iJRASET
International Journal For Research in Applied Science and Engineering Technology

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 13 **Issue:** VIII **Month of publication:** August 2025

DOI: https://doi.org/10.22214/ijraset.2025.73532

www.ijraset.com

Call: 08813907089 | E-mail ID: ijraset@gmail.com

International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538
Volume 13 Issue VIII Aug 2025- Available at www.ijraset.com

A Comparative Study on Overall Wellbeing among Working and Non-Working Women

Safura Mahjabeen[1], Mariyam Fatima[1], Sadath Fatima[2]
[1]*Student, Department of Nutrition and Dietetics, St. Joseph's Degree & PG College for Women, Hyderabad, India*
[1]*Student, Department of Nutrition and Dietetics, St. Joseph's Degree & PG College for Women, Hyderabad, India*
[2]*Lecturer, Department of Nutrition and Dietetics, St. Joseph's Degree & PG College for Women, Hyderabad, India*

Abstract: ***This study examines the overall well-being of working and non-working women aged 25–45 years in Hyderabad, Telangana by assessing various socio-demographic, lifestyle, and health-related factors. A comparative cross-sectional design was employed, and data were collected from 102 purposively selected participants—51 working and 51 non-working women. The objective was to evaluate key aspects influencing women's health and lifestyle, including dietary intake (energy, protein, iron), Body Mass Index (BMI), physical activity levels, psychological stress, sleep quality, and quality of life.***
Data collection tools included anthropometric measurements, a 24-hour dietary recall, a Food Frequency Questionnaire (FFQ), the Perceived Stress Scale (PSS), Pittsburgh Sleep Quality Index (PSQI), and WHOQOL-BREF. Descriptive statistics and Chi-square tests were applied, using a significance level of $p < 0.05$.
Results indicated no statistically significant association between employment status and variables like BMI, physical activity, sleep quality, or protein and iron intake. However, significant associations were found between employment status and energy intake ($p < 0.05$), overall nutrient adequacy ($p < 0.05$), and stress levels ($p < 0.05$). Working women showed higher stress but tended to have greater quality of life. Non-working women, while more nutritionally adequate in terms of energy intake, experienced higher levels of stress and lower perceived quality of life.
The findings highlight the interconnected role of employment and lifestyle factors in shaping women's health and wellness. The study underscores the need for targeted interventions to support both working and non-working women in achieving optimal well-being.
Keywords: Women's health, Employment status, Nutritional intake, Stress, Quality of life

I. INTRODUCTION

A. Understanding Women's Well-being

Women's well-being is a multifaceted concept that includes physical, psychological, emotional, and social dimensions of health. As defined by the World Health Organization (2023), well-being refers to a condition where an individual is aware of their capabilities, can handle routine life pressures, perform work efficiently, and participate meaningfully in community life. For women, achieving this state of well-being depends on numerous social determinants such as education, employment status, nutritional access, healthcare availability, and lifestyle patterns.

Unlike traditional health definitions that focus narrowly on disease absence, well-being reflects a more comprehensive understanding of personal and societal development. In the case of women, it is shaped by the influence of societal norms, cultural traditions, family dynamics, and economic conditions. Access to equitable opportunities, autonomy in personal and professional decision-making, and strong support networks at home and in society are crucial components of women's overall wellness.

In many developing and transitional societies, women continue to encounter obstacles that hinder their well-being. These include limited access to quality education, gender-based violence, restricted reproductive rights, and financial dependency. Such issues are compounded by structural inequalities that vary across regions and communities. Therefore, to truly assess and support women's well-being, it is essential to adopt an intersectional perspective that acknowledges these layered challenges and diverse lived experiences (World Health Organization,2023).

B. Global Female Literacy Rates

Literacy is one of the most fundamental indicators of women's empowerment and overall development. According to UNESCO (2022), the global female literacy rate stands at 83%, while male literacy is at 90%, indicating a persistent gender gap. In India, the female literacy rate is 70.3% compared to 84.7% for males (NFHS-5, 2021).

Literacy impacts a woman's awareness of health practices, decision-making capacity, and access to resources for well-being.In addition to basic reading and writing skills, literacy in the modern context also involves health literacy, financial literacy and digital literacy. Low female literacy limits access to important health information such as maternal care, contraception and disease prevention. In rural India, cultural norms and early marriage further impede female education. According to UNESCO (2022),women with secondary or higher education are more likely to participate in the labor force and report better health outcomes. Promoting literacy, therefore, is not only a tool for individual empowerment but also a public health strategy and an economic imperative.

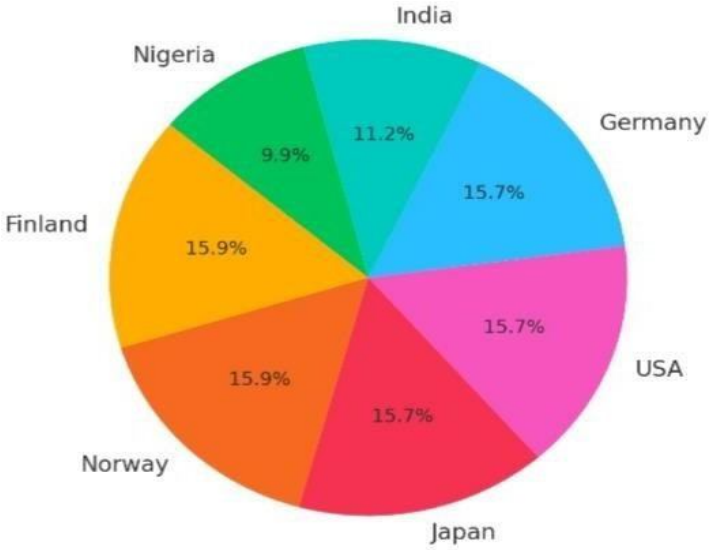


Figure 1: Global Female Literacy Rates by Country.

Female literacy is widely recognized as a critical measure of gender equity, women's empowerment, and broader social and economic development. While there has been significant global progress s in improving literacy levels among women, notable regional disparities persist. As reported by UNESCO (2022), high-income nations such as Finland, Norway, and Japan have successfully achieved near-universal literacy among women. These outcomes are largely the result of inclusive education policies, equitable access to schooling, and sustained investments in gender-responsive educational reforms.

In contrast, several low- and middle-income countries continue to experience lower female literacy rates due to intersecting challenges. Nations like Nigeria and India, for example, face obstacles such as poverty, cultural norms favouring early marriage, and inadequate educational infrastructure. These barriers limit girls' access to consistent and quality education, thereby affecting long-term literacy outcomes.

Figure 1 illustrates a comparison of female literacy rates across selected countries, based on data from UNESCO. The disparities depicted emphasize the need for targeted interventions in regions where girls and women remain educationally marginalized.

C. Women's Literacy in India

Despite significant strides in educational development, female literacy in India continues to face considerable challenges. As of 2022, the literacy rate among women is approximately 70.3%, which remains notably lower than the male literacy rate of 84.7%. This gap underscores ongoing gender-based disparities in access to education. Several factors contribute to this inequality, including cultural norms, economic limitations, and regional disparities—especially in rural and socioeconomically disadvantaged areas.States such as Kerala have made remarkable progress, demonstrating near-equal literacy rates between men and women, thanks to long-standing investments in education and social welfare. In contrast, states like Rajasthan and Andhra Pradesh continue to report lower levels of female literacy, often due to entrenched patriarchal values, child marriage, and inadequate school infrastructure. It is important to recognize that women's literacy is not merely an educational statistic; it is closely interconnected with broader development outcomes such as maternal health, family well-being, fertility choices, and participation in the workforce. Closing the literacy gap is thus critical for promoting inclusive national growth and empowering women at every level of society (Khritish Swargiary, Kavita Roy,2022).

1) Female Literacy in India by State

Figure 2: Top Indian States by Female Literacy Rate

India's female literacy rate stands at around 70.3%, a notable improvement over past decades (UNESCO, 2022). However, the progress is not uniform across states. Kerala ranks highest in female literacy due to its robust public education system and gender-sensitive policies, while states with larger rural and tribal populations tend to lag. This variation reflects regional differences in cultural norms, educational access, and public investment in education.

2) Gender Gap in Literacy: Historical and Regional Trends

Although India has made considerable progress in promoting education through constitutional provisions and numerous policy initiatives since gaining independence, female literacy continues to trail behind that of males. According to the 2011 Census, the literacy rate among men was approximately 82%, whereas women recorded a significantly lower rate of around 65%. This indicates a gender literacy gap of nearly 16 percentage points. While data shows that female literacy has grown at a faster pace in recent decades, it still falls short of matching the overall progress seen in male literacy.

These disparities are particularly pronounced in rural and tribal communities, where access to quality education is often hindered by socio-economic, cultural, and infrastructural challenges. The divide is not only regional but also deeply rooted in systemic barriers that limit educational access for girls and women. Bridging this gap is essential, as female literacy has far-reaching effects—not just on individual empowerment, but also on community health, economic productivity, and the educational outcomes of future generations. Addressing the male–female literacy divide is therefore a fundamental step toward achieving inclusive and equitable development across the nation (Swati Pathak , Dr. Arti Gupta , 2013).

D. Employment Rate among Working Women in India

Women's involvement in the labor market serves as a key indicator of their financial independence and role within society. According to the Periodic Labour Force Survey (PLFS, 2023), the female labor force participation rate in India stands at approximately 37%. However, this figure is not uniform across the country and fluctuates based on various factors, including educational attainment, the availability of job opportunities, prevailing cultural norms, and access to childcare services.Some states—such as Mizoram, Sikkim, and Himachal Pradesh— exhibit comparatively higher female participation in the workforce. This can be attributed to a combination of supportive community attitudes, enhanced educational access for women, and government initiatives that promote women's employment. These regions illustrate how socio- cultural context and targeted policy interventions can positively influence women's engagement in economic activities. report higher participation due to favourable socio-cultural conditions and policy support. The chart below displays the female work participation rate across leading Indian states.

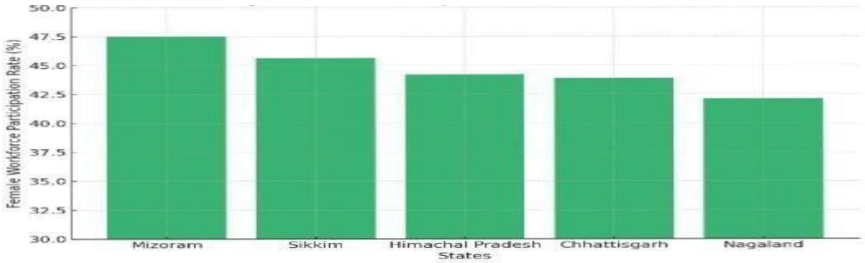


Figure 3: Working Women Rate in Selected Indian States

1) Rate of Non-Working Women in India

A large proportion of Indian women remain outside the formal workforce, often due to household responsibilities, lack of job opportunities, or cultural expectations. Although not engaged in paid labor, non-working women contribute extensively through unpaid domestic and caregiving work. According to UNESCO and WHO, recognizing this invisible labor is crucial for achieving true gender equity. Understanding the socio-economic challenges these women face is important to improve their access to education, health, and financial independence.

2) Employment Status and Labor Force Participation

Employment status is a critical determinant of women's well- being. As per the PLFS(2023), only 37 % of Indian women share in the labor force, compared to 76% of men. Working women profit from financial autonomy and social status but may also face occupational stress. Non- working women constantly deal with social sequestration and profitable reliance, impacting their internal and emotional well- being(Bhattacharya et al., 2021). The gap in labor force participation between men and women is a critical issue in India. Cultural morals, family arrears, and lack of childcare installations discourage multitudinous educated women from entering or remaining in the pool. The informal sector, which employs a significant number of women, offers little job security, benefits, or health protections. Studies indicate that employed women tend to witness better internal health and social support, though factory discrimination, unstable pay, and importunity can reduce these benefits. - working women, particularly housekeepers, frequently suffer from undervaluation of their labor and lack of recognition in profitable criteria.

E. Common Health Complaints among Women

Women's health concerns are shaped by a range of factors, including economic background, lifestyle, and employment status. According to the World Health Organization (2021), frequently reported health issues among women include chronic fatigue, anemia, musculoskeletal pain, and various mental health disorders. These conditions often differ between working and non-working women due to variations in physical activity, access to healthcare, and stress levels (World Health Organization ,2021).Employed women, especially those juggling work with household duties, may experience physical and emotional exhaustion, often resulting in sleep disturbances, poor nutritional habits, and burnout. Mental strain linked to workplace demands and lack of rest can increase vulnerability to anxiety and depression. Meanwhile, women not engaged in formal employment frequently face health problems related to sedentary behavior, such as obesity, hypertension, and type 2 diabetes. Additionally, non-working women who manage household chores without proper support or ergonomic tools are at risk of developing back and joint pain. Reproductive health issues are also common among women from lower-income backgrounds, where the burden of dual responsibilities—both domestic and economic—can exacerbate hormonal imbalances, menstrual irregularities, and complications during pregnancy. Unfortunately, mental health challenges are often overlooked or dismissed due to social stigma, resulting in many women suffering in silence without professional support (Patel et al., 2020).

F. Nutritional status and Deficiencies

Nutrition plays a vital role in the overall health and productivity of women, influencing physical strength, mental clarity, and resistance to disease. The nutritional status of women is not only a reflection of individual dietary habits but also of broader social determinants such as income, education, workload, and time availability. Working and non-working women often face different nutritional challenges based on their daily routines and access to food. Employed women, particularly those in demanding jobs, frequently experience irregular meal patterns, meal skipping, and over-reliance on processed foods due to time constraints (Kaur & Kochar, 2021). These habits can lead to deficiencies in essential nutrients and increase the risk of metabolic disorders. On the other hand, non-working women—especially in low-income households—may struggle with undernutrition or anemia due to limited access to quality food and intra-household food inequality (Kavitha et al., 2020). Both groups are vulnerable, though in different ways, highlighting the importance of targeted nutritional interventions that address their specific needs and constraints Nutritional imbalances are common in both groups. WHO (2021) reports that over 53% of Indian women are anaemic. Non-working women may have limited access to nutritious food, while working women may skip meals due to busy schedule (Kaur et al., 2021). Women's nutrition is influenced by household food allocation, education, and income. In patriarchal settings, women may eat last and least in the family, leading to chronic malnutrition. The high prevalence of anemia among Indian women has long-term implications for maternal health and workforce productivity. Working women may rely heavily on processed foods or skip meals due to time constraints, increasing their risk for cardiovascular disease and metabolic disorders. Nutritional interventions must therefore be context-sensitive, accounting for socio- cultural practices and occupational demands.

G. Physical Activity and Sedentary Behavior

Physical activity is essential for health, yet many women remain inactive. WHO (2020) recommends 150 minutes of exercise per week. Non-working women often lead sedentary lives, while working women may lack time to exercise (Shrivastava et al., 2020).

The transition to sedentary lifestyles has contributed to rising rates of obesity and non- communicable diseases among women. Non-working women often lack structured opportunities for physical activity and may not prioritize exercise. Community-based programs such as walking groups or yoga sessions can help promote movement in this group. Conversely, working women, especially those in desk jobs, experience prolonged sitting, which contributes to back pain, posture issues, and reduced metabolic function. Encouraging workplace wellness programs and active commuting options can alleviate some of these health risks.(WHO, 2020)

H. Stress and Psychological Health

Psychological well-being is a vital part of overall health, particularly for women who often encounter a range of emotional and environmental stressors. The World Health Organization (2022) notes that women are at a higher risk of experiencing mental health conditions such as depression and anxiety, due to a complex mix of hormonal, societal, and life-stage factors. Stress affects both working and non-working women, though its sources and outcomes differ between these groups (World Health Organization.,2022).

In the case of working women, occupational stress can arise from factors like job instability, high workloads, unrealistic expectations, and workplace gender discrimination. Balancing professional demands with family responsibilities can increase emotional fatigue and lead to psychological strain. This dual pressure can affect their ability to manage stress effectively and may result in burnout or reduced productivity. Non-working women, on the other hand, often grapple with emotional challenges rooted in social isolation, loss of individual identity, and a perceived lack of purpose. These feelings can be particularly intense in urban settings where societal norms frequently associate self-worth with employment or career status. According to research by Vaghela (2014), many non-employed women report experiencing emotional disconnect, diminished confidence, and a lack of recognition within their households and communities.

To enhance women's mental health, there is a need for targeted psychosocial interventions that cater to their diverse life circumstances—whether through workplace mental health programs, community-based counselling, or inclusive support networks that promote emotional resilience and social connectedness (Vaghela, 2014).

I. Sleep Quality and Rest Patterns

Sleep is a vital component of physical and mental health, with its quality often affected by and individual's stress levels, daily routines, and responsibilities. According to the World Health Organization (2020), insufficient or poor-quality sleep is linked to a higher risk of chronic illnesses, including heart disease, diabetes, and depression. Among women, sleep patterns are frequently disrupted due to the multiple roles they fulfil in both personal and professional spheres (World Health Organization.,2020).

Working women often face irregular or inadequate sleep due to extended work hours, commuting stress, and the added responsibility of managing household tasks. These overlapping demands can lead to fatigue, decreased concentration, and weakened emotional resilience (Cho et al.,2013) found that work-related pressures, such as shift duties, increased workload, and insufficient workplace support, significantly contribute to sleep disturbances in female employees.

Conversely, non-working women may also encounter sleep-related issues, though for different reasons. Emotional factors such as loneliness, low self-worth, or anxiety—often stemming from social isolation or lack of engagement—can lead to insomnia or disrupted sleep cycles. Hormonal changes, caregiving duties, and the absence of a structured daily routine can further impact rest quality. Overall, ensuring adequate sleep for women requires addressing both psychological and environmental factors that differ by employment status (Cho et al.,2013).

J. Quality of Life and Life Satisfaction

Quality of life is a broad concept that encompasses an individual's physical well-being, emotional health, financial security, social relationships, and sense of personal fulfillment. For women, the perception and experience of life satisfaction can vary significantly depending on their employment status, family dynamics, and social environment. According to Anithalakshmi and Bindhu (2022), working women often report greater life satisfaction, largely due to increased autonomy, economic independence, and a broader social network. However, these benefits can sometimes be diminished by high levels of stress, demanding workloads, or unsupportive work conditions. According to the WHOQOL-BREF framework (WHO, 1997), both working and non- working women encounter distinct factors that shape their perception of life satisfaction

Employment typically contributes positively to a woman's sense of independence and control over her life, which in turn supports psychological resilience and self-worth. Yet, the extent to which work enhances quality of life depends not only on income but also on job stability, work- life balance, and the presence of a healthy work culture.

Non-working women, by contrast, may not experience the same financial autonomy or external recognition, but their life satisfaction can still be high if they are supported emotionally, valued within the family, and engaged in meaningful roles at home or within the community. In many cultural contexts, especially in collectivist societies, women derive fulfillment from caregiving, familial approval, and interpersonal harmony. Ultimately, quality of life is shaped by complex interactions among personal, social, and cultural factors. While employment can improve well-being, it is not the sole determinant—respect, support, and purposeful living also play crucial roles in shaping how women perceive their lives (Anithalakshmi& Bindhu,2022).

The overall well-being of women is shaped by a wide range of interrelated social, economic, and health-related factors. Globally and in India, significant disparities exist between working and non-working women in terms of education, labor force participation, and health outcomes. These disparities not only influence women's physical health but also have profound impacts on their mental and social well-being.

In today's evolving societies, the well-being of women is increasingly recognized as being dependent on more than just access to healthcare. Elements such as educational attainment, employment status, daily lifestyle, and broader societal conditions all play a crucial role in shaping women's health. Literacy, for example, serves as a foundational factor that enhances awareness, decision-making capacity, and access to resources—directly influencing overall wellness. Employment, similarly, offers not only financial stability but also contributes to self-esteem, social connectivity, and access to structured routines, all of which impact a woman's health and quality of life. On the other hand, non-working women may face different sets of challenges, including reduced financial independence, limited access to health-related information, and potentially higher stress associated with unpaid care work.

This thesis aim**s** to explore and compare the overall well-being of working and non-working women, with a particular focus on factors such as general health conditions, sleep patterns, stress levels, nutritional intake, physical activity, and perceived quality of life. Through an evidence-based approach grounded in data from reputable sources such as the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO), this research seeks to highlight the key differences and similarities in well-being between **these** two groups of women. The findings of this study are intended to provide a robust foundation for designing policies and programs that holistically promote women's health and well-being across varying employment statuses.

In the view of the above literature this study was conducted

K. Broad Objectives

To Compare the overall well being a of working and non-working women by assessing their nutrition intakes (energy, protein & iron), BMI, dietary patterns, physical activity levels, psychological stress, sleep quality and quality of life, to evaluate the influence of employment status on these factors.

L. Specific Objectives

1) To examine the macronutrient intake (energy, protein and iron) of working and non working women
2) To assess the BMI and physical activity level among working and non working women
3) To find out the psychological stress level and sleep quality of working and non workingwomen
4) To compare the quality of life among working and non working women
5) To compare the overall wellbeing and quality of life among working and non working women in related to stress, nutrition, physical activity and sleep quality. compare the overall wellbeing and quality of life among working and non working women in related to stress, nutrition, physical activity and sleep quality.

II. METHODOLOGY

A. Introduction

The present study was conducted to compare the nutritional status, physical activity, sleep quality, psychological stress level, and quality of life among working and non-working women. The study was undertaken in Hyderabad, Telangana due to ease of data accessibility. Data collection began in May 2025.

B. Sample and Study Design

A purposive sampling method was employed. A total of 102 women (n=102) aged between 25-45 years were selected, including 51 working (n=51) and 51 non-working (n=51) women. This was a comparative cross-sectional study.

C. Pilot study

Pilot study was done on.10 samples. It was selected to test the present study tools for its validity, clarity, applicability and the time required to complete it. All required and necessary modification of the tools were done, the candidates who participated in the pilot study were excluded from the study sample.

D. Sample Size and Selection Criteria

- Sample Size: 102 women
- Age Group: 25–45 years
- Criteria: Participants were selected purposively based on their working status—either employed or unemployed.

E. Sample design.

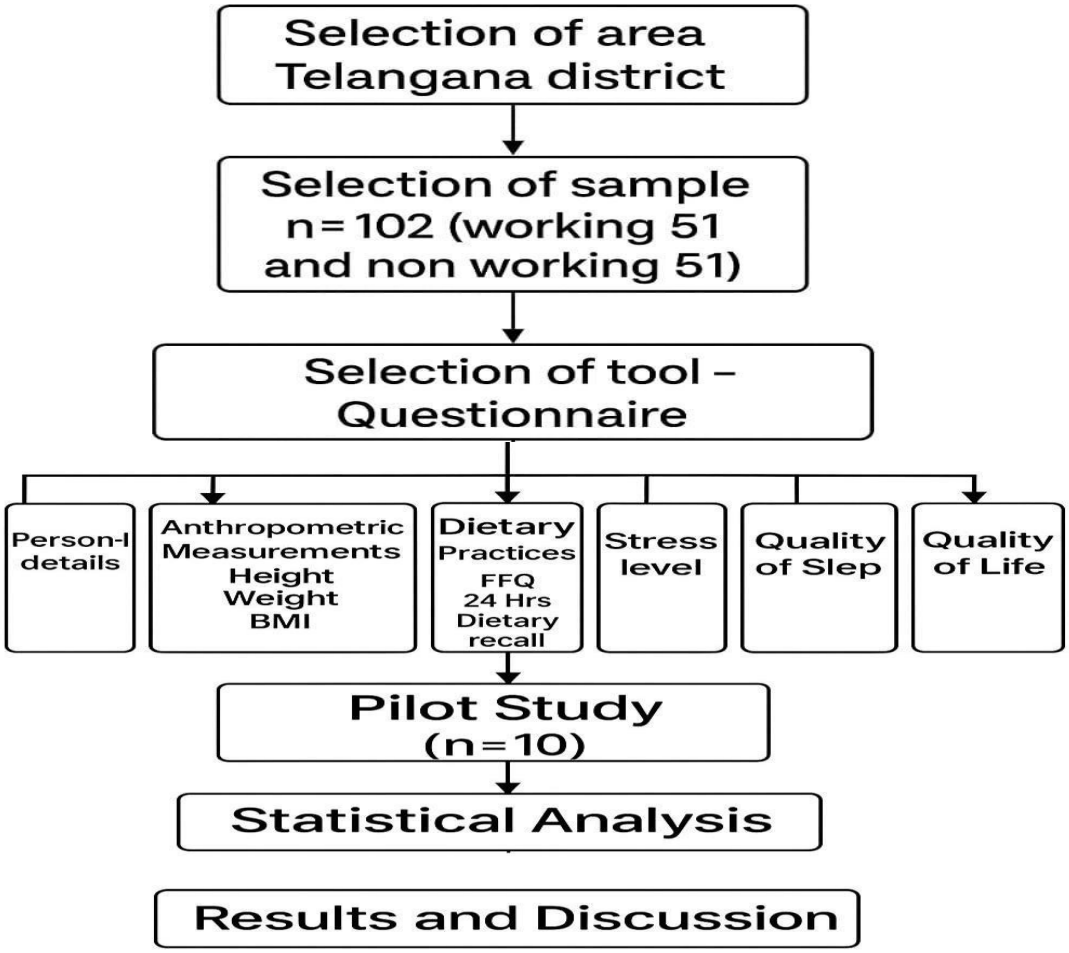


Figure : 4 study design

F. Tools and Techniques for Data Collection

1) Questionnaire: Pre-designed, to collect demographic and health details.
2) Anthropometric Measurements: Height, weight,BMI.
3) Dietary Assessment:24-Hour Dietary Recall for energy, protein, and iron intake.
4) Food Frequency Questionnaire.
5) Nutrient intake compared with ICMR standards.
6) Stress Measurement: Perceived Stress Scale.
7) Sleep Quality: Pittsburgh Sleep Quality Index (PSQI).
8) Quality of Life: WHO Quality of Life – BREF Questionnaire.

G. Statistical Analysis

1) Descriptive Statistics: Frequencies and percentages for categorical variables.
2) Chi-Square Test: To assess associations between employment status and variables such as BMI, stress, and nutrition.
3) Significance Level: $p < 0.05$

III. RESULT AND DISSCUSSION

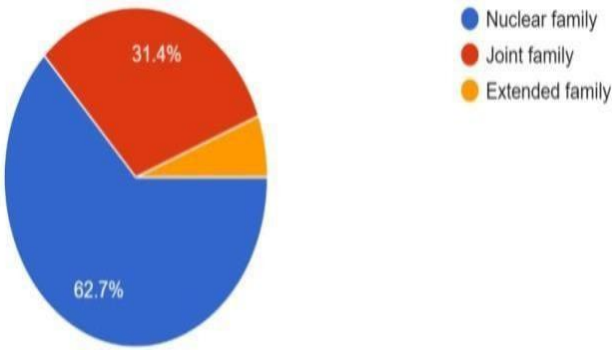


Figure 5 : Family types of samples

The pie chart illustrates family types among 102 samples. Most belong to nuclear families (62.7%), followed by joint families (31.4%). A smaller portion, 5.9%, live in extended families. This data suggests that nuclear families are the most common household structure among the surveyed individuals.

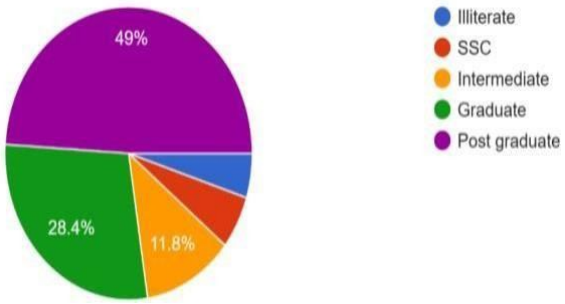


Figure 6: Qualification of samples

The pie chart shows the educational qualifications of 102 samples. Nearly half (49%) have completed post-graduation, making it the most common level of education. Graduates account for 28.4%, while 11.8% have completed intermediate studies. A smaller portion completed SSC (secondary school) at 5.9%, and a minority, around 4%, are illiterate. This data highlights that a significant majority of the participants have attained higher education, reflecting a well-educated sample group overall.

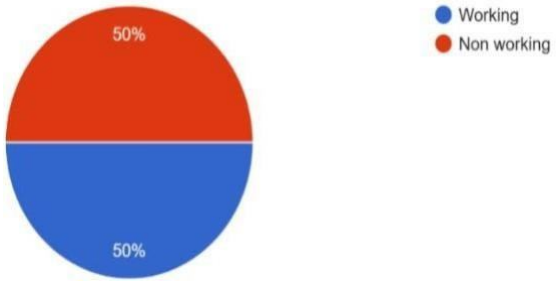


Figure 7: current employment status

The pie chart represents the current employment status of 102 individuals. It reveals an equal distribution, with 50% of respondents identified as working and the other 50% as non-working. This balance indicates that half of the surveyed population is actively employed, while the remaining half is not currently part of the workforce. The data suggests a perfectly even split in employment status among participants, which could be useful for analyzing social, economic, or demographic patterns.

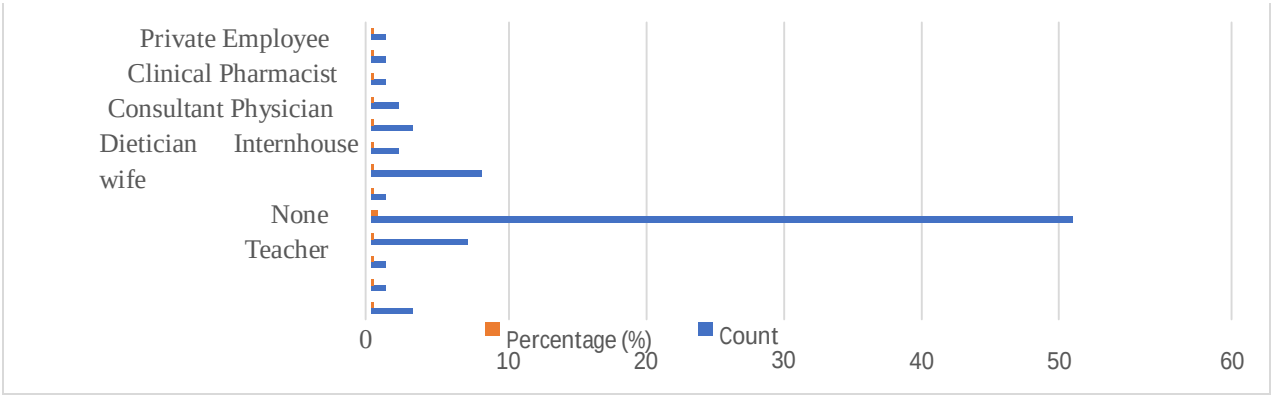


Figure 8 : occupation of samples

The chart displays the occupational distribution of samples, highlighting that the majority are housewives, with a significantly higher count compared to other categories. Dietician interns form the next notable group, while other professions like private employees, teachers, and clinical pharmacists are represented by fewer individuals. The chart clearly shows a wide gap between the housewife category and the rest, suggesting that most samples are not engaged

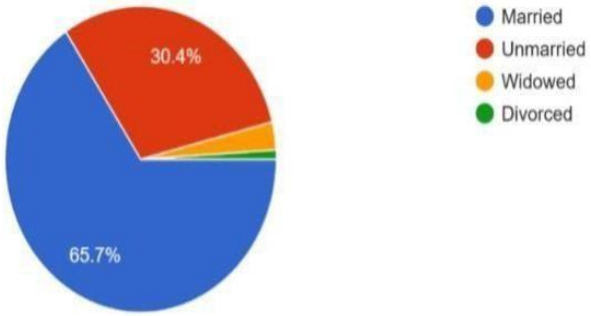


Figure 9 : marital status of samples

The pie chart represents the marital status of 102 participants. A majority, 65.7%, are married, indicating that most respondents live with a spouse. Unmarried individuals make up 30.4%, showing a notable portion who are single. Only a small percentage are widowed or divorced, making up the remaining share. This distribution suggests that marriage is the most common status among the group surveyed, with relatively few experiencing separation or loss of a partne

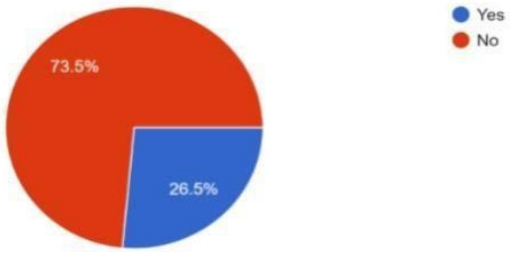


Figure 10 : health issues of samples

The pie chart illustrates the presence of health issues among 102 samples. A majority, 73.5%, reported having no health problems, indicating a generally healthy population. Meanwhile, 26.5% of participants acknowledged experiencing health issues. This suggests that while most individuals are free from health concerns, a significant minority face medical challenges. These findings highlight the importance of addressing health needs for the affected group to improve overall well-being.

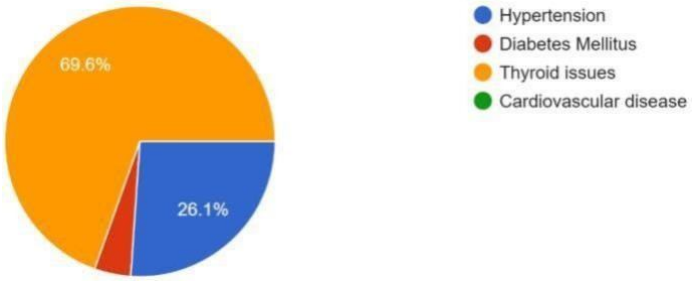


Figure 11: specific health problem

The pie chart highlights the specific health issues faced by 23 individuals. Thyroid problems are the most prevalent, affecting nearly 70% of those with health concerns. Hypertension is the second most common issue, reported by about 26% of participants. Diabetes Mellitus and cardiovascular disease are less frequent, with minimal representation. These results emphasize thyroid conditions as a primary health challenge within this group, suggesting a need for
targeted medical attention.

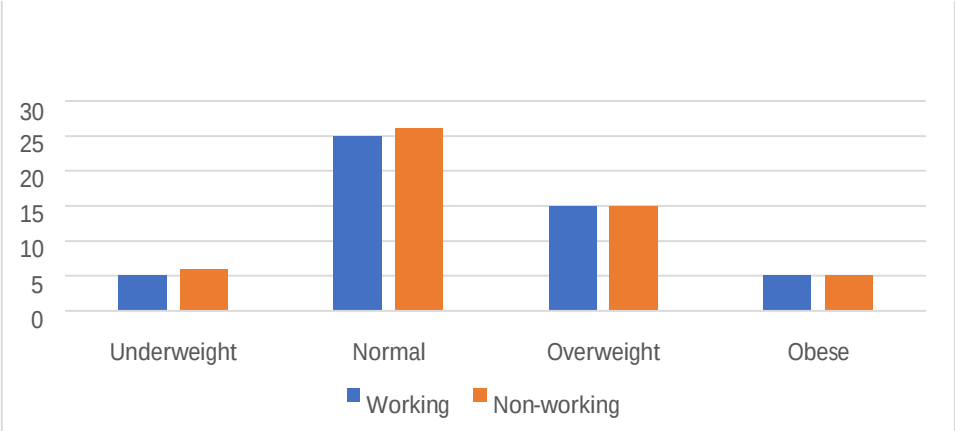


Figure 12 : BMI of Working vs Non-working women

The bar chart compares the Body Mass Index (BMI) categories between working and nonworking individuals. Most people in both groups fall into the "Normal" BMI range, with slightly more non-working individuals in this category. The "Overweight" category is equally represented among both groups. Fewer individuals are in the "Underweight" and "Obese" categories, with minimal differences between working and non-working individuals. Overall, the chart shows similar BMI distributions regardless of employment status, with normal weight being the most common.

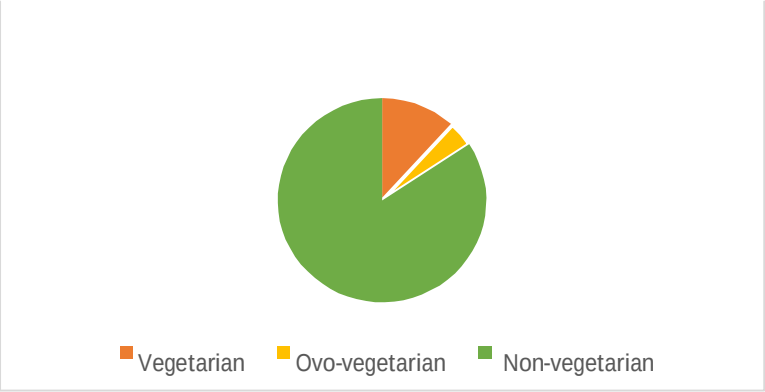


Figure 13 : Dietary preference of samples

The pie chart displays the dietary preferences of samples after combining non-vegetarian and now-vegetarian categories. A large majority, 84.3%, fall under the non-vegetarian group,indicating that most individuals have consumed or currently consume non-vegetarian food. Vegetarian individuals make up 11.8% of the sample, while 3.9% are ovo-vegetarians. This distribution highlights that vegetarian and ovo-vegetarian preferences are less common compared to non-vegetarian diets among the participants in this survey.

.

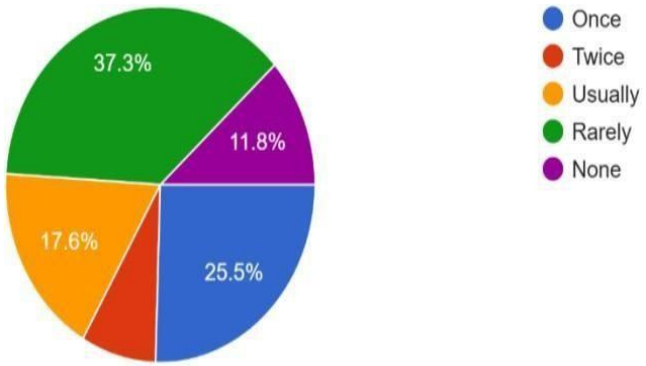


Figure 14: skipping meals habit of samples

The pie chart shows the frequency of meal skipping among 102 samples. The majority, 37.3%, reported rarely skipping meals, suggesting relatively consistent eating habits. Around 25.5% skip meals once, while 17.6% usually skip them. Only 11.8% reported never skipping meals, indicating that complete meal regularity is uncommon. A small portion, 7.8%, skip meals twice. Overall, the data reveals that while some individuals maintain regular meals, skipping meals is fairly common among the group.

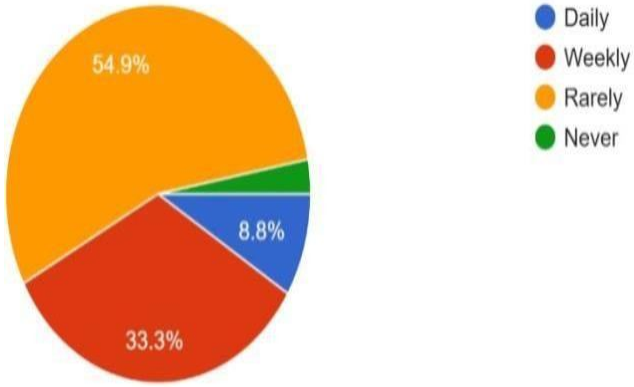


Figure 15 : Quality of meal consumption of samples.

The pie chart illustrates how frequently individuals eat outside or consume ready-to-eat meals. A majority, 54.9%, reported doing so rarely, indicating occasional consumption. About 33.3% eat outside or have ready meals weekly, while 8.8% do so daily, showing a small portion with regular intake. Only a minimal 2.9% never engage in this habit. Overall, the data suggests that although eating out or ready-made meals is common, most people limit it to occasional or weekly consumption.

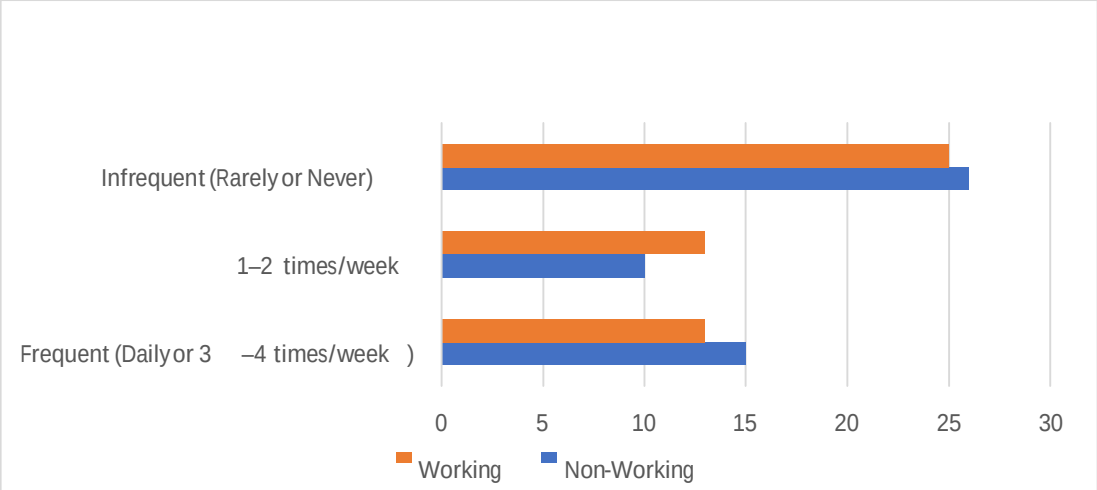


Figure 16 : Physical activity among working and Non-working women.

The bar chart compares physical activity levels between working and non-working individuals. A large proportion of both groups engage in infrequent physical activity, with non-working individuals slightly higher in this category. Among those who exercise 1–2 times per week, working individuals are more active. For frequent activity (daily or 3–4 times per week), nonworking individuals show a slightly higher rate. Overall, physical inactivity is common, but nonworking individuals tend to be more active when they do exercise.

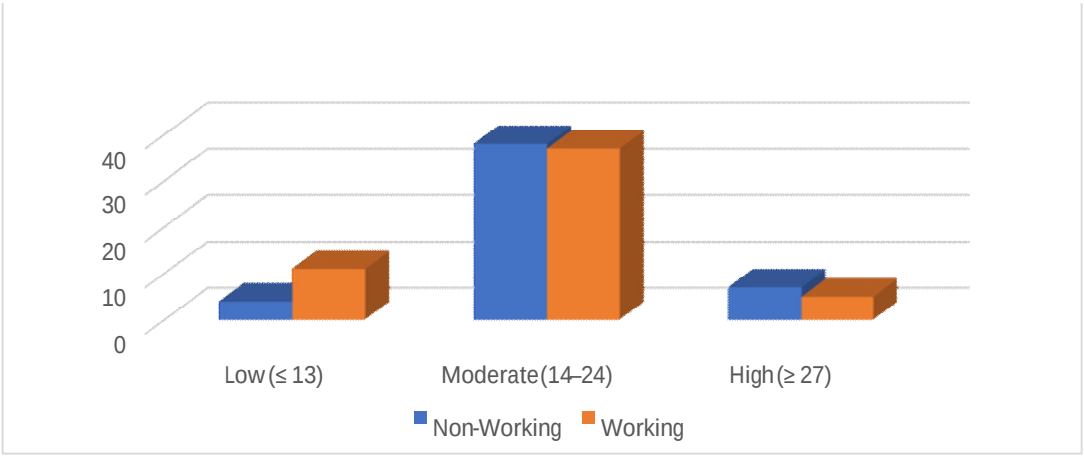


Figure 17 : stress level among working and non-working women

The bar chart compares knowledge levels between working and non-working individuals. Most participants from both groups fall into the moderate knowledge category (scores 14–24), with non-working individuals slightly ahead. In the low knowledge group (≤13), working individuals are more represented than non-working ones. For the high knowledge category (≥27), nonworking individuals show a slightly higher count. Overall, the data indicates that both groups mostly have moderate knowledge, with slight variations in low and high categories.

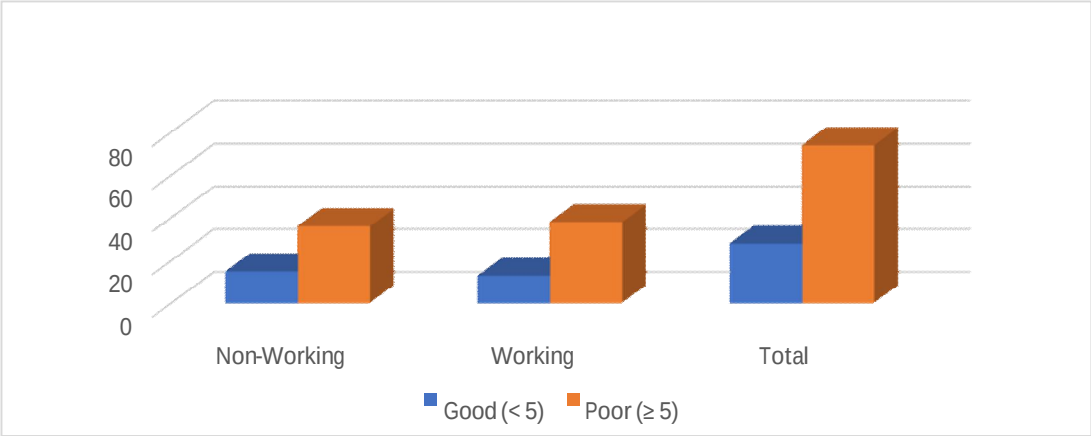


Figure 18 : Quality of sleep among working and non-working women

The bar chart illustrates the quality of sleep among working and non-working individuals. In both groups, the number of people experiencing poor sleep (score ≥ 5) is significantly higher than those reporting good sleep (score < 5). The trend is consistent across the total sample, where poor sleep is more prevalent. This suggests that a majority of individuals, regardless of employment status, tend to experience poor sleep quality, highlighting a potential area of concern for overall well-being.

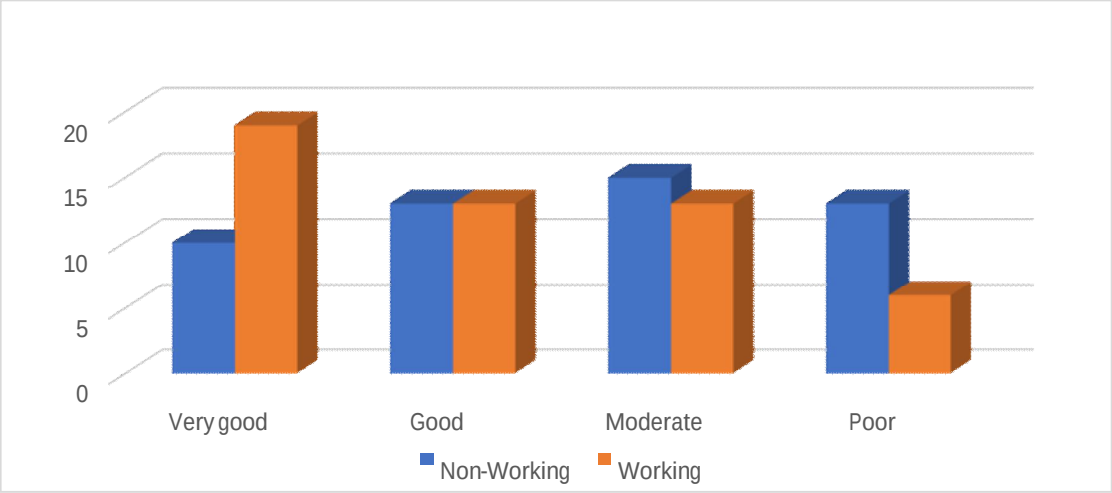


Figure 19 : Quality of life among working and non-working women

The chart compares the quality of life (QOL) between working and non-working women. It shows that more working women reported a "Very good" QOL than non-working women. Both groups had similar numbers in the "Good" category. However, non-working women had higher counts in the "Moderate" and "Poor" categories. This suggests that employment may have a positive impact on women's quality of life, as fewer working women reported poor or moderate living conditions compared to non-working women.

Table 1: Association Between Employment Status and BMI

Employment	Status	Chi square	Degree of freedom	p-value		Significance	(α = 0.05)
Working & Non- Working	Women	0.0472	3	>	0.995	Not	Significant

There is no statistically significant association between employment status (working vs. nonworking women) and BMI. The Chi-square value is very low (0.0472), and the p-value is greater than 0.995, which is much higher than the conventional alpha level of 0.05. This indicates that BMI distribution is likely similar across working and non-working women, and any observed differences may be due to chance.

Table 2 : Association Between Employment Status and Physical Activity Level:

Employment Status	Chi square	Degree Of freedom	P value	Significance ($\alpha = 0.05$)
Working & Non-Working Women	0.5538	2	0.758	Not Significant

There is no statistically significant association between employment status and physical activity levels among women. The Chi-square statistic (0.5538) is well below the critical value (5.991), and the p-value (0.758) is much greater than the 0.05 significance level. This suggests that physical activity levels do not significantly differ between working and non-working women

Table 3: Association Between Employment Status and Healthy Eating:

Employment Status	Chi square	Degree of freedom	p-value	Significance ($\alpha = 0.05$)
Working & Non-Working Women	2.0888	2	0.352	Not Significant

There is no statistically significant association between employment status and healthy eating habits among women. The Chi-square value (2.0888) is much lower than the critical value (5.991), and the p-value (0.352) is higher than the significance level of 0.05. This indicates that healthy eating patterns are not significantly different between working and non-working women.

Table 4 : Association Between Employment Status and Energy Intake

Employment Status	Chi square	Degree of freedom	p-value	Significance ($\alpha = 0.05$)
Working &Non-Working Women	17.2378	2	0.00019	Highly Significant

There is a highly significant association between employment status and energy intake. The Chi-square value (17.2378) is considerably higher than the critical value (5.991), and the p-value (0.00019) is well below the standard significance level of 0.05. This indicates that energy intake levels significantly differ between working and non-working women. Specifically, non-working women are more likely to have adequate energy intake compared to their working counterparts. On the other hand, working women are more represented in the inadequate energy intake category. This suggests that employment status may influence dietary energy consumption, possibly due to differences in lifestyle, time constraints, or access to balanced meals.

Table 5 : Association Between Employment Status and Protein Intake:

Employment Status	Chi square	Degree of freedom	p-value	Significance ($\alpha = 0.05$)
Working &Non-Working Women	0.5538	2	0.758	Not Significant

There is no statistically significant association between employment status and protein intake. The Chi-square value (0.5538) is much lower than the critical value (5.991), and the p-value (0.758) is greater than 0.05. This suggests that protein intake levels do not significantly differ between working and non-working women.

Table 6 : Association Between Employment Status and Iron Intake:

Employment Status	Chi square	Degree of freedom	p-value	Significance (α = 0.05)
Working &Non-Working Women	5.4864	2	0.0647	Not Significant

There is no statistically significant association between employment status and iron intake. Although the Chi-square value (5.4864) is close to the critical value (5.991), the p-value (0.0647) is slightly above the 0.05 significance threshold. This indicates that any difference in iron intake between working and non-working women is not statistically significant at the 5% level, but it may warrant further investigation.

Table 7 : Association Between Employment Status and Nutrition Quantity (RDA vs. Actual Intake):

Employment Status	Chi square	Degree of freedom	p-value	Significance (α = 0.05)
Working &Non-Working women	16.3832	2	0.00028	Highly Significant

There is a highly significant association between employment status and nutrition quantity (based on Recommended Dietary Allowance vs. actual intake). The Chi-square value (16.3832) greatly exceeds the critical value (5.991), and the p-value (0.00028) is far below the 0.05 threshold. This indicates that nutrient intake in relation to RDA varies significantly between working and non-working women. This analysis shows a significant link between employment status and the quality of nutrition among women. Non-working women are more likely to have adequate or moderately adequate nutrition, with a higher proportion meeting or nearing the recommended dietary allowance (RDA). In contrast, working women are predominantly represented in the inadequate nutrition category. These findings suggest that working women may face barriers—such as time constraints, stress, or dietary neglect—that affect their ability to maintain optimal nutritional intake. Employment may influence dietary habits and access to balanced meals, highlighting a need for targeted nutritional support for working women.

Table 8 : Association Between Employment Status and Stress Level:

Employment Status	Chi square	Degree of freedom	p-value	Significance (α = 0.05)
Working &Non-Working Women	9.3776	2	0.0092	Significant

There is a statistically significant association between employment status and stress level. The Chi-square value (9.3776) exceeds the critical threshold for 2 degrees of freedom, and the p-value(0.0092) is well below the 0.05 significance level. This indicates that stress levels vary significantly between working and non-working women. The Chi-square test reveals a significant association between employment status and stress levels. Working women show a higher proportion with low stress levels, while non-working women have a greater presence in the high stress category. This suggests that, despite potential workload and responsibilities, working women may have better stress management or access to coping mechanisms. On the other hand, non-working women may be more prone to higher stress, possibly due to factors such as lack of structured routine, reduced social interaction, or feelings of under appreciation. These results emphasize the need to explore support systems and mental health resources tailored to both groups.

Table 9 : Association Between Employment Status and Sleep Quality

Employment Status	Chi square	Degree of freedom	p-value	Significance (α = 0.05)
Working &Non-Working Women	0.1968	1	0.657	Not Significant

There is no statistically significant association between employment status and sleep quality. The Chi-square value (0.1968) is far below the critical threshold, and the p-value (0.657) is well above the 0.05 significance level. This indicates that sleep quality does not significantly differ between working and non-working women.

Table 10 : Association Between Employment Status and Quality of Life:

Employment Status	Chi square	Degree of freedom	p-value	Significance (α = 0.05)
Working &Non-Working Women	5.515	3	0.138	Not Significant

There is no statistically significant association between employment status and quality of life. The p-value (0.138) is greater than the standard significance level (0.05), suggesting that working and non-working women do not differ significantly in terms of quality of life .

IV. CONCLUSION

The comparative analysis reveals that working and non-working women share many similarities in health patterns but also face unique challenges tied to their employment status. While working women may benefit from greater autonomy, social engagement, and better perceived quality of life, they also encounter elevated stress and irregular dietary patterns due to busy schedules. On the other hand, non-working women, although more likely to engage in physical activity and have better energy intake in some cases, often report poorer quality of life and face emotional challenges stemming from social isolation or lack of recognition.

Statistical analysis confirmed significant associations between employment status and key indicators such as **stress levels**, energy intake, and overall nutrient sufficiency. However, factors such as BMI, physical activity, protein and iron intake, sleep quality, and general quality of life did not differ significantly based on employment status, indicating that these aspects are shaped more by individual lifestyle and socioeconomic conditions rather than work participation alone.

Overall, this study underscores the complexity of women's well-being and the importance of context-sensitive health and policy interventions. Addressing nutrition, mental health, and support systems—both in the home and workplace—is essential to improving the well-being of all women, regardless of employment status. Tailored strategies that recognize the unique experiences of both working and non-working women will be key in promoting gender-equitable health outcomes in modern

V. ACKNOWLEDGMENT

We are thankful to the Almighty ALLAH for His grace, and to the Principal, Mrs. Sridevi Sangani of St. Joseph's College, for the opportunity to complete this work. Special thanks to our guide Mrs. Sadath Fatima, our parents, our families and friends for their constant support and guidance.

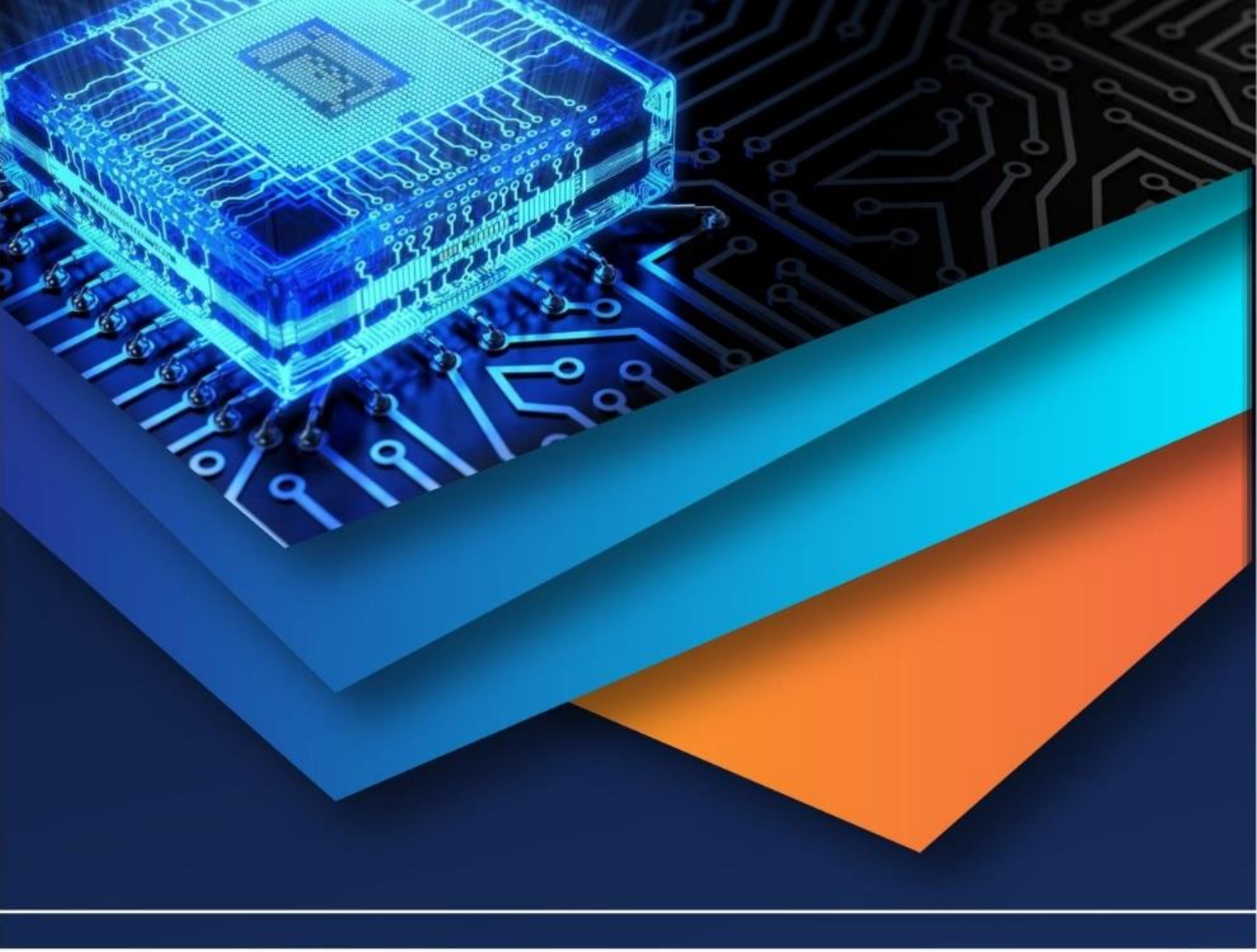
REFERENCES

[1] Anithalakshmi, N., & Bindhu, A. (2022). A study on perceived stress and life satisfaction among working and non-working women. International Journal of Indian Psychology, 10(2), 115–123. https://doi.org/10.25215/1002.011

[2] Bhattacharya, S., Chatterjee, S., & Mukherjee, D. (2021). Gender inequality and mental health among Indian women: A comparative study. Journal of Health Management, 23(1), 1–14.

[3] Cho, S., Jang, S., & Park, Y. (2013). Relationship between job stress and sleep quality among Korean female workers. Journal of Occupational Health, 55(3), 131–138.

[4] Kaur, H., Singh, K., & Mehta, P. (2021). Dietary patterns and nutritional status of working women in urban Punjab. Journal of Nutrition & Health Sciences, 8(1), 45–52.
[5] Patel, M., Desai, R., & Shah, P. (2020). Health complaints and lifestyle patterns among homemakers in Gujarat. Indian Journal of Community Medicine, 45(2), 150–156.
[6] Shrivastava, S. R., Shrivastava, P. S., & Ramasamy, J. (2020). Physical activity among Indian women: A cross-sectional study. Health Promotion Perspectives, 10(3), 234–239.
[7] UNESCO. (2022). Global education monitoring report 2022: Gender report. https://unesdoc.unesco.org
[8] WHO. (1997). WHOQOL: Measuring Quality of Life. World Health Organization.
[9] WHO. (2020). Physical activity. https://www.who.int/news-room/fact-sheets/detail/physical-activity
[10] WHO. (2021). Global anemia estimates. https://www.who.int/data/gho/data/themes/topics/anemia
[11] WHO. (2022). Mental health and gender. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
[12] WHO. (2023). Well-being and mental health. https://www.who.int



10.22214/IJRASET

45.98

IMPACT FACTOR: 7.129

IMPACT FACTOR: 7.429

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY