



Comparison of Working and Non-Working Women in Terms of Marital Satisfaction and Quality of Life

***Vivek Kumar Jha and **Rajbir Singh**

*Associate Professor & Research Scholar, Faculty of Behavioural Sciences, Shree Guru Gobind Singh Tricentenary University, Gurugram, Haryana

** Professor of Psychology, Faculty of Behavioural Sciences, Shree Guru Gobind Singh Tricentenary University, Gurugram, Haryana

Abstract: Aim: The research aimed to equate working and non-working women with respect to their recognition and quality of life. Method: A selection of 160 women (80 working and 80 non-working) were selected for the research, using unique inclusion criteria. The data were compiled using the Miller Scale for Social Affection, the Updated Dyadic Scale for Adaptations, the Extensive Scale for Marriage Happiness and the WHO Standard for Life. Descriptive figures, multivariate variance analysis, Pearson's coefficients of association and a multiple regression study evaluate results is used for study. Results: The results showed substantial disparities in group, with working people showing enhanced interpersonal partnerships, adaptation, marital stability and strengthened expectations in the quality of life and the usage of spouse violence, sexual attacks and physical injuries for dispute resolution. Results of the study of regression found that 42.2% and 16.9% of the variances in lives of working people and non-worker people were influenced by emotional cut-off, a self-differentiation factor. In non-workers, 33% of the variation in the standard of life was reflected by physical attack as a dispute resolution strategy. There were substantial disparities between working and non-working women. An important discovery, while working women appeared to show improved affection, was that most women in both categories show low adjustment with their husbands. Conclusion: It may be argued that employees have a higher standard of life than non-workers who are exploited most frequently by partners.

Keywords: Working Women, Non-Working Women, Partner Abuse, Marital Satisfaction; and Quality of Life

***Corresponding Author**

***Vivek Kumar Jha , Vivek Kumar Jha, Associate Professor & Research Scholar, Faculty of Behavioural Sciences, Shree Guru Gobind Singh Tricentenary University, Gurugram, Haryana**



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1. INTRODUCTION

A broad variety of scientists is not based on the absence of symptoms in the fitness-like, mental and social fitness appraisal, and the recovery from disease (Blum and Mehrabian, 1999)¹. Quality of life is one of the ideas implemented and the subject of several studies. Quality of life is a systemic concept that aims closely and distally at human health and protection (Lindstrom, 1992)². The World Health Organization describes quality of life as an understanding of an individual's position in life by community, value structures and goals, beliefs and concerns (Development of the World Health Organization WHOQOL-BREF quality of life assessment, 1998)³. The second theory gives a summary of the general living level, the aspirations and beliefs of individuals and related metrics such as well-being, happiness and satisfaction. The quality of life model differs from a method that relies solely on emotional health, happiness, beliefs and life-fulfilment (Andrews, 1986)⁴ to a hierarchy of the desires of individuals to classic models. This is a non-consistent paradigm of the quality of life. Therefore quality of life is a combination of quantitative and subjective elements intersecting (Lawton, 1991)⁵. Researchers have found that families and the modes of communicating amongst their representatives is a prominent dimension in relation to human quality of life, satisfaction, and well-being in all societies in their attempts to classify variables linked to quality of life. Analysis has demonstrated that family life strongly impacts satisfaction (Rodgers and Bachman, 1988)⁶. Clear clarification has been issued. From 1957 till the end of the 1970s, Chilman (1982)⁷ studied large national surveys and observed that while societal attitudes about marriage and family have shifted dramatically and profoundly, family involvement continues to be regarded broadly as essential to life and happiness (Lu and Lin, 1998)⁸. Low quality of life and marital discord, particularly among women, sometimes occur jointly. Earlier reports have found that the possibility of marital tension is considerable for many married persons (Beach, Sandeen and O'leary, 1990)⁹. While Beach, Sandeen and O'leary (1990)⁹ acknowledge the depression aetiology, they propose that a reduced social support and increasing violence would lead to depressing symptoms in their marital disorder model. Brown and Harris (1978), whilst studying psycho-social factors in women related to depression, the absence of a trustworthy partner was an inducer of depression. In fact, female depression was attributed to variable low intimate relationships with partners. In 1987, Weissman reported a 25-fold increase in the odds of people hospitalised in dysfunctional marriages with clinical depression. Cano and O'Leary (2000)¹⁰ found that women who had experienced intense conjugal stress were six times more probable in their research on the role performed by humiliating marital incidents, such as spousal unfaithfulness or potential for marital dissolution after adjusting to the marriage inequalities. Ses findings continued even after lifespan and family history of depression. In tragic weddings, depressive individuals are also less able to recover from depressive days and are more able to have their symptoms chronic (Mundt et al., 1998)¹¹. Whisman (2001)¹² found that marital unhappiness accounted for about 18% of heterogeneity of female symptoms of depression and 14% of male symptoms of depression. Waite, Lue and Lewin (2009)¹³ find common evidence for the theory that mental well-being continues to decrease over a number of facets of well-being as a consequence of marital disturbances. Darvizeh and

Khaki (2008)¹⁴ stated that married female college students have associations between marital happiness and well-being. Stressful marital relationships are related to lower physical involvement and physical wellbeing (Schwartz, Slater, and Birchler, 1996)¹⁵. Empirical evidence indicates that the gains correlated with global health action are marital performance and satisfaction (Hetherington, 1993)¹⁶ as well as improved immune markers (Kiecolt-Glaser et al., 1988)¹⁷ (antibody titers to different viral agents) and to the working of the cardio-vascular system. In addition, a reduction in conjugal happiness is attributed to a reduction in all spouses' wellbeing (Levenson and Gottman, 1985)¹⁸. In conclusion, conjugal happiness contributes to strong cardiovascular reactivity during confrontation, with people who are unhappily married having quicker heart speeds and higher rates of blood pressure than those who are happily married (Ewart et al., 1991)¹⁹. Giannouli et. al (2012)²⁰ concluded that the average female QL was projected to be higher when married, physical activity and respectable financial positions. Women with higher quality expectations were more familiar with their well-being and more prone to utilise preventive health care. The number of women in industrial and developed countries in recent decades, including Iran, has risen and the number of divorced couples has risen concomitantly. No trigger association between women's jobs and divorce cannot be deduced in the absence of knowledge concerning the mechanisms and influencing the association between female employment and marital dysfunction. However, the possible association between female work and matrimonial dysfunction can be clarified by analysing the several factors linked to marital happiness and quality of life. Marital discord applies to the appraisal of a couple's partnership which does not require the existence or absence of feelings or acts linked to dissolution of marriage. To our knowledge, no study has been carried out on the processes by which female jobs affect marital output. Several theories and research centred on self-differentiation, violence of partners, dispute mediation, intimacy and transition in an effort to define the fundamental causes. The self-building blocks are innate, but personal relationships between children and teenagers decide the limits of self-development. That who's "self" is poorly differentiated depends upon embraces and endorses others to alter, talk and do quickly in order to please other individuals, or to assert dogmatically what others can be, and to force them to comply. Individuals who are rational of their reliance on others may remain rational, but are willing to reason objectively and analyse the evidence correctly without being influenced by anger, in circumstances of confrontation, accusation, or denial. These persons are granted proper principles for decision-making on key family and social matters, often with their instinctive feelings barely acknowledged. Self-distinction can be represented as follows in marital relationships:

1. The desire to be accountable and dedicated to the relationship.
2. Self-expression propensity (auto communication)
3. Stay in touch with stress and discord
4. The opportunity to explain one's desires and ask others for assistance without needing others

Partner violence relates to the efforts by a party to manipulate the bond with his or her partner by whatever means such that bullies and threats are formed by spouse abuse. Physical assault involves all sorts of assaults, including pulling, pinching, strangling, punching, killing and killing. That may be oral and sexual abuse. Sexual abuse encompasses all

conduct that controls or humiliates the victims by the use of sex. Acts restricting independence and financial stability include economic or financial abuse. Threatening and repeated acts such as unannounced arrival at home or office, mischievous phone calls, posting annoying texts or restricting victim access to money include harassment and stalking. Partner violence is a significant health concern, since millions of women endure which often contribute to physical and mental issues and sometimes death. There have been identified certain factors associated with partner violence which contribute to marital ties, including dispute or marital discontent, family patriarchy, financial strains, major educational differences within a pair where their educational status exceeds that of their husband, and the participation of their husbands in promiscuous sexual relations. Couples report dispute origins from emotional and physical violence to individually identified attributes and actions. Labour division disputes between couples are related to marital strife. Control disputes are often correlated with marital unhappiness. Conflict settlement can be both positive and evil: successful negotiation improves partner interactivity where the critique of identities and revenge and conflict over power undermines evil settlement. Dyadic accommodation is defined by a shared perception, intimacy, friendship and unity. Some investigators find that spouses involved in leisure practises express more matrimonial satisfaction. In partners who decide marital harmony, comprehension and agreement are typical features. A multi-component intimacy description that incorporates several elements of existing meanings was proposed by Prager in 1997. Prager (1997)²¹ claims that affection has a portion of both conduct and emotion; the portion of activity involves acts like touch, expression and a sense of commitment and unity. There has been no consistent association between sexuality and marital fulfilment. Researchers agreed that affection and marital fulfilment have been linked. Grant et. al., (1990)²² regard quality of life as the positive and negative facets of human life. The abstract term Quality of life is determined by many factors, including physical, emotional and social environments. Many research found that physical environments, marriage qualities and family life are deciding factors in life quality. In Iran there has been a rise in the number of women working outside their homes, particularly in urban areas in recent decades. Today, as more and more women join the workforce, the position and aspirations of women in Iranian society shift simultaneously. A worker may have trouble trying to fulfil her home and job needs when a house woman is stressed and angry about her household duties and financial dependency. All women's organisations aim to enhance independence, matrimonial harmony and standard of life when coping with regular challenges and interpersonal disputes. The research now contrasts a mother working party with its non-workers:

- a. Self-differentiation
- b. Partner abuse
- c. Conflict resolution tactics
- d. marital quality and
- e. Quality of life.

The findings of the study would, thus far, give insight into the factors contributing to marital adaptation and the "quality of life" of non-women and working women, since the well-being of women is a central factor in family well-being and in community, eventually. Findings can also enhance the marital adjustment level among couples in order to maintain quality of their lives.

2. METHODOLOGY

2.1 Research Method

The proposed research mainly was descriptive in nature. Descriptive method describes population, situation or phenomenon. It was used to investigate one or more measures. Descriptive method is an appropriate choice to identify characteristics, frequencies, trends, and categories.

2.2 Participants

A survey was performed for a total of 160 women married (80 working and 80 non-working women). The study only included women aged 20 or older, had a schooling span of 8 years and were married for a minimum of three years. The research omitted participants who required care for physical and psychiatric disorders.

2.3 Research Area

The research invited women who served at Medical colleges, universities and government departments.

3. MEASURES

3.1 Socio-Demographic data sheet

The authors created a "socio-demographic data sheet" to gather age, status, profession, number of children, marriage length, the prevalence of physical and mental disorders.

3.2 The CMSS

35 statements are used to assess the understanding of the partnership, general happiness and emotional contact between each woman and her partner. The findings were responded to on a scale of 0 to 0 (neutral) and up to +4 (very highly agreed). The relevance and relevance of the material has been verified by CMSS. CMSS was seen to be accurate over six weeks with an internal alpha accuracy of 0.94. 83 (Mehrabian, 2005)²³.

3.3 WHO Quality of Life Assessment - Short Version (WHOQOL-BREF)

BREF comprises 26 publications and tests in four primary fields: nutrition, emotional wellbeing, social and environmental experiences. It also covers one component of QoL and overall well-being. (The Quality of Life Assessment-World Health Organization) The artefacts are rated in a 5 mark Likert scale. A higher scoring indicates that life is easier. The Domain Score "WHOQOL-BREF" shows strong discrimination validity (physical, psychological, social, environmental and social welfare), material validity (Cronbach-alpha: physical health 0.80, emotional health 0.76, social and community 0.80) and test-retest reliability (WHOQOL-BREF) (Skevington, Lotfy, and O'Connell, 2004)²⁴.

4. DATA ANALYSIS

Descriptive and inferential statistics is used for data processing. Community differential was measured with

MANOVA and in the multivariate regression study the participant vector contribution was determined to predict quality of life for working and not working women.

5. ETHICAL CONSIDERATION

The surveys were then conducted to the research group after the consent was obtained which informs that the privacy of the participation has been kept confidential. Among women who were readily available, non-working women were selected.

Table1: The percentage of individuals in each group reporting high levels of dyadic adjustment, marital satisfaction and quality of life.

*difference is significant at the .05 level
**difference is significant at the .01 level

Table2: Group means and standard deviations with results of the MANOVA for the variables under study.

*Correlation is significant at the .05 level
**Correlation is significant at the .01 level

Table3: Correlations between self-differentiation, partner abuse, conflict resolution tactics, and quality of life in working and nonworking women.

*Contribution significant at .05 level
** Contribution significant at .01 level
*Correlation is significant at the .05 level
**Correlation is significant at the .01 level

Table4: Summary of Hierarchical Regression Analysis for Variables Predicting Working Women's Quality of life.

*Contribution is significant at .05 level
** Contribution is significant at .01 level

Life satisfaction is a general assessment of one's feelings and attitudes towards one's life at a particular time that ranges from negative to positive. It is one of the three main indicators of well-being: satisfaction with life, positive effect and negative effect. Life satisfaction does not come from money or material things. It comes from what the person does and how he uses what he has. It comes from a positive view of what's right in your life right now. Of course things can always be improved, but you should try to enjoy the results so far. If you are always trying to solve problems that will never be satisfied until everything is the way he wants and it never happens. (N. Kaur et al., 2012)²⁵. However, preferences are different as an individual, there are some factors women generally feel to measure satisfaction. One is income. Many think that all their problems would disappear if they had enough money to meet their wants. But, is this really true? Grant et al. (1990)²² regard quality of life as the positive and negative facets of human life. The abstract term Quality of life is determined by many factors, including physical, emotional and social environments. However, only women can truly answer the question "what will make them satisfied in their life?" However, mostly women have basic needs that satisfy them. Regarding this Giannouli et al (2012)²⁰ concluded that the average female QL was projected to be higher when married, physical activity and respectable financial positions. Some of these needs consist

of successful relationships with family and friends, a purpose in life (a difficult but very important one) gives the feeling that you are needed and loved, you have options and options, do what he likes. , have achievable goals, have the ability to express themselves creatively and emotionally, feel they have value (i.e. their self-esteem) and, above all, need to be understood and accepted for who they are (N. Kaur et al., 2012)²⁵. In order to find, our findings revealed a significant percentage of individuals in each group reporting high levels of dyadic adjustment, marital satisfaction and quality of life. With correlation analysis our study found significant correlation self-differentiation, partner abuse, conflict resolution tactics, and quality of life in working and nonworking women. Hierarchical Regression Analysis for Variables Predicting Working Women's Quality of life if found significant means at 0.05 significance level. The quality of life model differs from a method that relies solely on emotional health, happiness, beliefs and life-fulfilment (Andrews, 1986)⁴ to a hierarchy of the desires of individuals to classic models. This is a non-consistent paradigm of the quality of life. Therefore quality of life is a combination of quantitative and subjective elements intersecting (Lawton, 1991)⁵. Evidence is also available in support of the engagement of non-working women in less number of roles may also be a contributory factor towards high anxiety in them, as they have to rely mainly on their roles as

housewives. Whereas, occupying multiple roles is thought to increase women's chances to learn, to build social networks that gives emotional support in tackling life's stresses and strains. So, with the support of evidences it can be said that there is correlation between self-differentiation, partner abuse, conflict resolution tactics, and quality of life in working and nonworking women. It may be concluded that non-working women suffer more from anxiety as compared to working women. The main contributory factors could be their low education, their involvement in less number of roles, and their familial and social status in general. It is suggested that women should be encouraged to concentrate on enhancing their formal educational level and should participate in more social roles to avoid the risk of developing anxiety. It may be concluded that non-working women suffer more from anxiety as compared to working women. The main contributory factors could be their low education, their involvement in less number of roles, and their familial and social status in general. It is suggested that women should be encouraged to concentrate on enhancing their formal educational level and should participate in more social roles to avoid the risk of developing anxiety. It may be concluded that non-working women suffer more from anxiety as compared to working women. The main contributory factors could be their low education, their involvement in less number of roles, and their familial and social status in general. It is suggested that women should be encouraged to concentrate on enhancing their formal educational level and should participate in more social roles to avoid the risk of developing anxiety. It may be concluded that non-working women suffer more from anxiety as compared to working women. The main contributory factors could be their low education, their involvement in less number of roles, and their familial and social status in general. It is suggested that women should be encouraged to concentrate on enhancing their formal educational level and should participate in more social roles to avoid the risk of developing anxiety.

7. SUMMARY&CONCLUSION

The aim of the study was to compare the self-distinction, partner violence, dispute resolution and marital quality of working and nonworking women. Descriptive and inferential statistics was used for data processing. Total 160 married

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women (80 working and 80 non-working women) were selected for data collection where results shows significant correlation self-differentiation, partner abuse, conflict resolution tactics, and quality of life in working and nonworking women. In this analysis, the quality of marriage is seen by four factors, namely affection, dyadic adaptation, marital happiness and quality of life. For working and unemployed women, two things were evaluated. Findings show more affection, more marital satisfaction, more empathy, more agreement among working women, greater business ties and a higher standard of life with their spouses while non-working women experience emotional and physical violence. The difference between the two classes may have arisen in a range of reasons, including women's education and relationship roles, financial status, self-differentiation and strategies for dispute resolution. The results of the regression study suggest that a self-dividing relationship, adaptation, happiness and quality of life for working and unemployed women are projected to result. Jobs and unemployed people appeared to report their wives with more trust, higher marital happiness and an increased quality of living. Researchers find that the sovereignty of married women is smaller, marital happiness and the standard of life is higher. For non-working women, spouses must understand, cooperate and engage them in financial activities. The major contributory factors may help them to take part in the familiar and social roles in day-to-day lives. At last, there is a need of marital adjustment in married life whether women is working or not to maintain a healthy and quality of life.

8. AUTHORS CONTRIBUTION STATEMENT

Vivek Kumar Jha and Rajbir Singh conceived of the presented idea. Vivek Kumar Jha developed the theory and performed the computations. Vivek Kumar Jha and Rajbir Singh verified the analytical methods. Rajbir Singh encouraged Vivek Kumar Jha to investigate marital satisfaction and quality of life among working and non-working women and supervised the findings of this work. Both of the authors discussed the results and contributed to the final manuscript.

9. CONFLICT OF INTEREST

Conflict of interest declared none

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