To Assess the Quality of Life among Home Makers and Working Women in Bangalore

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Abstract: Initially, the term Quality of Life (QoL) was limited to having or not having typical consumer goods. Quality of life relates both to adequacy of material circumstances and to personal feelings about these circumstances”. It includes “overall subjective feelings of wellbeing that are closely related to morale, happiness and satisfaction (Bennett, Garrad and McDowell, 1987. “A working woman”, means a woman who comes out of her home to take up a gainful employment”. The working women are at an advantageous position in terms of their economic independence. This is true only in cases where the women have the freedom over what she earns. Working women have a huge contribution in changing the family dynamics. Redistribution of work within the family, contribution to the family income are some examples of their contribution towards changing the family dynamics. The objective of the study was To assess the QoL among home makers and working women in Bangalore using WHOQOL BREF. To assess the influence of educational qualifications, age,

Family structure. Sample consisted of Thirty women in the working category and 30 women in the home maker category will be selected randomly for this study. Explorative design will be adopted in this study. Random sampling technique will be used. The WHOQOL BREF was developed to look at domain level profiles which assess QoL was administered. Chi square statistical Technique was used to test the hypothesis. It was concluded that there is no significant difference in the quality of life of homemakers and working women in the age group 30 to 40 years or 41 to 50 years and those living in joint family or nuclear family, age and educational qualification.

Keywords: Quality of life, Working Women, Family

Introduction

Initially, the term Quality of Life (QoL) was limited to having or not having typical consumer goods. An individual was considered to have good QoL if he or she owned a car, a house or other commodities. With time, the understanding of this concept changed and broadened to encompass life satisfaction, realisation of one’s needs and aspirations and modifying the environment in order to cope with it better Krzysztof Owczarek (2010). With the growth and evolution of the society, attention was paid to measure QoL. In order to measure it, we need to define the concept first. Thus, QoL was defined as an individual’s appraisal of his/her own life situation within a specific time span (DE Walden-Galuszko 1997). The factors used to measure it are economic situation, education, place of residence, work, family relations and social relations.

In 1947, the World Health Organization (WHO) defined QoL as a “state of complete physical, mental, and social well-being, and not merely the absence of disease and infirmity”. In 1995, the WHO definition evolved as follows: “Individuals’ perceptions 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 persons’ physical health, psychological state, level of independence, social relationships, personal beliefs, and their relationships to salient features of the environment.”

However, with time, the concept of has changed and incorporates two dimensions namely internal dispositions such as self-esteem or the sense that one controls one’s own fate and external dimensions such as available community services or family life. Internal dimension refers to the individual’s feel good about themselves and external dimension which refers to feel good about external environment. This new concept is very useful to study on patients having illness to assess their level of wellness.

“Quality of life relates both to adequacy of material circumstances and to personal feelings about these circumstances”. It includes “overall subjective feelings of wellbeing 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.

The above definition focuses on the individual’s “perceived” QoL and hence doesn’t provide a means of measuring in any detailed fashion symptoms, diseases or conditions but rather the effects of diseases and health interventions Uro (2021).

The WHO emphasizes the importance of promoting health and well-being as fundamental human rights and essential prerequisites for QoL. In line with this perspective, the WHO advocates for policies and interventions that address the social determinants of health, such as poverty, education, employment, and access to healthcare. By addressing these underlying factors, societies can improve QoL and reduce health inequalities.

Furthermore, the WHO recognizes the interconnectedness of various factors influencing quality of life, including economic development, environmental sustainability and social justice. Sustainable development goals (SDGs), such as those outlined in the United Nations 2030 agenda, encompasses objectives related to health, education, gender equality and environmental protection, all of which are essential for enhancing the QOL.

In addition to global advocacy and policy efforts, the WHO collaborates with member states and partners to implement initiatives aimed at improving QoL at the local level. These initiatives may include community health programs, mental health services, social welfare interventions and efforts to promote healthy lifestyles and environmental sustainability.

In conclusion, the WHO plays a critical role in advancing our understanding of QoL and promoting initiatives to enhance human welfare globally. By emphasizing the multidimensional nature of QoL and advocating for policies that address its determinants, the WHO strives to create societies where individuals can lead fulfilling and meaningful lives. However, achieving this vision requires concerted efforts from governments, civil society, and international organizations to prioritize health, well-being, and social justice as central components of development agendas. Only through collective action can we truly improve QoL and create a world where everyone has the opportunity to thrive. The aim of this study is to assess the QoL among home makers and working women in Bangalore. Women play a fundamental role in building quality of life at home and in society. Their contributions as caregivers, community connectors, and agents of change are indispensable for nurturing families, fostering social cohesion, and driving socioeconomic development. Empowering women and addressing the barriers they face is essential for creating a more just, equitable, and prosperous world where everyone can enjoy a high quality of life.

Women who nurture their family is a homemaker. They take care of the family, children and others. They are not paid for doing these jobs and hence don’t earn money. It is the choice that they have made to take care and manage the house. The role of home makers has evolved over years. Many of them are educated and are strong and energetic. They become aware of child upbringing, manage their time and plan their day so that they can use their time wisely in things like investing in shares, engaging in creative pursuits like art and craft works, painting, designing, baking etc. and generate income thereby contributing to the economy of a country. On the other hand, there are women who are not much educated and they limit their contributions only towards nourishing the family.

“A working woman”, means a woman who comes out of her home to take up a gainful employment”. The working women are at an advantageous position in terms of their economic independence. This is true only in cases where the women have the freedom over what she earns. Working women have a huge contribution in changing the family dynamics. Redistribution of work within the family, contribution to the family income are some examples of their contribution towards changing the family dynamics. Women’s economic well-being is usually enhanced by women acquiring independent sources of income that begets increased self-esteem and improved conditions of their households and the overall level of development in their communities.

Maqbool (2014)- Unlike olden days, women take up remunerative jobs and other vocations that were reserved for men. Initially men were considered superior to women in certain industrial jobs, their salaries had to be given to the male member of the house, technological advancement resulted in retrenchment of women due to gender bias. Though women have sailed through such struggles, there is still some amount of bias and social expectations on women which force them to deal with family pressure and social pressure. Also, a working woman has multiple roles to play like mother, house wife, employee etc. All these roles place heavy demand on her time and energy. Employment not only affects her entire personality but also her family relationship.
There are several studies measuring the QoL among women of certain target population like married women, post-menopausal women, working women in government and private sectors etc. But there is a gap in measuring the QoL among women of general population. Hence the study aims to assess the QoL among working women and home makers in Bangalore.

Rationale of the study:

Each one of us have different value systems. The value systems held by women is more important because they are the epicentre of the family. Working women have different values compared to home makers. The values that they hold determines their behaviour towards the external world. In earlier days, women took up jobs to meet the financial needs of the family. But nowadays, women take up jobs to create place for themselves and to contribute not only to their family but also towards the society in which they live. As a result, women have to wear many different hats to suit the role that they play in the family, society and in their workplace. Taking up multiple roles apply to both working women as well as home makers as the role of home makers has changed over the years. All these factors determine the mental and physical health of women.

QoL is an important indicator of health and it comprises both mental and physical health of an individual. The study aims to assess the QoL among working women and home makers in Bangalore. Bangalore is referred to as the information technology hub providing lots of job opportunities. People migrate from different cities to Bangalore for better job placements. Because of this migration, they may not have enough family support which becomes a challenge for working women. Especially married women having children struggle to resume working as they don’t have family support to take care of the children. They go through tremendous pressure to maintain a work life balance.

With all these problems in one hand for working professionals, home makers have different set of problems. The lifestyle changes before and after the covid pandemic has created a huge impact in the mental health of homemakers. Homemakers, often women, face numerous struggles that can impede their ability to lead a healthy quality of life. These challenges stem from the demanding nature of their roles within the household, coupled with societal expectations and systemic barriers. Some of the struggles faced by homemakers are unpaid labour, lack of recognition, limited autonomy, financial dependence, isolation and lack of self-care.

Thus, the study aims to assess the QoL among both categories of women to understand their physical and mental health which are influenced by their social and environmental factors.

Methodology

Research Problem:
To assess the QoL among home makers and working women in Bangalore.

Objectives:
To assess the QoL among home makers and working women in Bangalore using WHOQOL BREF.
To assess the influence of educational qualifications on QoL among home makers and working women in Bangalore.
To assess the influence of age on the quality of QoL among home makers and working women in Bangalore.
To assess the influence of family structure on the QoL among home makers and working women in Bangalore.
To identify the factors that contribute towards good QoL among women.

Hypotheses:
1. There is significant difference in the QOL among home makers than working women.
2. There is significant difference in the QoL among working women and home makers with graduate degree.
3. There is a significant difference in QoL among working women and home makers with professional degree.
4. There is significant difference in the QoL among working women and home makers in the age group 30 to 40.
5. There is significant difference in the QoL among working women and home makers in the age group 41 to 50.
6. There is significant difference in the QoL among working women who live in joint families than in nuclear families.

Operational definitions:

Quality of Life: QoL is a concept which aims to capture the well-being, whether of a population or individual, regarding both positive and negative elements within the entirety of their existence at a specific point in time. For example, common facets of QoL include personal health (physical, mental, and spiritual), relationships, education status, work environment, social status, wealth, a sense of security and safety, freedom, autonomy in decision-making, social-belonging and their physical surroundings. In this study, QoL of both working women and homemakers will be assessed
using WHOQOL BREF which consists of 24 facets and provides a profile of scores on four dimensions of QoL namely physical health, psychological, social relationships, and the environment.

**Working women:**
Women who go out and work to earn money are referred to as working women. The reason for women to take up jobs and earn money can be to meet the financial needs of the family or to create a place for themselves in the society by using their knowledge and skill. These working women have to take up multiple roles and responsibilities like colleagues, leaders, subordinates etc. in their work place and as a mother, wife, daughter, daughter-in-law, sister, etc. in family which requires work-life balance and prioritising their needs. Hence the QoL of working women is an important determinant for the well-being of the entire family.

**Homemakers:**
Women who stay at home to take care of the family are referred to as homemakers. The women may choose or can be forced to stay at home to nourish the family. They don’t earn money as the working women. Instead, they work at home without getting paid and hence may experience low self-worth. Another reason why women become homemakers is because they don’t get support from their family to take care of their children. Many working women become homemakers after giving birth to children. Their values and belief system doesn’t permit them to take up jobs leaving the child in day care centres. These women might go through lots of emotional issues. Hence their QoL is also an important determinant for the well-being of the family.

**Variables:**
Independent variable - working women and home makers  
Dependent variable - QoL

**Sample:**
Thirty women in the working category and 30 women in the home maker category will be selected randomly for this study.

**Research design:**
Explorative design will be adopted in this study. Random sampling technique will be used.

**Tools:**
The WHOQOL-BREF was developed to look at domain level profiles which assess QoL. QoL is defined by the WHO as “individuals’ perceptions 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 persons’ physical health, psychological state, level of independence, social relationships, personal beliefs and their relationships to salient features of the environment. This definition reflects the view that QoL refers to a subjective evaluation, which is embedded in a cultural, social and environmental context. The WHOQOL-BREF consists of 24 facets and provides a profile of scores on four dimensions of QoL: physical health, psychological, social relationships, and the environment. WHOQOL-BREF is available in both self-administered and interviewer-administered forms. **Sample:**
Thirty women in the working category and 30 women in the home maker category will be selected randomly for this study.

**Research design:**
Explorative design will be adopted in this study. Random sampling technique will be used.

**Tools:**
The WHOQOL-BREF was developed to look at domain level profiles which assess QoL. QoL is defined by the WHO as “individuals’ perceptions 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 persons’ physical health, psychological state, level of independence, social relationships, personal beliefs and their relationships to salient features of the environment.

**Statistical techniques:**
A suitable statistical technique will be used to analyse the data using SPSS package
Descriptive statistics used will be mean and standard deviation.

Inferential statistics used will be t-test.

**Procedure for data collection:**

WHO QOL BREF (1996) was administered in google forms to measure the quality of life of homemakers and working women. It is a 26 item instrument consisting of 4 domains: Physical domain (7 items), Psychological domain (6 items), social domain (3 items) and environmental domain (8 items). It is a 5 point scale in which the response categories are 1. Very poor, 2. Poor, 3. Neither poor nor good, 4. Good and 5. Very good.

**Ethical issues:**

Confidentiality was assured to the participants before sending the WHOQOL through google form.

**Data Analysis:**

<table>
<thead>
<tr>
<th>Domains</th>
<th>Homemakers</th>
<th>Working women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total score</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domain 1 - Physical</td>
<td>786</td>
<td>794</td>
</tr>
<tr>
<td>Domain 2 – Psychological</td>
<td>639</td>
<td>662</td>
</tr>
<tr>
<td>Domain 3 – Social Interaction</td>
<td>336</td>
<td>344</td>
</tr>
<tr>
<td>Domain 4 – Environmental</td>
<td>926</td>
<td>904</td>
</tr>
</tbody>
</table>

The above table shows that working women have obtained higher total in physical, psychological and social domains. This may be indicative of their high self-esteem and sense of control over one’s own life. Home makers have scored more on environmental domain which may indicate that they are happy with their environment or external factors and may not be happy with internal factors like self-esteem, self-confidence etc.
Graph 1 shows the total scores of home makers and working women in all the 4 domains.

**Homemakers/Total score and Working women/Total score**

<table>
<thead>
<tr>
<th>Domains</th>
<th>Homemakers (N1 = 30)</th>
<th>Working women (N2 = 30)</th>
<th>T values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean score</td>
<td>Standard Deviation</td>
<td>Mean score</td>
<td>Standard Deviation</td>
</tr>
<tr>
<td>Domain 1 Physical</td>
<td>26.2</td>
<td>26.4</td>
<td>3.54</td>
</tr>
<tr>
<td>Domain 2 Psychological</td>
<td>21.3</td>
<td>22.06</td>
<td>2.76</td>
</tr>
<tr>
<td>Domain 3 Social Interaction</td>
<td>11.2</td>
<td>11.46</td>
<td>2.13</td>
</tr>
<tr>
<td>Domain 4 Environmental</td>
<td>30.86</td>
<td>30.13</td>
<td>4.65</td>
</tr>
</tbody>
</table>

Table 2 shows the comparison of mean scores, standard deviation scores and t value in all the 4 domains for home makers and working women.
Graph 2 shows the comparison of mean scores, standard deviation scores and t value in all the 4 domains for home makers and working women.

From the above table we can infer that the mean scores of home makers and working women is almost the same in domain 1 (physical health) and domain 3 (social domain). There is a slight difference in the mean scores for psychological (domain 2) and environmental (domain 4). The t value for all the 4 domains indicates no significant difference between the two groups. The standard deviation scores indicates that there is significant difference in the deviation scores of home makers in the first 3 domains compared to working women although the deviation is not much from the mean score.

The t value in all the 4 domains indicate that there is no significant difference between the quality of life of home makers and working women thereby rejecting hypothesis number one.

Table 3 shows the mean and standard deviation score for homemakers and working women with graduate degree.

<table>
<thead>
<tr>
<th></th>
<th>Domain 1</th>
<th>Domain 2</th>
<th>Domain 3</th>
<th>Domain 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HM</td>
<td>WW</td>
<td>HM</td>
<td>WW</td>
</tr>
<tr>
<td>N</td>
<td>15</td>
<td>9</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>Mean</td>
<td>26.26</td>
<td>26.77</td>
<td>26.26</td>
<td>22.22</td>
</tr>
<tr>
<td>SD</td>
<td>3.92</td>
<td>3.99</td>
<td>2.98</td>
<td>2.72</td>
</tr>
</tbody>
</table>
Graph 3 shows the mean and standard deviation score for homemakers and working women with graduate degree.

For the above table, the critical ratio and degrees of freedom were calculated for home makers and working women with graduate degree. The obtained critical ratio is -0.90 in domain 1, 3.49 in domain 2, 0.33 in domain 3 and -0.26 in domain 4. The degree of freedom is 22. The p-value at 0.05 level of significance is 1.717 and at 0.01 level of significance is 2.508. Since the critical ratio value is lesser than the p-value, in all the domains except for domain 2 - psychological domain, we conclude that there is no significant difference in the QoL among working women and home makers with graduate degree in physical, social and environmental domains. However, there is significant difference between homemakers and working women with graduate degree in psychological domain thereby accepting hypotheses number two.

Table 4 shows the mean and standard deviation score for homemakers and working women with Professional degree.

<table>
<thead>
<tr>
<th>Domain 1</th>
<th>Domain 2</th>
<th>Domain 3</th>
<th>Domain 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HM</td>
<td>WW</td>
<td>HM</td>
</tr>
<tr>
<td>N</td>
<td>15</td>
<td>21</td>
<td>15</td>
</tr>
<tr>
<td>Mean</td>
<td>26.13</td>
<td>26.42</td>
<td>20.33</td>
</tr>
<tr>
<td>SD</td>
<td>4.96</td>
<td>3.42</td>
<td>5.1</td>
</tr>
</tbody>
</table>
Graph 4 shows the mean and standard deviation score for homemakers and working women with Professional degree

For the above table, the critical ratio and degrees of freedom were calculated for home makers and working women with professional degree. The obtained critical ratio is -0.19 in domain 1, -1.15 in domain 2, -0.07 in domain 3 and – 3.63 in domain 4. The degree of freedom is 34. The p value at 0.05 level of significance is 1.69 and at 0.01 level of significance is 2.44.

Since the critical ratio value is lesser than the p value, in all the domains except domain 4(environmental domain). This indicates that there is no significant difference in the quality of life of homemakers and working women with professional degree in physical, psychological and social domains. However, since the critical ratio is greater than the p value in environmental domain, we infer that

there is significant difference in the quality of life of homemakers and working women with professional degree in the environmental domain thereby accepting hypotheses number three.

This maybe due to the poor family environment in terms of lack of support system, safety concerns related to their locality or work environment in terms of not having adequate amenities like transport, poor working conditions etc.

Table 5 shows the mean and standard deviation score for homemakers and working women who are between 30 to 40 years of age

<table>
<thead>
<tr>
<th></th>
<th>Domain 1</th>
<th>Domain 2</th>
<th>Domain 3</th>
<th>Domain 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HM</td>
<td>WW</td>
<td>HM</td>
<td>WW</td>
</tr>
<tr>
<td>N</td>
<td>11</td>
<td>9</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Mean</td>
<td>25.63</td>
<td>25.22</td>
<td>20.27</td>
<td>20.88</td>
</tr>
<tr>
<td>SD</td>
<td>3.82</td>
<td>4.81</td>
<td>4.62</td>
<td>3.79</td>
</tr>
</tbody>
</table>
Graph 5 shows the mean and standard deviation score for homemakers and working women who are between 30 to 40 years of age

For the above table, the critical ratio and degrees of freedom were calculated for home makers and working women who are between 30 to 40 years of age. The obtained critical ratio is 0.20 in domain 1, 1.26 in domain 2, 0.04 in domain 3 and 1.132 in domain 4. The degree of freedom is 18. The p value at 0.05 level of significance is 1.73 and at 0.01 level of significance is 2.55. 
Since the critical ratio value is less than the p value in all the four domains, we infer that there is no significant difference in the quality of life of homemakers and working women in the age group 30 to 40 years thereby rejecting hypotheses number four.

Table 6 shows the mean and standard deviation score for homemakers and working women who are between 41 to 50 years of age

<table>
<thead>
<tr>
<th></th>
<th>Domain 1</th>
<th>Domain 2</th>
<th>Domain 3</th>
<th>Domain 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HM</td>
<td>WW</td>
<td>HM</td>
<td>WW</td>
</tr>
<tr>
<td>N</td>
<td>19</td>
<td>21</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td>Mean</td>
<td>26.52</td>
<td>27.09</td>
<td>21.89</td>
<td>22.57</td>
</tr>
<tr>
<td>SD</td>
<td>4.58</td>
<td>2.79</td>
<td>3.98</td>
<td>2.1</td>
</tr>
</tbody>
</table>
Graph 6 shows the mean and standard deviation score for homemakers and working women who are between 41 to 50 years of age

For the above table, the critical ratio and degrees of freedom were calculated for homemakers and working women who are between 41 to 50 years of age. The obtained critical ratio is -0.47 in domain 1, -0.67 in domain 2, -0.70 in domain 3 and -0.96 in domain 4. The degree of freedom is 38. The p value at 0.05 level of significance is 1.68 and at 0.01 level of significance is 2.17. Since the critical ratio value is less than the p value in all the four domains, we infer that there is no significant difference between the quality of life of homemakers and working women in the age group 41 to 50 years thereby rejecting hypotheses number five.

Table 7 shows the mean and standard deviation score for homemakers and working women who live in joint family

<table>
<thead>
<tr>
<th></th>
<th>Domain 1</th>
<th></th>
<th>Domain 2</th>
<th></th>
<th>Domain 3</th>
<th></th>
<th>Domain 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HM</td>
<td>WW</td>
<td>HM</td>
<td>WW</td>
<td>HM</td>
<td>WW</td>
<td>HM</td>
</tr>
<tr>
<td>N</td>
<td>5</td>
<td>10</td>
<td>5</td>
<td>10</td>
<td>5</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Mean</td>
<td>23.4</td>
<td>26.4</td>
<td>19</td>
<td>20.7</td>
<td>9.6</td>
<td>11.4</td>
<td>28.2</td>
</tr>
<tr>
<td>SD</td>
<td>3.57</td>
<td>3.77</td>
<td>5.09</td>
<td>3.3</td>
<td>4.27</td>
<td>2.5</td>
<td>6.01</td>
</tr>
</tbody>
</table>
Graph 7 shows the mean and standard deviation score for homemakers and working women who live in joint family

For the above table, the critical ratio and degrees of freedom were calculated for home makers and working women who live in joint family structure. The obtained critical ratio is -1.50 in domain 1, -0.68 in domain 2, -0.87 in domain 3 and -0.57 in domain 4. The degree of freedom is 13. The p value at 0.05 level of significance is 1.77 and at 0.01 level of significance is 2.65. Since the critical ratio value is less than the p value in all the four domains, we infer that there is no significant difference between the quality of life of homemakers and working women living in joint family setup thereby rejecting hypotheses number six.

Table 8 shows the mean and standard deviation score for homemakers and working women who live in nuclear family

<table>
<thead>
<tr>
<th>Domain 1</th>
<th>Domain 2</th>
<th>Domain 3</th>
<th>Domain 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>HM</td>
<td>WW</td>
<td>HM</td>
<td>WW</td>
</tr>
<tr>
<td>N</td>
<td>25</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>Mean</td>
<td>26.76</td>
<td>26.6</td>
<td>21.76</td>
</tr>
<tr>
<td>SD</td>
<td>4.38</td>
<td>3.51</td>
<td>3.99</td>
</tr>
</tbody>
</table>
Graph 8 shows the mean and standard deviation score for homemakers and working women who live in nuclear family

For the above table, the critical ratio and degrees of freedom were calculated for home makers and working women who are in nuclear family setup. The obtained critical ratio is 0.13 in domain 1, - 1.05 in domain 2, -0.19 in domain 3 and -0.26 in domain 4. The degree of freedom is 43. The p value at 0.05 level of significance is 1.68 and at 0.01 level of significance is 2.41. Since the critical ratio value is less than the p value in all the four domains, we infer that there is no significant difference between the quality of life of homemakers and working women living in nuclear family setup thereby rejecting hypotheses number six.

Conclusion:
This study suggests that there is no significant difference in the quality of life of homemakers and working women in the age group 30 to 40 years or 41 to 50 years and those living in joint family or nuclear family thereby rejecting hypotheses 1, 4, 5 and 6. There is significant difference in the quality of life of homemakers and working women with graduate degree in the psychological domain thereby accepting hypotheses 2. There is significant difference in the quality of life of homemakers and working women with professional degree in environmental domain thereby accepting hypotheses 3.

Implications of the study:
This study implies that education plays a role in determining the quality of life among homemakers and working women in two domains (psychological & environmental). However, other variables like age and family structure had no impact on the quality of life of homemakers and working women.

Limitations:
- The study was conducted on homemakers and working women in Bangalore only.
- The sample size was limited to 30.
- Other variables like marital status, number of children etc could have been included.

Suggestions for further research:
- The study can be conducted on larger population and from different demographic areas.
- The role of education can be explored further to understand how it influences the quality of life of women.
References:


