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LIFE SATISFACTION AND DEPRESSION OF HOUSEWIVES IN A RURAL COMMUNITY OF MURSHIDABAD, WEST BENGAL.

Health Science (Nursing)

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ABSTRACT

Housewife is a key person in a family who take care of all family members. Often, they neglect their own health. Considering the interest of family, they put all effort to see the family happy but how happy are they is not known. Are they really satisfied or depressed is not explored well. Depression is potentially life-threatening and tremendous burden to society which is preventable. The study aimed to find the level of life satisfaction, depression and their relation and to find association of life satisfaction, depression with selected socio-demographic variables. A quantitative research approach and descriptive design was adopted to collect data from housewives residing in the rural community of Murshidabad, West Bengal. A total of 128 housewives were selected using convenience sampling technique. Life satisfaction and depression was measured by standardized tool Personal Wellbeing Index- Adult- 5 and the Beck Depression Inventory (BDI). The study finding shows, 50% of participants are not satisfied towards different aspects of life, having strain ; 9.38% have severe depression and there is negative corelation between life satisfaction and depression. Housewives' life satisfaction could be improved by minimizing depression through modifying the variables educational status, family type, number of children, monthly family income, family support, health in general and crisis in life.

KEYWORDS

Depression in Housewife, Life Satisfaction of Housewife

INTRODUCTION

Housewife is the primary care provider of a family, recognize first the health problems and take care of all family members during sickness. They often neglect their own health issues. Literally a housewife is a married woman who does not have a paid job, but instead looks after her home and children[1] Among the housewives of Kerala (John S & Bincy A P, 2025) 37.8% were satisfied and rest were dissatisfied for their life in a range from slight to extreme level[2] Life satisfaction was greater (Barik S, Das PPP;2021) among employed women than unemployed women and life satisfaction was also higher among women with higher level of emotional intelligence[3] Comparatively high level of life satisfaction was observed in working women than that of non-working women (Machhi YV et al, 2024).[4] In Malayasia non-working married females were less satisfied with their lives and their anxiety level were also comparatively higher.[5] Another similar study(Prajapati R & Singh S, 2024) shows a significant relation between depression and life satisfaction and there was significant difference in life satisfaction among housewives based on their socio-economic status ($F(2,395) = [14.9]$, $p = 0.000$), involvement in social activities [$t(231) = 3.67$, $p < 0.01$] but no difference was observed with education.[6] Relationship between long-term life dissatisfaction and subsequent mental health, including major depressive disorder was examined in a study and revealed life satisfaction burden is significantly related to major depressive disorder and poor mental health.[7] Among Indian women (Jain M, Garg K; 2022) depression increases who had lower level of life satisfaction. In Rajasthan 15.2% house wife had depression. The study also revealed a declining trend of depression with increasing education level; higher rates of depression were observed among housewives reporting any debilitating ailments in one or more family members (31.2%), some unusual events occurred in family (56.2%), presence of any addiction in family members (22.7%) and debt on family (58.8%). Among the biological factors, marriage at early age, having first pregnancy at early age, more than two children, menstrual irregularities and inability to conceive or infertility were significantly associated with depression.[8] In Rural village of Uttar Pradesh, Prevalence of depression was 18% among housewives and higher prevalence of depression was observed in middle age group[9]

In Bangladesh prevalence of moderate to severe level of depression was present in 14.4% (95% CI: 11.9–16.9) married adults, and more depression was observed in females (21.2%, 95% CI: 17.2–25.4) than males (7.6%, 95% CI: 4.8–10.5). The study also revealed four main factors of depression among married females: (i) multiple marriage; poor relationship with spouse; chronic medical comorbidity; and 7–12 years duration of conjugal life.[10] In Mumbai, India 23% women had the experience of economic abuse either by an intimate partner or another family member and risk of depression and anxiety increases among women who experienced economic abuse. [11] In a Rural area of North Kerala (Adnan SM & Sukor NM;2023) 24.2% was suffering from current depression and 5.4% experienced spousal violence. Poor family support, experience of domestic violence, morbidity, and older spouses were found to be significant risk of depression.[12] Depression has significant impact on health outcome of person that evident in an Umbrella review(Chen X, Liu X et al,2025) which shows that Depression exposure was associated with 23 mortality, 21 cardiovascular outcomes, 15 offspring outcomes, 9 cancer outcomes, 9 neurological outcomes, 5 endocrine outcomes, 5 dental outcomes, 3 digestive outcomes, and 19 other health outcomes.[13] Depression is potentially life-threatening and tremendous burden to society which is preventable. The study aimed to find the level of life satisfaction, depression, their relation and to find association of life satisfaction, depression with selected socio-demographic variables in Rural housewives.

METHODS

A quantitative research approach and descriptive design was adopted to collect data from Housewives residing in a rural community of West Bengal state, India. A total of 128 Housewives were selected using convenience sampling technique and data collected from the willing participants after having consent from 15.02.2026 to 21.02.2026. Housewives' satisfaction in different aspect of life is assessed by a standardized tool Personal Wellbeing Index- Adult- 5 and their depression is measured by the Beck Depression Inventory (BDI).

RESULTS

Among 128 of rural Housewives 54.68% belongs to the above 40 years of age group, 3.9% had graduation and above level of education. More than half (57.8%) of them belonged to nuclear family; majority of participants (65.5%) were married before 18 years of age; 81.3% were living with their spouse; 47.7% had two children; 68 % had family income of below 10000 rupees. Among them majority (93%) were living in own house; 22.66% had strong family support; 31% perceived good general health status ;69.5% reported about no crisis in life and 74.2% had pleasant childhood experience and majority (82.80%) of participants never engaged in a hobby. Among the rural housewives 36.72% had normal level of satisfaction towards all aspect of life which suggest intact homeostatic functioning and 50% participant were not satisfied but under strain and 3.28% score fall under challenged range. Among the housewives 29.69% reported about the ups and down of their life but without depression, 25% had mild mood disturbance,13.28% had borderline clinical depression, 21.09% had moderate depression, 9.38% had severe depression and 1.56% had extreme depression. There was a moderate negative relationship (r= -0.601) existed between life satisfaction and depression of housewives. The study also revealed a significant association of participants life satisfaction and selected sociodemographic variables: age, educational status, Family type, number of children, Monthly family income, Family support system, health in general and Crisis in life. There was significant association existed between depression level of Housewives and their age, educational status, Marital status, family support system, health in general and Crisis in life.

CONCLUSION

A considerable portion of housewives in rural community had compromised life satisfaction and varying levels of depression. Housewives' life satisfaction could be improved by minimizing depression through modifying the variables: educational status, family type, number of children, monthly family income, family support, health in general and crisis in life.

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