Original Article

Multiple Roles and Women's Quality Of Life: In Iran (Zabol)

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Objective: The aim of this paper is to investigate whether the combination of paid employment promotes or challenges the quality of life of married employed and unemployed women in Iran.
Method: The samples consisted of 250 married employed women (175 professionals and 75 non-professionals) and 250 married unemployed. Stratified convenience sampling technique was used for the selection of the sample. One demographic sheet and the Persian version of World Health Organization -Quality of Life (IRQOL) were chosen for collection of data. SPSS was used for analyzing data.
Results: professional employed and unemployed women differed significantly on quality of life, physical health, and psychological health. Professional employed and unemployed women did not differ significantly on two of the subscales of quality of life, social relationship and environment. Professional employed women were found to be significantly higher on quality of life, physical health, psychological health, social relationship, and environment than non-professional women. Non-professional employed women were found to be significantly lower on quality of life, social relationship, and environment than unemployed women. Non- professional employed women did not differ significantly on physical health and psychological health than unemployed women.
Conclusions: The present study clearly evinces that employment status per se is not important. In other words, employment for women does not always ensure good quality of life. Status and level of works is important factor for creation the positive consequences of work in women..

Key Words:
Iran, Quality of Life, Role, Social psychology, Women

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According to the Quality of Life Research Unit (2004), the quality of life is related to communities, families, and individual from a variety of population groups. The study of quality of life is an examination of factors that contribute to the goodness and well being of life, as well as people's happiness. It also explores the inter-relationships among these factors. The ideological thrust of quality of life study is to promote means for the people, within their environments, to live in the way that is best for them.

As the cost of living increased women's contribution in the family became important. It made the governments to realize the fact that without sharing of job market by the women and introducing promotional programs, the quality of life will not improve. Large numbers of women are taking up jobs and are managing both marriage and career. Women are taking up non-traditional roles and developing new outlook of life. These days, women have become more conscious of their own identity and status. Modern women know their self-worth and they wish to develop self-reliance and self-esteem by taking up jobs in various spheres.

Ever since women entered the job market, the focus has been on women going in for professional and non-professional careers. Women professionals seem to have personality characteristics that are helpful in deviating from traditional sex-role expectations. For example, compared with women in the general population, women authors, artists, and psychologists are more aggressive, adventuresome, imaginative, unconventional and self-sufficient, as well as more intelligent (1)

According to Donelson and Gullahorn there are some personality characteristics on which women professionals differ from the general population of women and male colleagues. In one study of 400 authors and artists, the women generally showed aloofness, were emotional, and less self-confident than the men on a self-report personality inventory (2).

Rashidi found that professional working women who were teaching in schools and universities revealed lesser level of depression, had higher level of education and income than non-professional working women those who worked in offices. She found significant

relationship between the kind of career and depression (3).

It is evident that the results of the researches are far from unequivocal and require further probe. Moreover, there is paucity of studies comparing professional and non-professional employed women on the variables under study. Contradictory studies in the field of quality of life among working and non-working married women motivated the researcher to compare employed (professional and non-professional) and unemployed women in Zabol (the ancient city in South-East of Iran) on quality of life.

Materials and Method

A stratified convenience sampling technique was used for the selection of the sample. The sample consisted of 250 married employed women (175 professional and 75 non-professional employed women) and 250 married unemployed women (divorcees, widows or women living apart from the husbands were not included in the study) in the age range of 24-41 years belonging to lower, middle, and upper socioeconomic status groups, with educational qualification of 10±2 and above and having at least one school going child. Sample of 250 married employed women with the above mentioned demographic characteristics were drawn from various organizations in Zabol. In the sample of employed women, 175 professional women i.e., doctors, teachers, lawyers, obstetricians, and 75 non-professional employed women i.e., officers, clerks working in the banks, offices, and secretaries employed in different organizations were selected. Sample of 250 unemployed married women were drawn for this study. Following were the inclusion criteria for selection of the sample: i) Those who had never taken up a job before or after marriage. ii) Those who did not plan to take up a job in the near future. iii) Those who were not engaged in any kind of part-time or full-time independent business or helping in the family business.

The investigator proposed the following hypotheses to be tested. 1) It was expected that professional employed women will be significantly higher than unemployed married women on quality of life. (1.a) physical health, (1.b) psychological health, (1.c) social relationship, and (1.d) environment. 2) It was expected that professional employed women will be significantly higher than non-professional employed women on quality of life, (2.a) physical health, (2.b) psychological health, (2.c) social relationship, and (2.d) environment. 3) It was expected that non-professional employed women will be significantly higher than unemployed married women on quality of life. (3.a) physical health, (3.b) psychological health, (3.c) social relationship, and (3.d) environment.

ANOVA was applied to test for differences among employed women (professional, non-professional) and unemployed women on quality of life and its four dimensions. Post hoc t values were computed for the variables which yielded significant F values. T- ratios were computed to see the significant of differences between means for unemployed and employed women on quality of life and its four dimensions. Percentages were computed for the professional, non-professional and unemployed women classified on the basis of income and education.

Administration of test

The respondents were contacted personally for getting questionnaires filled. The investigator built rapport with each subject and ensured them about the confidentiality of their responses. Each subject was given instruction as per respective manuals.

Description of the tool

The Iranian version of World Health Organization - Quality of Life (IRQOL) was chosen to measuring quality of life. The original questionnaire (WHOQOL-BREF) has been developed by world health organization group in order to provide a short form quality of life assessment that looks at domain level profiles. It is an abbreviated 26 items assessment and contains 2 items from the overall QOL and general health, and one item from each of the 24 facets included in WHO QOL-100 for providing broad and comprehensive assessment. Each item is rated on a five point scale. The questionnaire assesses quality of life in 4 domains, namely, physical health, psychological, social relationship, and environment. WHOQOL-BREF domains are as follows:

Physical health consists of 7 domains, 2) Psychological health consists of 6 domains, 3) Social Relationship consists of 3 domains 4) Environment consists of 8 domains. Where more than 20% data are missing from an assessment, the assessment is discarded. Where up to two items are missing from the domain, the mean of other items in the domains is substituted. Where more than two items are missing from the domains, the domain score is not calculated (with the exception of domain 3, where data is calculated only if < 1 item is missing). The scale enjoys good discriminate validity, sound content validity and good test-retest reliability. Despite the heterogeneity of facets included within domains, all domains display excellent internal consistency. Cronbach alpha values for each of the four domain scores ranged from 66 (for domain 3) to 84 (for domain 1). Domain scores were scaled in positive direction (higher scores denoted higher quality of life). The scoring was reversed in case of negatively phrased items. Mean score of items within each domain was used to calculate the domain score. Mean score was then multiplied by 4 in order to make domain scores comparable with the scores used in WHOQOL-100 and subsequently transformed to a 0-100 scale, using the following formula: Transformed score=(score–4) ×(100/16).

Nedjat et al., found Cronbach alpha values for all of domains more than 0.7, but in the domain of social relationship, it was 0.55. It could be because of fewer questions in this important domain(4). Nasiri obtained internal consistency coefficient 84% for total quality

Table 1: Summary of ANOVA for work status on Quality of Life, and its dimensions separately (physical health, psychological health, social relationship, and environment)

Variable	df	Between some of square	Within some of square	Between Mean some of square	Within Mean some of square	F	P
Physical Health	2/497	2095.895	155847.242	1047.948	313.576	3.342	<.05
Psychological health	2/497	1747.746	195872.358	873.873	394.109	2.217	N.S†
Social relationship	2/497	3169.286	219741.270	1584.643	442.135	3.584	<.05
Environment	2/497	2084.099	143487.679	1042.049	288.708	3.609	<.05
Total QOL	2/497	1620.813	122151.595	810.407	245.778	3.297	<.05

† NS= Non significant

of life. According to Taghavee, concurrent validity of this questionnaire is documented with General Health Questionnaire (GHQ) where negative coefficient correlation with scores of GHQ (5). The IRQOL questionnaire can be safely considered as valid for the purpose of data collection among adolescents. It can be used for clinical evaluation and psychological research (4, 5).

Results

The present study was conducted to find out the differences amongst employed women (professionals/non-professionals) and unemployed women on quality of life and its four dimensions. The results are shown in Tables 1 and 2 and Figure1. For the variables which yielded significant F values, t values were computed (Table2). To see the significance of difference between means for unemployed and employed (professional and non-professional) women on quality of life and its four dimensions separately, t-ratios were computed. Table 1 shows that the obtained F-values for work status are significant for employed women (professional/ non-professional) and unemployed women on total quality of life (F=3.297, df=2.497,p<0.05), and three of its dimensions, physical health (F=3.342, df=2.497, p<0.05), social relationship (F=3.584, df=2.497, p<0.05), and environment (F=3.609, df=2.497, p<0.05). F value for the three groups of women on psychological health were not significant.

Table 2 shows that significant t-ratios were obtained for quality of life (t=1.332, P<0.10), physical health (t=2.172, P<0.05), psychological health (t=1.757, P<0.05) between professional employed and unemployed women. Professional employed women are higher on quality of life (M=66.042) than unemployed women (M=63.942), higher on physical health (M=66.102) than unemployed women (M=62.214), higher on psychological health (M=64.381) than unemployed women (M=60.883). Table (2) shows that significant t-ratios were obtained for quality of life (t=2.646, P<0.01), physical health (t=2.313, P<0.05), psychological health (t=1.881, P<.05), social relationship(t=2.675, P<0.01),and women are higher on quality of life (M=66.042) than environment (t=2.375, P<0.01) between professional and non-professional women. Professional employed non-professional women (M=60.528), higher on physical health (M=66.102) than non-professional women (M=60.904), higher on psychological health (M=64.381) than non-professional women (M=59.555), higher on social relationship (M=74.714) than non-professional women (M=67.000), and higher on environment (M=63.982) than non-professional women (M=58.500). Table (2) shows that significant t-ratios were obtained for quality of life (t=1.651, p<0.05), social relationship (t=2.181, P<0.05), and environment (t=2.641, P<0.01) between non-professional employed and unemployed women. A look at the table of means (Table 2) shows that unemployed women are higher on quality of life (M=63.942) than non-professional women (M=60.528), higher on social relationship (M=73.000) than non-professional women (M=67.000), and higher on environment (M=64.350) than non-professional women (M=58.500).

Classification on the bases of Income and Educational Level: Professional, non-professional and unemployed women were classified into three income and four educational levels and the number and percentages are presented in Tables 3 and 4 and diagrams and Figures 2 and 3.

A glance at Table 3 reveals that 52% of the professional employed women belong to higher, 36.572% belong to middle, and only 11.428% belong to lower income group, 49.334% of the non-professional employed women belong to lower, 40% belong to middle, and only 10.666% belong to higher income group, and 50.4% of the unemployed women belong to lower, 31.2% belong to middle, and only 18.4% belonging to higher income group.

Table 4 reveals that 16% of the professional employed women have educated up to 10±2 education, 40.57% have academic diploma ,, 33.15% are graduates, and 10.28% are Post graduates, 73.333% of the non-professional employed women have education up to 10+2, 12% have academic diploma, 14.670% are graduates , and 86% of the unemployed women have education up to 10+2, 11.2% have Academic Diploma, 2% are graduates, and 0.8% are post graduates.

Table *2*: Means, SD, and t-ratios for Quality of Life and its dimensions (physical Health, psychological health, social relationship, and environment) for Employed (Professional/Non-professional) and Unemployed women

	Means			SDs			t-ratios		
Variable	**UN N=250**	**Pw N=175**	**NP N=75**	**UN**	**Pw**	**NP**	**UN-P**	**P-NP**	**UN-NP**
Quality Of Life	63.942	66.042	60.528	16.236	15.630	13.756	* 1.332	*** 2.646	** 1.651
Physical Health	62.214	66.102	60.904	19.021	16.859	14.840	** 2.172	** 2.313	N.S
Psychological health	60.883	64.381	59.555	21.037	18.934	17.740	** 1.757	** 1.881	N.S
Social Relationship	73.000	74.714	67.000	21.161	21.272	19.968	N.S	*** 2.675	** 2.181
Environment	64.350	63.982	58.500	17.280	17.301	15.175	N.S	*** 2.379	*** 2.641

* = P<0.10 **= P<0.05 ***= P<0.01
Pw= Professional women
NP= Non- professional women
UN= Unemployed women

Table 3: Number and percentages of professional, non-professional employed and unemployed women at three levels of income

Level of income	Work status					
	professional women		non-professional women		unemployed women	
	Number	Percentage	Number	Percentage	Number	Percentage
1	20	11.428	37	49.334	126	50.400
2	64	36.572	30	40.000	78	31.200
3	91	52.000	8	10.666	46	18.400

Level (1) = Rls 1000000 - 3000000
Level (2) = Rls 3100000 - 4000000
Level (3) > Rls 4000000

Table 4: Number and percentages of professional, non-professional employed and unemployed women at four levels of education

Level of education	Work status					
	professional women		non-professional women		unemployed women	
	Number	Percentage	Number	Percentage	Number	Percentage
1	28	16.000	55	73.333	215	86.000
2	71	40.570	9	12.000	28	11.200
3	58	33.150	11	14.670	5	02.000
4	18	10.280	0	00.000	2	00.800

Level (1) = 10+2 Level (2) = Academic Diploma
Level (3) = Graduation
Level (4) = Post Graduation

Discussion

Table 2 shows that professional employed and unemployed women differed significantly on quality of life, physical health, and psychological health. Results of the present study support the hypotheses 1, 1.a, and 1.b. Since the t-ratios were significant at P<.10 level, the results are suggestive of the trends but not conclusive.

The present findings are in consonance with the findings of other investigators who have reported that employed women in contrast to women who were not employed have feeling of independence (6), have better health (7), have better marital adjustment (8), and have higher happiness with marriage (6). Number of studies indicates that multiple roles confer benefits to women's physical and mental health (9). The unemployed had a lower quality of life score than the general population (10). Schoon et al., found those who are employed are generally more satisfied with their lives than those who are not (11).

Contrary to the present findings there are some investigators who reported multiple roles of working women lead them to conflict and reduce quality of life(12). Honjo et al., concluded that a potential benefit of multiple social roles was suggested for stroke risk reduction among highly educated working women(13).

Moore et al., have failed to find significant differences on marital adjustment amongst working and non-working women(14). Tabatabaei revealed that employment status did not have a significant effect on the self-esteem and mental health of the sampled group (15).

The reason for professional employed women being higher on quality of life and two of its dimensions (Physical health and Psychological health) than unemployed women is that professional employed women have personality characteristics that are helpful in playing their roles(1). Moreover, higher status and recognition is accorded to professional employed women in the society which explains their being higher

on quality of life. They have higher hardiness (16), higher worthiness, less discrimination at work place, lesser role conflict, more adequate help for household chores, more positive attitude of family and spouse towards her jobs (17).

Professional employed women did not differ significantly on two of the subscales of quality of life (social relationship and environment). Thus, the findings of the present study did not support hypotheses 1.c and 1.d. And this explains relatively less strong

significance of differences ($P<0.10$) between professional employed women and unemployed women.

Lack of significant differences on social relationship can be explained as follows. Professional employed women do have opportunities for personal relationships and social support within their work group and contact outside professions. But because of their commitment to work and dual role they have time constraint for social interaction. On the other hand, unemployed women try to overcome drudgery and monotony of household work by investing in human relations and friendships and also gain support.

Comparison of means (Table 2) showed that professional employed women were found to be significantly higher on quality of life, physical health, psychological health, social relationship, and environment than non-professional women. Results are in line with the hypotheses 2, 2.a, 2.b, 2.c, and 2.d.

The present findings are in consonance with the findings of Sekaran who found non-professionals have, as expected significantly lower level of job satisfaction, life satisfaction and mental health, the three quality of life variables (11). Professional employed women have greater satisfactions with both housework and paid work professional than non-professional women (18). They have better social level and higher self-esteem than non-professional employed women. Professional employed women need more social support (19). If women have unskilled employment, it is clear that their working conditions will deteriorate, the insecurity of their jobs will increase, and their standard of living will remain low (20). Schoon et al., found men and women pursuing a professional career are more satisfied with their lives than men and women in unskilled jobs. Role overload, job satisfaction, leisure satisfaction, and psychological health were measured for 155 women who were employed full time. Role overload was negatively correlated with psychological health, job satisfaction, and leisure satisfaction (21).

There are studies revealing contrary results. Sinha also has reported that officers are more alienated than clerks whereas subordinate staff seems to be least alienated(22). Unlike in the West, where women's paid work is generally associated with better health, statistically significant differences between working and non-working women were not found in Tehran (23).

There is evidence that occupational classification has a positive correlation with health status (24). Chaudhry (17) reported that large number of professional employed women belonged to higher income groups, worked fully by choice, and had more adequate help for household chores and child care, less discrimination at work place, more positive attitude of spouse and family. All these are moderating factors in determining role strain and quality of life. Non-professional employed women were found to be higher on role conflict and role overload. Both role overload and role conflict are associated with poorer physical health and psychological health.

Another explanation for professional employed women being higher on quality of life and four its dimensions as compared to non-professional employed women is that most of the professional employed women in the present study belonged to traditional professions. There is evidence that women in non-traditional professions have more marital discord and less peer support (25) and also more discrimination.

Comparisons of means (Table 2) showed that non-professional employed women were found to be significantly lower on quality of life, social relationship and environment than unemployed women. Results are not in line with the hypotheses 3, 3.c, and 3.d.

An important variable that may affect marital and personal adjustment in dual-worker families is sex-role attitudes. Most of the non-professional employed women have traditional sex-role attitudes to their work and life. There are at least two reasons that traditional sex-role attitudes may be associated with lowered marital satisfaction among dual-worker couples. First, according to Yogev (26), congruence between individuals' attitudes and their actual behavior should be associated with greater marital satisfaction. For men and women with traditional sex-role attitudes, the dual-worker situation may represent a greater conflict with their own values and beliefs.

Alternatively, individuals with profeminist beliefs and values should find the dual-worker situation more congruent with their beliefs and therefore show more positive mood and greater marital satisfaction. Secondly, it has been suggested that sex-role attitudes affect marital adjustment by influencing the division of labor in the household. Perucci et al., found that the division of labor in dual-worker families most often depended on the sex-role ideologies of the individuals involved (27). Both these reasons confirm that traditional sex-role attitudes would be associated with lower marital satisfaction and more negative mood, thus affecting quality of life adversely.

Non- professional employed women did not differ significantly on physical health and psychological health than unemployed women. Thus the results do not substantiate the hypotheses 3.a, 3.b.

This is similar to the findings by Macran et al., who found certain groups of women may be particularly vulnerable to the experience of ill-health, such as those

in unskilled occupations, the unemployed, lone mothers and/or those residing in low-income housing (24). The reason for higher quality of life among unemployed women than non-professional employed women is because of the fact that non-professional women sometimes have to work for more hours with less income and amenities. Healthy women are more likely to become employed (28). But when job role quality declined, levels of psychological stress increased. Paid employment is associated with good physical health for middle class women but not for working class women (29).

The profile (Fig.1) of the three shows clearly the marked differences between professional and non-professional employed and between professional employed and unemployed women on quality of life. Surprisingly enough contrary to the expectations, unemployed women are higher on quality of life and two of its dimensions i.e., social relationship and environment.

There is ample evidence that income and educational level play a significant role, particularly for the variable of quality of life. Tables 3, 4 and Figures 2, 3 reflecting the percentages of subject at different educational and income levels throw high on the obtained results.

The obtained percentages showed that 88% of professional employed women belonged to higher and middle income groups, 89% of non-professional employed women belonged to middle and lower income groups, and 81% of unemployed women belonged to middle and lower income groups. The obtained percentages regarding educational level showed that 73% of the professional employed women belonged to academic diploma level and graduation level, 73% of the non-professional employed women belonged to 10±2 level, and only 26.67% had academic diploma level, or graduation, and 86% of the unemployed women had educated up to 10±2, and only 14.2% had academic diploma, and graduation.

To sum up it is clear that majority of the professional women in the sample belonged to higher income and educational level as compared non-professional employed and unemployed women. Majority of both the non-professional employed and unemployed women belonged to lower income and educational level. This explains lack of significant difference between non-professional employed and unemployed women. Because income and education are important factors for socio-economic status (SES) and many of researchers have found strong association between (SES) and a variety of health outcomes (30). There are positive associations between incomes with health (31). Income was related to job satisfaction, and household income was related to psychological health (21).

A statistically significant association was also observed when working and non-working women were compared for their educational status. It was observed that majority of non-working women 84.6% who reported significant of anxiety were having less than 10 years of education (32).

There are other studies that obtained contradictory results. Working women having a university diploma were found to be risk factors for experiencing more hassles(33). Artazcoz et al., (7) suggested that female workers had a better health status than housewives, although this pattern was more consistent for women of low educational level.

However, there are other studies that found income has no significant effect on health. Chaudhry found non-professional women belonging to middle and higher income groups did not differ significantly on marital adjustment. She also found no significant difference among non-working women belonging to middle and higher income group on life stress (17).

It can be assumed that women belonging to higher income and education group are more satisfied, less conflict-ridden and happier because of their higher standard of living, comfort, status and ample chance of need fulfillment leading in turn to better quality of life. Income can fulfill various physical, recreational and other related needs.

Conclusion

To sum up, in view of the present findings employed women are not favorably placed vis-a-vis unemployed, it has important implications for the families, organizations and society in general. The strategies have to be multi-pronged and problems have to be tackled at the levels of family, organizations and personality of the women. Women's perceptions toward and subjective experiences of their roles are more important than the number of roles in predicting their overall psychological health and well-being (21). National health surveys need to collect more data on the characteristics of women's work environment and their care giving responsibilities.

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