	41.000	36.000	33.500	41.000
Mode	198.0	41.0	46.0	36.0	30.0	45.0
Std. Deviation	13.9569	4.2010	4.2788	4.0901	5.7100	3.9506
Variance	194.795	17.649	18.308	16.729	32.604	15.607
Skewness	-.046	-.857	-.683	-.428	.687	-.323
Std. Error of Skewness	.226	.226	.226	.226	.226	.226
Range	83.0	22.0	26.0	23.0	26.0	19.0
Minimum	151.0	25.0	24.0	23.0	24.0	31.0
Maximum	234.0	47.0	50.0	46.0	50.0	50.0

### 3.2 Mann Whitney U-test

A non-parametric test, Mann Whitney was used to find the difference between Psychological Well-being and the Area of residence of the respondents. Table 4.7 shows the results obtained by the u-test.

Table 3.2 Mann Whitney U test results

Variable	Rural (n=48)			Urban (n=66)			Z value	P value
	M	SD	Mean Rank	M	SD	Mean Rank		
Total PWB	192.667	11.7044	59.29	191.576	15.4622	56.20	-.495	.457
Life Satisfaction	38.833	3.6747	60.19	38.182	4.5536	55.55	-.745	.133
Efficiency	42.313	3.8656	62.93	41.121	4.5184	53.55	-1.504	.321
Mental Health	35.833	4.5116	53.93	36.924	3.7223	60.10	-.992	.038
Sociability	32.750	4.4888	49.98	35.045	6.3134	62.97	-2.080	.000
Interpersonal Relations	42.938	3.7440	71.61	40.303	3.7456	47.23	-3.905	.621

Note. M: Mean. SD: Standard Deviation

### 3.3 U-Test results of Area of residence and Psychological Well-Being

Table 3.3 Differences between area of residence and Psychological Well-Being

Variable	Rural			Urban			Z Value	P Value
	M	SD	Mean Rank	M	SD	Mean Rank		
Total PWB	192.667	11.7044	59.29	191.576	15.4622	56.20	-.495	.457

Note. M: Mean. SD: Standard Deviation

The p-value of 0.457 indicates that there is not enough evidence to reject the null hypothesis at the chosen significance level. Therefore, we cannot conclude that there is a significant difference between the two groups. Hence, the null hypothesis is accepted. According to the findings, respondents in rural regions had somewhat higher Total PWB scores than those who did not (M = 192.667 vs. M = 191.576). The non-significant Z value (-.495) and P value (.457), however, show that this difference is not statistically significant.

According to the study done by Tripathi and Mishra (2020), although the perceived level of psychological well-being was moderate, the group of Rural women significantly outperformed the group of urban women in terms of psychological well-being.

### 3.4 U-Test results of Area of residence and Life Satisfaction

Table 3.4 Differences between area of residence and Life Satisfaction

Variable	Rural			Urban			Z Value	P Value
	M	SD	Mean Rank	M	SD	Mean Rank		
Life Satisfaction	38.833	3.6747	60.19	38.182	4.5536	55.55	-.745	.133

Note. M: Mean. SD: Standard Deviation

The p-value of 0.144 indicates that there is no significant difference between the life satisfaction of the respondents living in rural areas and respondents living in urban areas. Hence, the null hypothesis is accepted. The negative z-value indicates that the rural group has a slightly higher mean rank than the urban group, however this difference is not large enough to reject the null hypothesis. There could be other factors like age, income, social support that could be influencing the life satisfaction beyond the location.

In a paper by Sharma, Sarita and Kumar (2023), it was found that students in the age group 18-25, there is no discernible difference between the life satisfaction of men and women, rural students report higher life satisfaction than urban students.

### 3.5 U-Test results of Area of residence and Efficiency

Table 3.5 Differences between area of residence and Efficiency

Variable	Rural			Urban			Z Value	P Value
	M	SD	Mean Rank	M	SD	Mean Rank		
Efficiency	42.313	3.8656	62.93	41.121	4.5184	53.55	-1.504	.321

Note. M: Mean. SD: Standard Deviation

The p-value of 0.321 indicates that there is no significant difference between the efficiency of the respondents living in rural areas and respondents living in urban areas. Hence, the null hypothesis is accepted. The negative Z value indicates that the mean efficiency in rural areas is higher than that of urban areas. This might be due to differences in infrastructure, resources, and education. The sample size is too small to indicate the difference.

### 3.6 U-Test results of Area of residence and Mental Health

Table 3.6 Differences between area of residence and Mental Health

Variable	Rural			Urban			Z Value	P Value
	M	SD	Mean	M	SD	Mean		

	Rank			Rank				
Mental Health	35.833	4.5116	53.93	36.924	3.7223	60.10	-.992	.038

Note. M: Mean. SD: Standard Deviation

The p-value of 0.038 indicates that there is a significant difference between the mental health of the respondents living in rural areas and respondents living in urban areas. Hence, the null hypothesis is rejected. The mean ranks indicate that the mental health score is higher in urban areas as compared to rural areas. The negative z-value suggests that the mental health score is lower in rural areas than in urban areas. Possible reasons for this difference might include a lack of accessing mental health services in rural areas, especially due to the stigma around it. Kallakuri and Tripathi (2022) found that a higher risk of common mental disorders was linked to the female gender in the rural areas, being at least 30 years old, not having any formal education, and being separated, divorced, or widowed. The risk of depression, anxiety, and suicide was considerably higher in women.

### 3.7 U-Test results of Area of residence and Sociability

Table 3.7 Differences between area of residence and Sociability

Variable	Rural			Urban			Z Value	P Value
	M	SD	Mean Rank	M	SD	Mean Rank		
Sociability	32.750	4.4888	49.98	35.045	6.3134	62.97	-2.080	.000

Note. M: Mean. SD: Standard Deviation

The p-value of 0.000 indicates that there is a significant difference between the sociability of the respondents living in RURAL area and respondents living in urban areas. Hence, the null hypothesis is rejected. The results show that the mean rank for sociability was higher in urban areas as compared to RURAL areas. This higher score might be due easy accessibility to social events and activities, population density, exposure to different people and cultures.

### 3.8 U-Test results of Area of residence and Interpersonal Relations

Table 3.8 Differences between area of residence and Interpersonal Relations

Variable	Rural			Urban			Z Value	P Value
	M	SD	Mean Rank	M	SD	Mean Rank		
Interpersonal Relations	42.938	3.7440	71.61	40.303	3.7456	47.23	-3.905	.621

Note. M: Mean. SD: Standard Deviation



The p-value of 0.621 indicates that there is no significant difference between the interpersonal relation of the respondents living in rural area and respondents living in urban areas. Hence, the null hypothesis is accepted.

#### 4. Conclusion and Future Directions

Well-being is an important aspect of one's life as it refers to the state of being happy and healthy and fulfilled in numerous aspects of life, including physical, mental, and social well-being. Maintaining well-being is crucial because it helps one function at their best and be more productive in both personal and professional lives. Poor psychological well-being can lead to a range of issues such as anxiety, depression, and burnout. It can also negatively impact one's ability to cope with challenges and setbacks. Homemakers are an overlooked part of our community and not much recognition is given to their work. Hence, it is essential to investigate their mental health.

It has been shown in the above discussions that there are significant differences in mental health of the respondents living in rural and urban areas. This research can provide further grounds for increasing awareness about well-being and providing affordable mental health services for all individuals, especially homemakers.

#### 5. Acknowledgement

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