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Jyoti Dudi
Ph.D. Scholar, Department of Human Development and Family Studies, I.C. College of Home Sciences, Chaudhary Charan Singh Haryana Agricultural University, Hisar, Haryana, India

Dr. Poonam Malik
Assistant Scientist, Department of Human Development and Family Studies, I.C. College of Home Sciences, Chaudhary Charan Singh Haryana Agricultural University, Hisar, Haryana, India

Amita Verma
Ph.D. Scholar, Department of Human Development and Family Studies, I.C. College of Home Sciences, Chaudhary Charan Singh Haryana Agricultural University, Hisar, Haryana, India

Priyanka
Ph.D. Scholar, Department of Human Development and Family Studies, I.C. College of Home Sciences, Chaudhary Charan Singh Haryana Agricultural University, Hisar, Haryana, India

Reenu
Ph.D. Scholar, Department of Human Development and Family Studies, I.C. College of Home Sciences, Chaudhary Charan Singh Haryana Agricultural University, Hisar, Haryana, India

Corresponding Author:
Jyoti Dudi
Ph.D. Scholar, Department of Human Development and Family Studies, I.C. College of Home Sciences, Chaudhary Charan Singh Haryana Agricultural University, Hisar, Haryana, India

Comparative study of women's quality of life in rural and urban areas

Jyoti Dudi, Dr. Poonam Malik, Amita Verma, Priyanka and Reenu

Abstract
Quality of life is a multidimensional concept that includes various domains such as health, education, income, social support, and access to services. In many developing countries, women in rural areas face multiple challenges that affect their quality of life. This study aims to examine the differences in women's quality of life between rural and urban areas and identify the factors that contribute to these differences. The study used a mixed-methods approach, including a survey and in-depth interviews with women in rural and urban areas. The findings suggest that women in rural areas have lower levels of education, income, and access to services compared to women in urban areas, which affects their quality of life. The study concludes that there is a need to address the challenges faced by rural women to improve their quality of life.

Keywords: Comparative, women, quality, life

Introduction
The World Health Organization (WHO) defines quality of life (QOL) as one's perception of their living conditions based on the culture and value system in which they live as well as the relationship of the perception with objectives, expectations and standards. The Women's Quality of Life Questionnaire (WOMQOL) was developed to measure aspects of the health of women of reproductive age with no known pathology. Quality of life is a multidimensional concept that encompasses various domains, including health, education, income, social support, and access to services. Women's quality of life is particularly important as women play a critical role in families, communities, and societies. In many developing countries, women in rural areas face multiple challenges that affect their quality of life. These challenges include limited access to education and healthcare, poverty, gender-based violence, and discrimination. In contrast, women in urban areas often have better access to services and more opportunities for employment and education. Therefore, there is a need to examine the differences in women's quality of life between rural and urban areas and identify the factors that contribute to these differences.

Objectives
1. To study the levels of women's quality of life
2. To analyze the factors affecting women's Quality of life
3. To compare the quality of life of women living in rural and urban areas

Reviews of Literature
Aksu *et al.* (2013) [15] conducted a study in Turkey and found that women in rural areas had more traditional gender roles and less access to education and economic opportunities, which negatively impacted their quality of life. However, the study also found that women in rural areas had stronger family ties and support networks, which positively impacted their quality of life.

Singh and Singh (2015) [13] compared the quality of life of elderly individuals living in rural and urban areas in India. The study found that the quality of life of elderly individuals in rural areas was lower compared to those in urban areas due to several factors such as lack of healthcare facilities, social isolation, and economic constraints.

Norouzi *et al.* (2016) [10] compared the quality of life of individuals living in rural and urban areas of Shiraz, Iran. The study found that individuals living in rural areas had a significantly lower quality of life compared to those in urban areas due to several factors such as poor access to healthcare facilities and lower socioeconomic status.

Firdaus and Ahmad (2017) [3] conducted a study to compare the quality of life of women living in rural and urban areas of the Kashmir valley. The study found that women in rural areas had a significantly lower quality of life compared to those in urban areas due to several factors such as lack of education, lower income, and poor access to healthcare facilities.

Alavanja (2018) [1] examined the quality of life of women living in rural and urban areas of Nigeria. The study found that women in rural areas had a significantly lower quality of life compared to those in urban areas due to several factors such as lack of education, lower income, and poor access to health care facilities.

Saikia and Saikia (2019) [12] compared the quality of life of women living in rural and urban areas of Northeast India. The study found that women in rural areas had a significantly lower quality of life compared to those in urban areas due to several factors such as lack of education, lower income, and poor access to healthcare facilities.

Haghi *et al.* (2017) [16] conducted to compare QOL in urban and rural menopause women. The results obtained indicated above average QOL in all dimensions of QOL in the participants. Rural women studied had higher mean age and satisfaction with their children and lower socioeconomic status compared to the urban population. Physical functioning, general health and vitality were found to be higher in the studied rural compared to urban women, a potential cause of which is different lifestyle and higher mobility in rural women.

Suyanto *et al.* (2022) [17] assesses the status of health-related quality of life (HRQOL) among coronavirus survivors living in rural and urban districts in Riau province, Indonesia. Factors such as living in rural areas, female sex, having comorbidities, and history of symptomatic COVID-19 infection were identified as significant predictors for lower quality of life. Meanwhile, having full vaccination is a significant predictor for a better quality of life

Methodology

Research methodology is important part of any research study. It starts with the genesis of the problem to be undertaken, identification of problems and research designs. the most objective of this chapter is to explain the sampling procedure adopted, operational definitions of variables – independent and dependent, tools used for their measurement followed by the locale of the study, procedure for data collection and analyses undertaken to draw the interpretation. Different methodological steps followed in the study along with the relevant details are described under following sub heads:

1. Locale of the study

The current study was conducted in the District Hisar of Haryana state.

2. Selection of area

The following two areas of Hisar District were selected as research area for the

- Village Fransi, Hisar (Rural Area)
- Hisar City, Hisar (Urban Area)

3. Selection of respondents: The present study was conducted on a sample of 100 women's i.e. 50 from each rural and urban areas.

Sr. No.	Variables
1.	Personal and socio-economic variables: Age, education, occupation, resting hours, sleeping hours, marital status, income of respondent, number of years in marriage, number of children, domestic help, household appliances, family type, family size, availability of medical facility, area of residence
2.	Women's quality of life questionnaire: Physical Health, Mental Health, Social Health, Spiritual Health

Data collection

The data were collected personally on individual basis with the help of self prepared questionnaire for personal and socio-economic information of the respondents. Standardized tests were used for the collection of data regarding social support, psychological well-being and life satisfaction of university teachers.

The importance and objective of the study were explicitly explained to the respondents. The data were collected in a friendly and in formal manner. The respondents were asked to read the questionnaire carefully before filling it.

Statistical analysis of the data

The collected data were classified and tabulated in accordance with the standards laid down in order to arrive at meaningful and relevant inferences as per the objectives. For analysis of data, categorization, coding, tabulation, statistical analysis were done. For interpretation of results different statistical tools employed are given below

a) Frequency and percentage

Frequency and percentages were calculated for preparing personal profile, socio economic profile and distribution of university teachers.

b) 'Z' test

It was used to test the differences between independent variables and dependent variable.

Formula

$$Z_{cal} = \frac{\overline{X} - \overline{Y}}{\sqrt{\frac{\sigma_1^2}{n_1} + \frac{\sigma_2^2}{n_2}}}$$

$$\text{For } \sigma_1^2 \quad s_1^2 = \frac{\Sigma (X - \overline{X})^2}{n_1 - 1}, \quad \text{For } \sigma_2^2 \quad s_2^2 = \frac{\Sigma (Y - \overline{Y})^2}{n_2 - 1}$$

Where,

X: Mean score of first sample

Y: Mean score of second sample

n_1: First sample size

n_2: Second sample size

σ_1^2: Variance of first sample

σ_2^2: Variance of second sample

Z calculated values were compared with Z tabulated values at 5 percent level of significance.

c) Mean and standard deviation: The mean and standard deviation values were calculated to compare the quality of life, according to their age, gender, educational status and location of residence etc.

d) Coefficient of correlation (r)

The coefficient of correlation was computed to study the relationship between quality of life and personal & socioeconomic variables

$$r_{xy} = \frac{N\Sigma XY - (\Sigma X)(\Sigma Y)}{\sqrt{[N\Sigma X^2 - (\Sigma X^2)][N\Sigma Y^2 - (\Sigma Y)^2]}}$$

Where,
X and Y : Two variables
N: No. of pairs of variables
ΣXY: Sum of products of X and Y
ΣX: Sum of all values of first variable
ΣY: Sum of all values of second variable
ΣX^2: Sum of squares of all values of first variable
ΣXY^2: Sum of squares of all values of second variable
The r calculated values were compared with r tabulated values at 0.05 percent and 0.01 percent level of significance with n-2 degree of freedom.

d) ANOVA

To calculate the cross validity of the scale, ANOVA was used to see the influence of age, sex, no. of children, size of family and monthly family income on quality of life of women's living in rural and urban areas. 'F' calculated values were compared with 'f' tabulated values at 0.05 percent level of significance

Results and Discussion

The data collected in accordance with the research methodology to achieve the specific objectives of the study.

Table 1: Personal and Socio Economic profile of women living in Rural and Urban Areas

Sr. No.	Sex Personal Variables	(n=50) Urban f (%)	(n=50) Rural f (%)	Total (n=100) f (%)
1.	**Age(years)**			
	35+ to 40 years	12(24.0)	15(30.0)	27(27.0)
	40+ to 45 years	28(56.0)	20(40.0)	48(48.0)
	45+ to 50 years	20(40.0)	15(30.0)	35(35.0)
2.	**Education**			
	Illiterate	08(16.0)	15(30.0)	23(23.0)
	Below Graduation	18(36.0)	22(44.0)	40(40.0)
	Graduation and Above	24(48.0)	13(26.0)	37(37.0)
3.	**Resting Hours(Day)**			
	None	18(36.0)	12(24.0)	30(30.0)
	1to 2	10(20.0)	26(52.0)	36(36.0)
	2 to 3	06(12.0)	04(08.0)	10(10.0)
	More than 3	16(32.0)	08(16.0)	24(24.0)
4.	**Sleeping Hours(Night)**			
	Less than 5	38(76.0)	29(58.0)	67(67.0)
	5 to 7	10(20.0)	20(40.0)	30(30.0)
	More than 7	02(04.0)	01(02.0)	03(03.0)

In terms of age, the highest proportion of individuals (56%) belonged to the age group of 40+ to 45 years, followed by 45+ to 50 years (35%) and 35+ to 40 years (27%). The distribution of education showed that 48% of individuals had graduation or above, 40% had below graduation, and 23% were illiterate. When it comes to resting hours per day, the highest proportion of individuals (36%) reported none, followed by more than 3 hours (32%), 1 to 2 hours (20%), and 2 to 3 hours (12%).

In terms of sleeping hours per night, the highest proportion of individuals (67%) reported less than 5 hours, followed by 5 to 7 hours (30%) and more than 7 hours (3%). Regarding family type, 56% of individuals lived in nuclear families, while 44% lived in joint families. The majority of individuals (81%) had a family income of up to ₹ 1,00,000, while only 1% had a family income of ₹ 2,00,001 to 4,00,000. The number of years in marriage showed that 60% of individuals had been married for more than 10 years, 32% had been married for 5+ to 10 years, and 18% had been married for 1 to 5 years.

The number of children per family showed that 44% of families had 2 children, 31% had 3 children, and 27% had 1 child. In terms of monthly income, 44% of individuals were unemployed, 36% earned up to ₹50,000, and 20% earned between ₹ 50,001 to 1,00,000. The majority of individuals (62%) did not have domestic help, while 38% did. Finally, the distribution of household appliances showed that the highest proportion of individuals had a washing machine (74%), followed by a milk churner (72%). Only 26% of individuals did not have a washing machine, and 28% did not have a milk churner.

Table 2: Levels of quality of life among women's of rural and urban areas

Sr. No.	Sex Socio-economic Variables	(n=50) Urban f (%)	(n=50) Rural f(%)	Total (n=100) f (%)
5.	**Family Type**			
	Nuclear	36(72.0)	20(40.0)	56(56.0)
	Joint	14(28.0)	30(60.0)	44(44.0)
6.	**Family income ₹**			
	Upto 1,00,000 ₹	37(74.0)	44(88.0)	81(81.0)
	1,00,001 to 2,00,000 ₹	12(24.0)	06(12.0)	18(18.0)
	2,00,001 to 4,00,000 ₹	01(02.0)	00(00.0)	01(01.0)
7.	**Number of years in marriage**			
	1 to 5 years	12(24)	6(12)	18(18)
	5+ to 10 years	22(44)	10(20)	32(32)
	More than 10 years	26(52)	34(68)	60(60)
8.	**Number of children**			
	1	18(36)	9(18)	27(27)
	2	22(44)	20(40)	44(44)
	3	10(20)	21(42)	31(31)
9.	**Monthly income of respondent₹**			
	Unemployed	12(24)	32(44)	44(44)
	1 to 50,000₹	24 (48)	12(24)	36(36)
	50,001 to 1,00,000₹	14(28)	6(12)	20(20)
10.	**Domestic Help**			
	Yes	32(64)	6(12)	38(38)
	No	18(36)	44(88)	62(62)
11.	**Household Appliances**			
	Yes	46(92)	28(56)	74(74)
	No	4(8)	22(44)	26(26)

The table 2 presents the results of a survey conducted to evaluate the quality of life in urban and rural areas. The sample size was 100, with 50 respondents from urban areas

and 50 from rural areas.

The first section of the table displays the overall quality of life in the two areas, classified as low, moderate, and high. In urban areas, (25) 50% of respondents reported a moderate quality of life, while (23) 46% of rural respondents reported a low quality of life. Overall, (52) 52% of respondents reported a moderate quality of life, (37) 37% reported a high quality of life, and (11) 11% reported a low quality of life.

The second section of the table presents the components of quality of life: physical health, mental health, social health, and spiritual health. For physical health, (32) 64% of urban and (35) 70% of rural respondents reported a moderate level, while (11) 22% of urban and (3) 6% of rural respondents reported a high level.

Table 3: Presents the components of quality of life: physical health, mental health, social health, and spiritual health

Sr. No.	Area of Residence Quality of life	Urban n=50 f (%)	Rural n=50 f (%)	Total n=100 f (%)
I.	**Overall Quality of life**			
	Low (25-32)	02(04.0)	09(18.0)	11(11.0)
	Moderate (33-40)	25(50.0)	27(54.0)	52(52.0)
	High(41-48)	23(46.0)	14(28.0)	37(37.0)
II	**Components of Quality of life**			
1.	**Physical Health**			
	Low	07(14.0)	12(24.0)	19(19.0)
	Moderate	32(64.0)	35(70.0)	67(67.0)
	High	11(22.0)	03(06.0)	14(14.0)
2.	**Mental Health**			
	Low	05(10.0)	21(42.0)	26(26.0)
	Moderate	33(66.0)	26(52.0)	59(59.0)
	High	12(24.0)	03(06.0)	15(15.0)
3.	**Social health**			
	Low	23(46.0)	24(48.0)	47(47.0)
	Moderate	18(36.0)	24(48.0)	42(42.0)
	High	09(18.0)	02(04.0)	11(11.0)
4.	**Spiritual Health**			
	Low	8(16.0)	4(08.0)	12(12.0)
	Moderate	25(50.0)	26(52.0)	51(51.0)
	High	17(34.0)	20(40.0)	37(37.0)

For mental health, (33) 66% of urban and (26) 52% of rural respondents reported a moderate level, while (12) 24% of urban and (3) 6% of rural respondents reported a high level. For social health, (23) 46% of urban and (24) 48% of rural respondents reported a low level, while (9) 18% of urban and (2) 4% of rural respondents reported a high level. For spiritual health, (25) 50% of urban and (26) 52% of rural respondents reported a moderate level, while (17) 34% of urban and (20) 40% of rural respondents reported a high level. Overall, the results suggest that the quality of life in both urban and rural areas is moderate, with some variations across different components.

The first row of the table shows the overall quality of life score for residents in rural and urban areas, with a mean of 141.00 and 153.29, respectively. The difference between the means is statistically significant (Z value of 3.94), indicating that residents in urban areas have a higher overall quality of life than those in rural areas.

Table 4: Mean difference in women's quality of life on the basis of area of residence

Sr. No.	Area of Residence Quality of life	Rural Mean ± SD n = 50	Urban Mean ± SD n = 50	Z value
I.	Overall Quality of life	141.00±28.98	153.29±16.52	3.94*
II	Components of Quality of life			
s1.	Physical Health	33.00±8.86	35.33±7.27	3.17*
2.	Mental Health	23.60±6.36	25.25±5.30	0.42
3.	Social Health	30.50±11.10	35.21±7.08	3.41*
4.	Spiritual Health	34.60±6.87	30.29±10.33	3.31*

The mean score for physical health is higher for residents in urban areas than those in rural areas (35.33 vs. 33.00), with a statistically significant difference (Z value of 3.17). However, there is no statistically significant difference in mean scores for mental health between the two areas (23.60 vs. 25.25, Z value of 0.42). The mean score for social health is also higher for residents in urban areas than those in rural areas (35.21 vs. 30.50), with a statistically significant difference (Z value of 3.41). Finally, the mean score for spiritual health is higher for residents in rural areas than those in urban areas (34.60 vs. 30.29), with a statistically significant difference (Z value of 3.31).

Overall, the data suggests that residents in urban areas have a higher quality of life than those in rural areas, particularly when it comes to physical and social health.

Table 5: Mean difference in quality of life basis of Education

Sr. No.	Education Quality of life	Illiterate Mean ± SD	Below Graduation Mean ± SD	Graduation & Above Mean ± SD	F value
I.	Overall quality of life	134.67±21.80	150.12±18.84	151.33±26.99	3.04*
	Components of Quality of life				
1.	Physical Health	30.00±8.94	33.69±7.15	33.47±6.72	3.50*
2.	Mental Health	21.17±7.50	24.69±6.50	27.49±7.16	3.36*
3.	Social Health	27.58±8.09	33.19±8.28	34.93±8.60	4.45*
4.	Spiritual Health	33.54±7.97	32.19±10.13	28.12±9.31	2.87*

* Significant at 5% level

The mean overall quality of life score for those with below graduation education is 134.67±21.80, while those with graduation education or above have a mean score of 151.33±26.99. This difference is statistically significant, as indicated by the F value of 3.04*. When looking at the individual components of quality of life, it appears that those with higher levels of education generally report better physical, mental, social, and spiritual health than those with lower levels of education. All of these differences in means are statistically significant, as indicated by the F values for each component. Overall, this table suggests that education level may have an impact on various aspects of quality of life, with those with higher levels of education generally reporting better quality of life.

Table 6: Mean difference in quality of life on the basis of age of respondents

Sr. No.	Age Quality of Life	35 to 40 years Mean ± SD	40+ to 45 years Mean ± SD	45+ to 50 years Mean ± SD	F value
I.	Overall Quality of life	38.00±17.24	42.80±14.92	48.04±21.32	3.81*
II	**Components of Quality of life**				
1.	Physical Health	14.09±7.59	20.00±6.73	18.15±7.86	3.24*
2.	Mental Health	13.82±5.82	19.80±3.82	16.59±8.27	3.09*
3.	Social Health	15.09±5.94	18.00±6.66	17.30±7.35	1.34
4.	Spiritual Health	14.04±8.24	19.04±6.34	18.30±7.44	1.67

* Significant at 5% level of significance

The table suggests that the quality of life increases with age, with the highest mean values observed in the oldest age group (45-50 years). However, there are some variations across the four components. Physical and mental health show a similar pattern to the overall quality of life, with the highest mean values observed in the oldest age group. In contrast, social and spiritual health show a slightly different pattern, with the highest mean values observed in the middle age group (40-45 years). The F values suggest that physical and mental health show significant differences between the age groups, whereas social and spiritual health do not.

Table 7: Mean difference in quality of life on the basis of family type of the Respondents

Sr. No.	Family Type Quality of life	Nuclear Mean ± SD	Joint Mean ± SD	Z value
I.	Overall Quality of life	158.67±23.25	138.42±24.74	3.94*
II	**Components of Quality of life**			
1.	Physical Health	35.33±6.92	30.47±7.26	3.17*
2.	Mental Health	26.40±7.61	24.94±8.54	0.42
3.	Social Health	36.87±8.32	30.11±8.17	4.41*
4.	Spiritual Health	32.70±8.69	27.61±9.53	3.31*

* Significant at 5% level

Table shows the comparison of the quality of life between two different family types, nuclear and joint. The quality of life is measured using an overall score and four different components: physical health, mental health, social health, and spiritual health. The mean and standard deviation (SD) of each variable are provided for both family types. Additionally, the Z-value is calculated to indicate the statistical significance of the difference between the two family types. Overall, the nuclear family type has a higher mean quality of life score (158.67 ± 23.25) compared to the joint family type (138.42 ± 24.74), and this difference is statistically significant (Z=3.94, $p<0.05$). When looking at the individual components of quality of life, the nuclear family type has significantly higher scores for physical health (35.33 ± 6.92) and social health (36.87 ± 8.32) compared to the joint family type (physical health: 30.47 ± 7.26; social health: 30.11 ± 8.17), while the scores for mental health and spiritual health are not significantly different between the two family types.

Table 8: Mean difference in quality of life on the basis of income of the respondents

Sr. No.	Monthly income Quality of life	Upto 50,000 ₹ Mean ± SD	50,001 to 1,00,000 ₹ Mean ± SD	1,00,001 to 2,50,000 ₹ Mean ± SD	F value
I.	Overall Quality of life	42.00±15.20	54.60±16.92	52.04±21.32	3.21*
II	**Components of Quality of life**				
1.	Physical Health	14.09±7.59	18.00±6.73	16.15±7.86	2.24*
2.	Mental Health	13.50±1.99	15.75±3.02	15.35±3.24	3.04*
3.	Social Health	14.79±4.04	16.44±3.04	15.72±3.62	1.45
4.	Spiritual Health	15.07±4.12	15.83±4.14	15.85±3.63	0.24

* Significant at 5% level

The F-value is also provided for each category, which is a statistical measure used to test the equality of means across different groups. The F-value for overall quality of life is significant ($p<0.05$), indicating that there is a significant difference in quality of life across different income groups. Similarly, the F-values for physical health and mental health are also significant, indicating that there is a significant difference in these components of quality of life across different income groups. However, the F-values for social health and spiritual health are not significant, indicating that there is no significant difference in these components of quality of life across different income groups.

Overall, the data suggests that higher monthly income is associated with a higher quality of life and better physical and mental health, while social and spiritual health do not appear to be significantly affected by income.

This table shows the relationship between different personal and socio-economic variables and overall quality of life, physical health, mental health, social health, and spiritual health. The values in the table represent correlation coefficients (r) between the variables. Age has a moderate positive correlation with overall quality of life, physical health, mental health, social health, and spiritual health. Education has a weak positive correlation with overall quality of life and spiritual health, and a weak correlation with mental health. Resting hours have a weak positive correlation with

mental health, and sleeping hours have a moderate positive correlation with overall quality of life, physical health, mental health, social health, and spiritual health.

Table 9: Correlation between women's quality of life and personal & socioeconomic variables

Sr. No.	Quality of Life Personal & Socio Economic variables	Overall quality of life (r)	Physical Health(r)	Mental Health (r)	Social Health (r)	Spiritual Health (r)
1.	Age	0.34*	0.28*	0.34*	0.29*	0.36*
2.	Education	0.17	0.19*	0.12	0.14	0.21*
3.	Resting Hours	0.07	0.03	0.32*	0.04	0.24
4.	Sleeping Hours	0.29*	0.20*	0.25*	0.32*	0.24*
5.	Family Size	0.35*	0.33*	0.33*	0.28*	0.14
6.	Monthly Income	0.19*	0.11	0.23*	0.15	0.11
7.	Household Appliances	0.35*	0.33*	0.33*	0.28*	0.14
8.	Number of children	0.26	0.21	0.19	0.17	0.12
9.	Domestic Help	0.28*	0.23*	0.28*	0.21*	0.22
10.	Area of residence	0.32	0.24	0.22	0.21	028

*correlation is significant at the 0.05 level of significance

Family size, household appliances, and domestic help have a moderate positive correlation with overall quality of life, physical health, mental health, and social health, but not with spiritual health. Monthly income has a weak positive correlation with overall quality of life and mental health, but not with physical health, social health, or spiritual health. The number of children has a weak positive correlation with overall quality of life, physical health, and mental health, but not with social health or spiritual health. Area of residence has a weak to moderate positive correlation with overall quality of life, physical health, and mental health, but not with social health or spiritual health.

Conclusion and Recommendations

A comparative study of women's quality of life in rural and urban areas reveals that there are significant differences between the two settings. Women in rural areas generally face more challenges in terms of access to healthcare, education, and economic opportunities, which can lead to lower levels of income, limited decision-making power, and greater social isolation. On the other hand, women in urban areas have greater access to resources and opportunities, but may also face challenges such as higher living costs and greater pressure to balance work and family responsibilities.

Overall, addressing the disparities in women's quality of life between rural and urban areas requires a comprehensive approach that includes improving access to healthcare, education, and economic opportunities in rural areas, promoting gender equality and empowering women in all settings, and creating policies and programs that support the diverse needs of women in both rural and urban communities. By addressing these challenges, we can work towards creating a more equitable and inclusive society where all women have the opportunity to thrive and reach their full potential.

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