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WELL-BEING AND ASSOCIATED FACTORS AMONG WOMEN

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Abstract

Wellbeing is a valid population outcome measure beyond morbidity, mortality, and economic status that tell us how people perceive their life is going from their own perspective. "A study on Wellbeing and Associated factors among women" was envisaged with broad aim to study wellbeing among working and non-working women living in tribal area. The Wellbeing scale developed by Dr.Vijayalaxmi Chauhan and Dr. Varsha Sharrma (2005) was administered to the women. A sample of 100 of working and non-working women of the age group of 30 to 35 years from Tribal area, Manipur was randomly selected for the present study. The tests used to analyse the data were student t-test and chi-square test. The results found a significant difference in the wellbeing level among working and Non-working women in Tribal area of Manipur with various associated factors.

Key words: Well-being, Associated factors. Education, Occupations, working and Non-working respondents

Introduction

Well-being is an essential measure that contributes to the evaluation of the health and quality of life of an individual. The health of women and girls is of particular concern because, of sociocultural factors. For example, women and girls face increased vulnerability to many diseases when compare to man. Health is an important determinant of the well-being of any community. Health is considered one of the essential elements of human development and progress. The health of a person is defined as a state of their physical and psychological well-being.

Manipur has a predominant and one of the most diverse tribal population in India. The peculiarity of their life is they start their day with rising Sun and end their day with sunset. Tribal population has been one of the most underprivileged populations, experiencing highest rates of human health and wellbeing issues. India lives in villages, and nearly 20% of villages have heavy tribal concentration in hilly areas.

Methodology:

The aim of the study was to know the wellbeing and its associated factors among working and Non-working women of Tribal area.

Objectives:

To know the well-being and associated factors among women living in tribal area of Manipur

Hypothesis:

Independent factors may not have an influence on wellbeing among working and non-working tribal adults.

Procedure:

The present study was envisaged with broad objective to study the wellbeing among working and Non-working women of Tribal area. A sample of 100 Tribal women of the age group of 30-35 years from tribal area of Manipur was randomly selected for the present study. The tool used to elicit information was a developed scale by Dr.Vijayalaxmi Chauhan and Dr.varsha Sharma(2005), compromising of 50 statements under six areas such as Emotional wellbeing, Psychological wellbeing, Social wellbeing, Spiritual Wellbeing, Physical Wellbeing, and Self- awareness. Rapport was built by the researcher to have a comfortable atmosphere. The researcher gave a brief introduction about the topic on wellbeing and later instruction was given to the responses for all the stated questions. Any doubts that cropped up were dealt by the researcher during the course of administering the questionnaire. The sample was collected from the Tribal area of Manipur where in 50 women were working and 50 women were non-working. The obtained was tabulated and analysed by student t-test and chi-square test.

RESULTS AND DISCUSSION

The results of the study is discussed below

Table 1: Association between Age group and Well-being level of Respondents

Age group (years)	Sample	Well-being level of Respondents					
		Above Average		High		Extremely High	
		N	%	N	%	N	%
30-32	55	10	18.2	10	18.2	35	63.6
33-35	45	4	8.9	18	40.0	23	51.1
Total	**100**	**14**	**14.0**	**28**	**28.0**	**58**	**58.0**
χ^2 Test		**6.40***					

*Significant at 5% level, χ^2 (0.05,2df) = 5.991

Table 1 and Fig-1 shows the Association between Age group and well-being level of Respondents. The respondents in the age group of 30-32 years have (63.6 %) extremely high level of wellbeing, 18.2 % of young adults of working and non-working women's have higher average and above average level of wellbeing. Where as in the age group of 33-35 years have 51.1%percentage of respondents have extremely high level of wellbeing level, 40.0 percentage have higher average and 8.9 percentage of young adults have above average level of wellbeing. Chi- square test applied showed significant difference at 5% level (x^2 =

6.40*). This reveals that there is association between the age group and wellbeing level of respondents. Hence the null hypothesis is rejected stating that independent variable have no influence on wellbeing level.

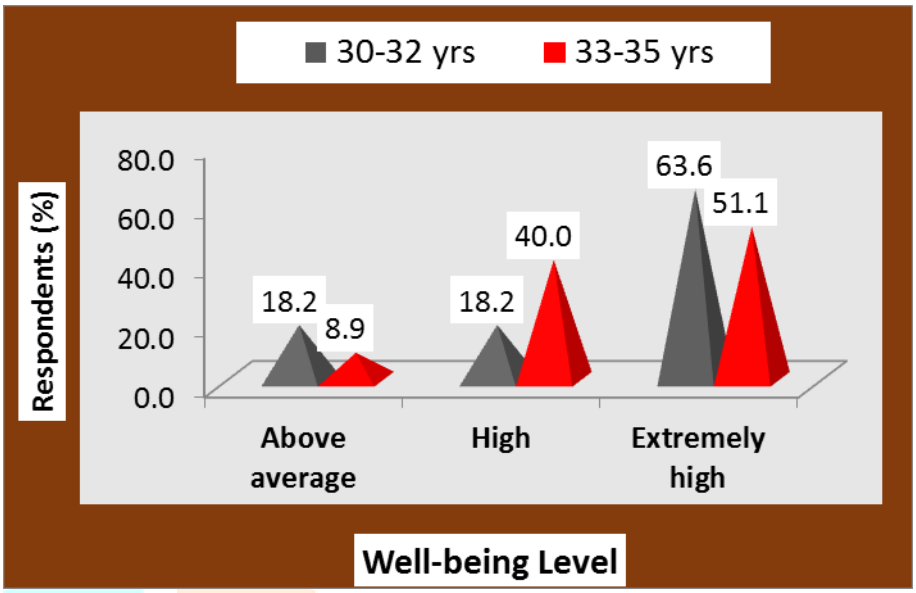

Figure 1 : Association between Age group and Well-being level of Respondents

TABLE – 2: Association between Qualification and Well-being level of Respondents

Qualification	Sample	Well-being level of Respondents					
		Above Average		High		Extremely High	
		N	%	N	%	N	%
Upto PUC	9	4	55.6	2	22.2	3	22.2
UG/Diploma	63	8	12.7	19	30.2	36	57.1
PG	28	2	3.6	7	25.0	19	71.4
Total	**100**	**14**	**14.0**	**28**	**28.0**	**58**	**58.0**
χ^2 Test		**16.52***					

*Significant at 5% level, χ^2 (0.05,4df) = 9.488

Table 2 refers to the association between Qualification and Wellbeing levels among young adults of working and non-working women's. The table shows that respondents study under PUC have 22.2 percent extremely high level of wellbeing, whereas 22.2 percent has higher average and 55.6 percent of young adults study in under graduate have above average level of wellbeing. Whereas Young adult study in under graduate has 57.1 percent of respondents have extremely high level of wellbeing level, 30.2 percent have higher average and 12.7 percent of young adults study in graduation has above average level of wellbeing. Chi -square test applied showed significant difference at 5% level (x^2 = 16.52*) (Fig-2). This reveals that there is association between the age group of respondents and wellbeing level of respondents. Hence it may be the reason that post-graduation adults has more mature enough to take decision, they start living independent life and more risk taking nature would made them to have better wellbeing. Thus the null hypothesis is rejected stating that independent variable have no influence on wellbeing level.

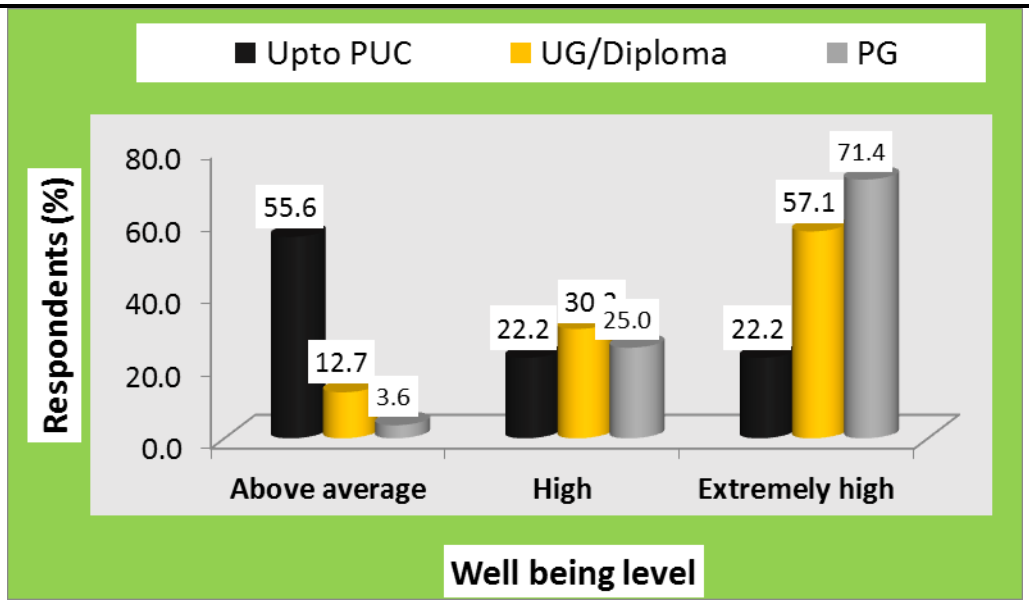

Figure.2 : Association between Qualification and Well-being level of Respondents

TABLE – 3: Association between Occupational level and Well-being level of Respondents

Occupational level	Sample	Well-being level of Respondents					
		Above Average		High		Extremely High	
		N	%	N	%	N	%
Government	23	1	4.3	4	17.4	18	78.3
Private	17	1	5.9	5	29.4	11	64.7
Business	10	1	10.0	1	10.0	8	80.0
Homemaker	50	11	22.0	18	36.0	21	42.0
Total	**100**	**14**	**14.0**	**28**	**28.0**	**58**	**58.0**
χ^2 Test		**12.63***					

*Significant at 5% level, χ^2 (0.05,4df) = 12.592

Table 3 and Fg-3 refers to the association between occupation level and wellbeing level of respondents. Majority of the young adults work as homemaker, where 42 percent have extremely high level of wellbeing, 36 percent of young adults have high average wellbeing and 22 percent have above average wellbeing. Followed the respondents were working in Government sector 78.3 percent had extremely high level of wellbeing. Few respondents were working in Private sector 64.7 percent have extremely high average level of wellbeing, 29.4 percent of young adults have high average wellbeing and 5.9 percent have above average wellbeing .Least percent of respondents were own business 80.0 percent had extremely high level of wellbeing, 10.0 percent of young adults had high average level of wellbeing and 10.0 percent have above average level of wellbeing. The statistical test shows a significant difference at 5 % (x^2 = 12.63). This put forth that there is no association between respondents' occupation and wellbeing level of respondents. Hence the stated null hypothesis is accepted.

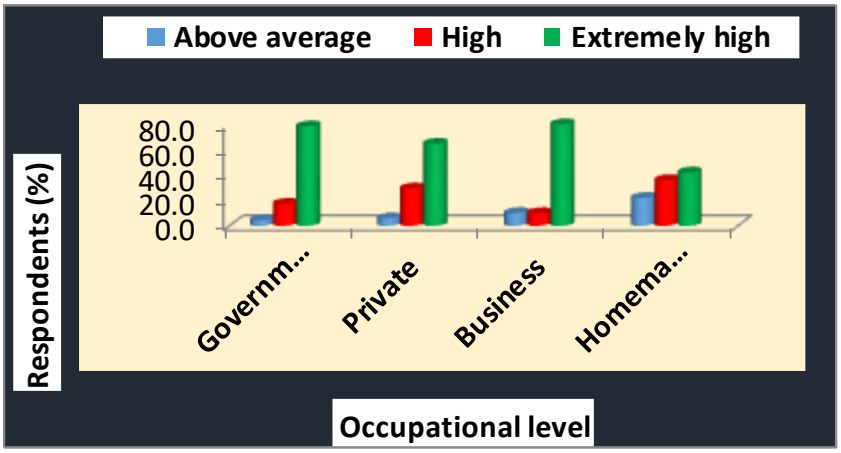

Figure. 3: Association between Occupational level and Well-being level of Respondents

TABLE – 4: Association between Number of Children and Well-being level of Respondents

Number of Children	Sample	Well-being level of Respondents					
		Above Average		High		Extremely High	
		N	%	N	%	N	%
No	17	4	23.5	4	23.5	9	52.9
One	25	1	4.0	3	12.0	21	84.0
Two+	58	9	15.5	21	36.2	28	48.3
Total	**100**	**14**	**14.0**	**28**	**28.0**	**58**	**58.0**
χ^2 Test		**10.72***					

*Significant at 5% level, χ^2 (0.05,4df) = 9.488

Table 4 and Figure 4 refers to the association between number of children and wellbeing level of respondents Majority of young adults have two+ children among which 48.3% have extremely high level of wellbeing, 36.2% have high average level of wellbeing and 15.5% have above average level of wellbeing. Few respondents have one child in which 84.0% have extremely high level of wellbeing, 12.0% have high average wellbeing and 4.0% have above average level of wellbeing. Least respondents have no children in which 52.9% have extremely high level of wellbeing, 23.5 % have high average level of wellbeing and 23.5% have above average level of wellbeing. The statistical test applied is significant at 5 % (x^2 = 10.72*). Hence it could be the reason that motivation and learn from their experience made them to have better level of wellbeing. Thus outlines the association between number of children and wellbeing level of the young adults. Thus the stated null hypothesis is rejected in the above data.

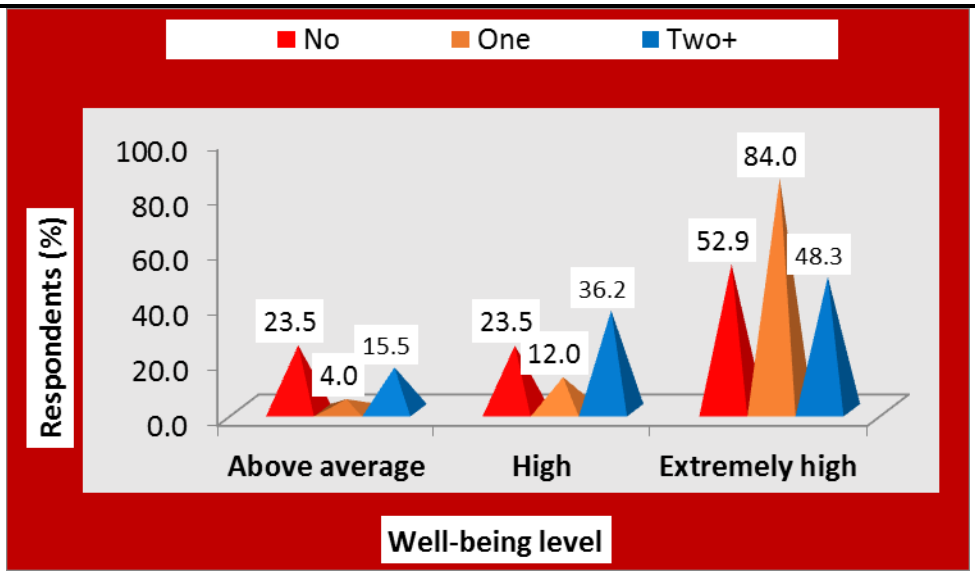

Figure. 4: Association between Number of Children and Well-being level of Respondents

TABLE – 5: Association between Education of Husband and Well-being level of Respondents

Education of Husband	Sample	Well-being level of Respondents					
		Above Average		High		Extremely High	
		N	%	N	%	N	%
Upto PUC	5	2	40.0	2	40.0	1	20.0
UG/Diploma	61	9	14.8	21	34.4	31	50.8
PG	34	3	8.8	5	14.7	26	76.5
Total	**100**	**14**	**14.0**	**28**	**28.0**	**58**	**58.0**
χ^2 Test		**10.18***					

*Significant at 5% level, χ^2 (0.05,4df) = 9.488

Table 5 present the association between Education of husband and wellbeing levels among young adults of working and non-working women. The above data suggest the educational qualification of respondents' husband. It is seen that majority of respondents were qualified up to UG/Diploma among these husband young adults 50.8 percent possess extremely high level of wellbeing (Fig-5), 34.4 percent have high average level of wellbeing and 14.8 percent have above average level of wellbeing. Few respondents husband were qualified till Post graduate 76.5 percent have extremely high level of wellbeing, 14.7 percent have high average level of wellbeing, and 8.8 percent have above average level of wellbeing. The least were qualified up to PUC where 20 percent posses' extremely high levels of wellbeing, similar percentage (40.0%) have high average level of wellbeing and above average level of wellbeing. The statistical analysis was not found to be significant at 5 % level (x^2 =10.18). This reveals that qualification of the husband was not associated with wellbeing of respondents'. Hence the stated null hypothesis was accepted

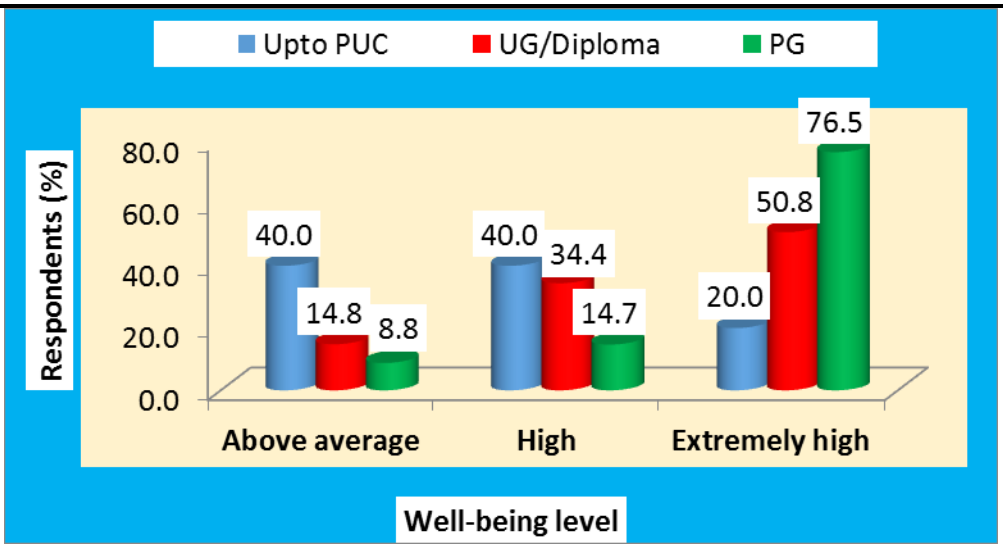

Figure. 5: Association between Education of Husband and Well-being level of Respondents

CONCLUSION

Study concludes that Age, education and Occupation of the respondents was found to be significant with wellbeing level. It was also noticed that the Education of the husband and no of children all contribute to the well-being level of the respondents. It shows that Age, Education, Occupation and No of Children were found to be associated factors which all have effect on wellbeing among selected respondents in the selected study.

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