SOCIO-DEMOGRAPHIC CORRELATES OF HOUSEHOLD RURAL WOMEN'S QUALITY OF LIFE IN SARGODHA DISTRICT, PAKISTAN

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ABSTRACT

The purpose of this study was to explore quality of life in terms of subjective well-being of household rural women in Sargodha district in Punjab Province, Pakistan. A random sample of 207 women representing all the seven tehsils of Sargodha district was selected to study the impact of socio-demographic characteristics of household rural women on their quality of life. Main objectives of the study were to unveil the state of household rural women's well-being in Pakistan and to find out how far socio-demographic correlates affect household rural women's quality of life. The data was collected through an interview schedule and the Organization for Economic Co-operation and Development's (OECD) parameters of subjective well-being were used. The data was analysed through SPSS Version-17. The findings of this study revealed that women's age is insignificant to their subjective well-being interpreting younger women not to be happier than the older ones and vice versa. On the other hand, their status of health, household income, educational level, marital status and religiosity are significantly correlated at <0.05 significance level explaining that women with good health, good household income, more education, successful marriage and religious bent are happier than their counterparts lacking these factors. As identified by this study, dull-edged tools for Pakistani rural women's well-being are education, health and household income which need to be taken care of at the earliest outset.

Keywords: correlates, household women, socio-demographic, subjective well-being.

1) INTRODUCTION

Throughout human history, quality of life or subjective well-being (or 'happiness' the closest synonym to most of the scholarship) remained the area of philosophers. But for a few decades, it has been shifted to social scientists. Particularly for the last two decades, research on 'subjective well-being' has gathered a great attention of the social scientists, reformers and policy-makers around the world (Seligman, 2011).However, being an ambiguous concept and consequently lacking a universally accepted definition, it poses a problem of measurement and is often confused with the material well-being of a country, measured by its Gross Domestic Product (GDP) (Fleurbaey, 2009).

Since GDP could not prove to be a yardstick of subjective well-being (hereafter SWB), the scholars needed some alternatives. They were to choose from a wide range of indicators that contribute to a person's SWB (Rice & Steele 2004). However the indicators like health, education, income and environment always remained in their lists. For example, Wilson (1976), in his study, concluded that a person who claims SWB is usually healthy, well-educated, well-paid, married and religious. Similarly, Brickman *et al*. (1978), Mehnert *et al.(*1990) and Easterlin (2003) argued in their respective studies that health is a strong determinant of SWB whereas Blanchflower & Oswald (2000), Heliwell (2003;2008) and Sacks, Stevenson, & Wolfers (2010)insist on education, income and family life to be the main ingredients of SWB. More or less similar indicators were included in all the scales of SWB. Among the various measures used to scale SWB, the most authentic and accurate is one given by the Organization for Economic Co-operation and Development (OECD). It is divided into three dimensions i.e. life evaluation, affect and eudaimonia. The OECD measure lays emphasis on the main ingredients of SWB. Several studies suggest that these three dimensions and their underlying indicators are sensitive to the socio-demographic characteristics an individual possesses.

2) SOCIO-DEMOGRAPHIC CORRELATES

Some of these correlates are particular to the household women's SWB. In this study age, health, education, income, marriage and religiosity were considered.

2.1) Age

Elizabeth &Thomas (2001) and Jejeebhoy (2000) consider age as one of the important determinants of women's SWB. The SWB increases with age (Diener *et al*., 1999).The high levels of life satisfaction could be witnessed in middle-aged people. Mason (1986) indicated that life long experience makes woman able to have more happiness and enjoyment. However, at a certain stage, as people get older their desire to interact with acquaintances declines and consequently their SWB affects negatively. Bowling (2011) found that compared to those under the age of 65, with more than 65 years of age complain more discomfort.

2.2) Health

The literature suggests that SWB has a positive correlation with health. Many researches do confirm it. Diener *et al. (*1999) and Easterlin (2004) concluded that adverse health changes lay a negative impact on subjective well-being. Also, the people who have suffered a terrible accident or disease report somewhat lower happiness than those who did not encounter any (Easterlin, 2003; 2004; Mehnert *et al.,* 1990).This common logic can be understood with the analogy that a woman of 95 years suffering from a chronic disease may still feel that she is in a state of good health because she sees herself relative to others of her age. On the other hand, if a woman of 50 years develops the same disease she may feel that her health is very poor because most of her peers are physically fit.

2.3) Education

One does not have to look far to find plenty of evidence regarding the influence of education on many important aspects of people's lives. Several studies have found a correlation between education and SWB. Ahmad& Sultan (2004) concluded in their study that education and SWB are positively correlated. Another study by Parveen (2005) confirms the above results for rural women of Bangladesh. Heaton *et al.* (2005) found that educated women claim greater access to information than illiterate ones. Still another study by Rahman *et al.* (2008) concludes that education provides women the courage to speak against social injustice and hence ensure more pleasure for them.

2.4) Income

Various income studies claim that richer people are happier than those with lower incomes. Studies, for example, conducted by Oswald (1997) and Frey & Stutzer (2002) confirm the claim that the unemployed tend to be less happy than the employed ones. Earlier, Batliwala (1994) argued that the women who are more economically empowered are assumed to be happier than their counterparts. Similarly, Roy and Niranjan (2004) noticed greater autonomy among those women who were economically productive. However, it does not always happen and life satisfaction does not seem to rise with the rise in income. Mostofa *et al.* (2008) suggest that it is relative income that matters for women's life satisfaction rather than absolute income.

2.5) Marriage

The most of the international studies have consistently found that being married has a strong positive effect on SWB and married people have a higher SWB than singles, divorced, separated or widowed. Blanchflower & Oswald (2000) found that married women come out with greater happiness than those who are divorced, separated or widowed. Heliwell (2003) confirms that married people have higher levels of SWB than those of unmarried and singles. However, being married *per se* is not the best indicator of SWB because 'marital satisfaction' seems to matter a lot in happiness (Dush, Kamp, & Taylor, 2008).

2.6) Religiosity

An overwhelming body of research from developed and developing countries both demonstrates a strong positive relationship between religiosity and happiness, particularly for women and particularly among the elderly. Studies by Hackney & Sanders (2003) and Ellison & Henderson (2011), suggested that relative to their less religious counterparts, more religious individuals are happier and more satisfied in life. Frey & Stutzer (2002) made somewhat similar claim saying that the people who believe in God are more satisfied with their lives than those who do not.

3) STATE OF HOUSEHOLD WOMEN'S WELL-BEING IN PAKISTAN

Majority of population in Pakistan resides in rural areas. Pakistan is a patriarchal state which is, in many ways, detrimental to the well-being of a woman as far as its various correlates are concerned. Masculine dominance confines a woman to her household. It also decides her state of health, economic condition, educational qualification, her life partner and even her religiosity. No doubt, a household woman of today enjoys a marked increase in her SWB. But the gender discrimination in rural areas of Pakistan and particularly in Punjab is yet to be harnessed (Saigol, 2011).

Status of women is considered to be an important dimension of their well-being. The United Nations has devised various instruments and strategies for this like CSW, DAW, INSTRAW, UNIFEM and CEDAW[1] and from amongst these, CEDAW is the UN's major effort in this regard (Charlesworth *et al.*, 1991). Gender related Millennium Development Goals (i.e. MDG 3 & 5) reflect the focal areas of CEDAW (APWLD, 2006).

As far as health status of a Pakistani woman is concerned, she faces higher maternal mortality rate than Sri Lanka, lower ante-natal care and the highest fertility rates than rest of the countries in South Asia (UNDP, 2012).Same is the case with her education and economic participation. Pakistan lags behind Sri Lanka, India and Bangladesh in women's literacy rate, their gross enrolment ratio and Gender Parity Index (GPI) (ibid). Rate of Pakistani women's participation in labour force is also lowest in comparison to its neighbours. However, percentage of female professionals lies somewhat at the midway between Sri Lanka and Bangladesh (UNDP, 2012).

A Pakistani woman has to fight against the dearth of state-level health facilities, a culture-bound education, and scarcity of economic resources for her subjective well-being. This very state of affairs determines and is determined by the other correlates also.

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[1] **Commission on the Status of Women (CSW), Division for the Advancement of Women (DAW), International Research and Training Institute for the Advancement of Women (INSTRAW),**UN Development Fund for Women (UNIFEM) and Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

Formerly, no study pertaining to the subjective well-being correlated with other socio-demographic variables like age, health, education, income, marriage and religiosity has been conducted on the women living in rural areas of Sargodha district in Punjab. Therefore, this study filled this gap in the body of knowledge concerning women's well-being in the rural areas of Sargodha district with a view to achieve the following main objectives:

i)   To unveil the state of household rural women's well-being in Pakistan; and
ii) To find out how far socio-demographic correlates affect household rural women's SWB.

4) MATERIAL AND METHODS

The research was carried out on a representative sample of 207rural household women randomly selected from Sargodha district (Pakistan). The age of the respondents was between 15 to 64 years.

For the purpose of having a representative sample, a list of respondents was prepared. The list represented all of the seven tehsils of Sargodha district namely Bhalwal, Bhera, Kot Momin, Sahiwal, Sargodha, Silanwali and Shahpur. Sampled areas from these tehsils included:

1)   Chak No.10/Main Line, tehsil Bhalwal;
2)   Miani, tehsil Bhera;
3)   Mateela , tehsil Kot Momin;
4)   Shaikh Jaleel, tehsil Sahiwal;
5)   Chak No.58/NB, tehsil Sargodha;
6)   Chak No.133/SB, tehsil Silanwali; and
7)   Jalpana, tehsil Shahpur.

The sampling frame consisted of total 3600 women and the size of the sample drawn through a simple random sampling procedure at 95% confidence level was 207. Prior to data collection, a pilot study was conducted on 20 women.

For data collection, the following two measures were used:

4.1) Measure of Subjective Well Being (SWB)

Among the various measures used to scale SWB, the most authentic and accurate measure is given by OECD. It has three dimensions i.e. life evaluation, affect and eudaimonia. The measure consists of six modules which are:

a) Core Measures
b) Life Evaluation
c) Affect
d) Eudaimonic Well-Being
e) Domain Evaluation
f) Experienced Well-Being

The measure consisted of 450 scores. We divided the total scores into three cut-offs denoting the level of SWB as Low (0-150 scores), Medium (151-300 scores) and High (301-450 scores). We used this measure without alteration in any of its sub-dimensions. Table 1 shows internal consistency of the construct with individual scores of the each sub-dimension.

Table 1: Internal Consistency of the OECD Subjective Well Being (SWB) Measure

Sub-dimensions of SWB	Items	Scores	Cronbach's alpha
Core measures	A_1, A_2, A_3, A_4, A_5	50	0.82
Life evaluation	$B_1, B_2, B_3, B_4, B_5, B_6, B_7, B_8, B_9$	75	0.84
Affect	$C_1, C_2, C_3, C_4, C_5, C_6, C_7, C_8, C_9, C_{10}$	100	0.79
Eudaimonic well-being	$D_1, D_2, D_3, D_4, D_5, D_6, D_7, D_8, D_9$	90	0.87
Domain evaluation	$E_1, E_2, E_3, E_4, E_5, E_6, E_7, E_8, E_9, E_{10}$	100	0.81
Experienced well-being	$F_1, F_2, F_3, F_4, F_5, F_6$	60	0.85
Internal Consistency of the Construct			**0.83**

4.2) Interview Schedule for Socio-Demographic Correlates

An interview schedule for socio-demographic correlates (i.e. age, health, education, household income, marriage and religiosity) was prepared with the following operational schema:

i) *Age:* Age means actual age of the respondent in years.

ii) *Health:* Overall self-reported state of health as described in four categories as: very good, good, fair, poor.
iii) *Educational Qualification:* It consisted of seven categories: from 'no education' to PhD.
iv) *Household Income:* Net income of the household from all resources.
v) *Marital Status:* It consisted of four categories: married, un-married, divorced/separated and widow.
vi) *Religiosity:* It consisted of three categories: high, medium and low.

5) DATA ANALYSIS

Data was analysed using SPSS-17. Data analysis consisted of three parts i.e. descriptive statistics, hypothesis testing and correlations described as follows:

5.1) Descriptive Statistics

Descriptive analysis consisted of socio-demographic characteristics which included: age of the respondents, their health status, their educational qualification, their household income, their marital status and the levels of their religiosity and SWB.

Table 2: Descriptive Statistics

Items	Frequency	P Value
Age (years)		<.001
21-30	34(16.4%)	
31-40	55(26.6%)	
41-50	104(50.2%)	
51-60	14(6.8%)	
Health		<.001
Very Good	16(7.7%)	
Good	40(19.3%)	
Fair	93(44.9%)	
Poor	58(28.1%)	
Educational Qualification		<.001
No Education	14(6.7%)	
Primary	43(20.8%)	
Matriculation	97(46.9%)	

Items	Frequency	P Value
FA/FSc	30(14.5%)	
BA/BSc	17(8.2%)	
MA/MSc	6(2.9%)	
Household Income (Pak Rs.)		<.001
<30,000	74(35.7%)	
30,000-60,000	93(44.9%)	
>60,000	40(19.4%)	
Marital Status		<.001
Married	158(76.3%)	
Un-married	37(17.9%)	
Divorced/Separated/Widow	12(5.8%)	
Religiosity		<.001
High	56(27.1%)	
Medium	100(48.3%)	
Low	51(24.6%)	
Subjective Well-Being (SWB)		<.001
High	45(21.7%)	
Medium	106(51.2%)	
Low	56(27.1%)	
Total	**207(100%)**	

5.2) Hypotheses Tests

In order to highlight the socio-demographic correlates of SWB following null hypotheses were formulated for the analysis:

H_o1: Women with higher age do not show higher level of SWB.
H_o2: Women with higher health status do not show higher level of SWB.
H_o3: Women with higher level of education do not show higher level of SWB.
H_o4: Women with higher household income do not show higher level of SWB.
H_o5: Married women do not show higher level of SWB.
H_o6: Women with higher level of Religiosity do not show higher level of SWB.

The summary of the tested null hypotheses against their alternative hypotheses to accept or reject different claims regarding GWB as related

to the socio-demographic characteristics of the household women has been shown in Table 3.

Table 3: Summary of the Hypothesis Tested

Sr. No.	Null Hypotheses	Beta(β)	Sig.	Decision
1.	Ho1	0.092	.172	Accepted
2.	Ho2	0.737	<0.05	Rejected
3.	Ho3	0.319	<0.05	Rejected
4.	Ho4	0.769	<0.05	Rejected
5.	Ho5	0.314	<0.05	Rejected
6.	Ho6	0.717	<0.05	Rejected

The interpretation of the above given Table is as follows:

1) As there is no significant positive relationship between SWB and the household woman's age (β=0.092, p=.187), the null hypothesis (H_o1) against the alternative hypothesis is ACCEPTED. It means that age of a woman has no significant impact on her SWB. Younger women are not likely to be happier than their older counterparts.
2) As there is a significant positive relationship between SWB and the household woman's health status (β=0.737, p<0.05), the null hypothesis (H_o2) against the alternative hypothesis is REJECTED. It means that health status of a woman has a significant impact on her SWB. Women with 'very good' health status are likely to be happier than those with 'poor' health.
3) As there is a significant positive relationship between SWB and the household woman's education (β=0.319, p<0.05), the null hypothesis (H_o3) against the alternative hypothesis is REJECTED. It means that education of a woman has significant impact on her SWB. Women with higher level of education are likely to be happier than those with 'no education'.
4) As there is a significant positive relationship between SWB and the household woman's household income (β=0.769, p<0.05), the null hypothesis (H_o4) against the alternative hypothesis is REJECTED. It means that household income of a woman has a significant impact on her SWB. Rich and resourceful women are likely to be happier than those with poor financial conditions.
5) As there is a significant positive relationship between SWB and the household woman's marriage (β=0.314, p<0.05), the null hypothesis

(H_o5) against the alternative hypothesis is REJECTED. It means that marriage of a woman has a significant impact on her SWB. Married women are likely to be happier than those otherwise.

6) As there is a significant positive relationship between SWB and the household woman's religiosity (β=0.717, p<0.05), the null hypothesis (H_o7) against the alternative hypothesis is REJECTED. It means that religiosity of a woman has a significant impact on her SWB. Religious women are likely to be happier than those of non-religious ones.

5.3) Correlations

Correlations of SWB with socio-demographic variables are shown in Table 4. The relationships indicate SWB as dependent variable and socio-demographic characteristics as independent variables. We witness a positive and significant correlation of SWB with all the variables except the age of the respondents. The variables household income, health status and religiosity are more strongly correlated with SWB (r=0.769, r=0.737 and r= 0.717) than those of education and marriage (r=0.319 and r=0.314).

Table 4: Socio-Demographic Correlates of Quality of Life

Sr. #	Variables	1	2	3	4	5	6	7
1.	Age	1.000						
2.	Health Status	.126	1.000					
3.	Education	.160*	.295**	1.000				
4.	H. Income	.119	.653**	.430**	1.000			
5.	Marriage	.089	.280**	.118	.234**	1.000		
6.	Religiosity	.252**	.638**	.310**	.565**	.183**	1.000	
7.	SWB	.092	.737**	.319**	.769**	.314**	.717*	1.000
	Total Cases	207						

**Correlation is sig21nificant at the 0.01 level (2-tailed).
*Correlation is signific21ant at the 0.05 level (2-tailed).

In addition to dependent-independent relationships, the mutual correlations among all the independent variables can also be noted. From the table it can be seen that all the variables are inter-correlated.

6) DISCUSSION

The results of this study depict that age of the women is insignificant to their subjective well-being, interpreting that younger women were not happier than the older ones. In contrast, the results regarding their status of health conclude 'the healthier the happier' and results regarding their household income interpret 'the richer the happier'. The educational level, marital status and religiosity show a concurrence to these two results explaining that women with more education, successful marriage and with religious bent are happier than otherwise.

The findings of the study further indicate that a large fraction of the sample comprises of mature women, mostly matriculates with subjective well-being not of very high level. This deficit in happiness is due to two correlates; health and household income. These two correlates show a strong association with subjective well-being in the analysis. On the other hand, religiosity compensates the deficit in a way that we find majority of religious women happier than their counterparts.

7) CONCLUSION

Few researches has been conducted on subjective well-being of household women especially those in the rural areas of Pakistan. At the first blush, the research on such a topic seems to be a futile exercise in this male-dominated society. But the present study justifies itself for the fact that unforeseen startling episodes, as are being repeatedly witnessed, may let the society debilitated if the evil is not nipped in the bud. This study, hence, unfolds the concealed predictors that cause paucity in the well-being of this fragment of society.

The study, in the light of its findings, recommends that all the strongest correlates of subjective well-being with alarmingly low descriptive statistics must be addressed on priority basis and the approach, whatsoever adopted, must be result oriented. Policies, at national level, fail to ribbon up all the women's issues in one stack. The criteria are not, therefore, issue-specific by and large. Media should come forward, equip and act as a watch dog to ensure the well-being of this segment of society.

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