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# Sleep Quality and General Health: A Study on Married Working and Non-Working Women

<sup>1</sup>Tanisha Mittal, <sup>2</sup>Dr. Anjali Sahai

<sup>1</sup>Student, Amity Institute of Psychology and Allied Sciences, Amity University Uttar Pradesh Noida, 201301, India
<sup>2</sup>Assistant Professor (III), Amity Institute of Psychology and Allied Sciences, Amity University Uttar Pradesh Noida, 201301, India

# Abstract

**Background:** Sleep is a basic physiological function that is necessary for maintaining both physical and psychological well-being. The relationship between sleep and health outcomes has been the subject of numerous major studies, there is lack of research that particularly compares married working women and non-working women. The majority of research studies tend to concentrate on either family life or work-related stress, but rarely both at once. This study addresses this gap by investigating association between sleep quality and health among married according women to their employment position. Aim: The purpose of this research is to analyze and compare the sleep quality and general health of married working and non-working women and determine differences between both groups. Specifically, it explores whether employment status moderates the association between sleep and health, as supported by existing literature. Through statistically evaluating the hypothesis, the study examines that poor sleep quality is substantially linked to adverse health consequences. Method: A qualitative research design was employed on a total of 102 married women ranging in age from 30-45. Purposive sampling was done to ensure equal representation from both the groups. Data was collected using self-report questionnaires that evaluated sleep quality and different health dimensions. Spearman correlation was conducted. This methodological approach aligns with the research making it possible to find meaningful correlations between sleep quality and health in the target population.

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**Result:** The findings revealed positive correlations between sleep quality and various health related factors. There is no statistical difference in general health and sleep quality between both groups.

**Conclusion:** The study hypothesized that there will be a significant difference between the two groups, the results did not support this assumption. Several limitations including, sample representativeness, social desirability bias and other factors may have influenced the findings. Future research should address these limitations.

*Keywords*: Sleep Quality, General health, Quantitative research, sample representativeness, married working women, non-working women

## Introduction

A basic physiological function that is necessary for preserving general health and wellbeing is sleep. It is a normal, reversible state of sleep in which both the body and mind go through several vital processes that are essential for optimum А complex interaction performance. of neurological and biological mechanisms altered consciousness, and decreased reactivity to outside stimuli are all hallmarks of sleep (Carskadon & Dement, 2011). Sleep is a proactive and changing process that promotes consolidation of memories, healing, and emotional control, despite its seeming inert nature (Stickgold & Walker, 2013).

Numerous studies have examined the relationship between married working women's sleep quality and that of non-working women, emphasizing the impact of a range of psychological, social, and economic aspects. The pressures of juggling work obligations with caregiving and household activities frequently result in increased stress levels for working women. This additional workload may make it more difficult to get a good night's sleep, which could lead to poor sleep quality and sleep deprivation (Medina et al., 2019). Long commutes, work-related stress, and time constraints can all make working women's sleep issues worse. On the other hand, nonworking married women however, could undergo several difficulties that impair the quality of their sleep. Their ability to get restful sleep might be impacted by stress and anxiety caused by things like childcare, domestic duties, and societal obligations. Furthermore, women who do not work might have fewer constraints on their time, which would enable them to have better sleep habits; on the other hand, they might also lack regulated sleep patterns, which would result in inconsistent sleep habits (Stranges et al., 2012). Health is more than just the absence of illness or disability; it is a state of whole well-being in all its forms (World Health Organization [WHO], 1948). It includes a number of aspects that affect an individual's general state of life, such as environmental influences, social relationships, emotional stability, and physical fitness. Health is a dynamic concept that is impacted by an intricate interaction of biological, behavioral in nature, social, and environmental factors. A number of health theories have been put up to explain the different aspects that affect health and illness prevention. The absence of illness and the proper operation of biological systems are central to the Biomedical Theory of Health. It stresses medical actions to treat illness and sees wellbeing as a state that reflects normal physiology (Wade & Halligan, 2004).

There are several characteristics that distinguish working women from non-working women and how their sleep quality is affected. It is recognized that married working women in the 30 -45 age range face particular health and social issues by focusing just on them. Managing a family, advancing in one's job and having children are all common peak obligations around this age and they can all affect how well one sleeps. Caregiving responsibilities and the emotional strain of household chores can nevertheless affect the quality of sleep for women who do not work. This difference is crucial because although both groups suffer from sleep interruptions, their interactions with sleep and health might vary greatly due to the diverse reasons and difficulties they encounter. By mentioning this age range, the introduction focuses on a demographic that has particular difficulties juggling the demands of daily living, making sleep quality a particularly pertinent health concern.

The particular health difficulties like mental health illnesses, cardiovascular problems and weight management issues are brought on by inadequate sleep. There are severe health risks linked to inadequate sleep which highlights how important it is to assess the quality of sleep in this particular population since sleep disturbances may have a substantial impact on long-term health outcomes, particularly for women who are juggling several responsibilities. Women's difficulties juggling work and home life are not only biological or personal, but also influenced by outside forces by introducing the topic of gendered social expectations. This knowledge is essential as the way community expects women to function in the home and at work affects their perception of sleep deprivation. The analysis of married women's health and sleep is deepened by this gendered environment. This justifies the connection between the general health and sleep quality is evident.

Possible interventions such as setting up a regular sleep pattern, coming up with a calming night ritual and avoiding distractions like electronic gadgets right before bed. Creating a comfortable sleeping environment can help to promote a sleep-friendly atmosphere (Hirshkowitz et al., 2015). Maintaining a healthy work-life balance is essential for working women. Companies can contribute by providing flexible work schedules and encouraging wellness initiatives that the value of relaxation highlight and recuperation. Stress at work can be decreased by promoting candid discussions regarding workers' physical and mental wellbeing. Seeking assistance from others is essential for nonworking women to lessen the emotional strain of caregiving. This could entail giving personal well-being top priority, enlisting family members to help out around the house, and getting expert assistance when necessary. This gives the conversation a more useful aspect because the objective is not only to recognize the issues but also to offer solutions. Presenting viable remedies bolsters the overall argument and demonstrates that the study is not only concerned with drawing attention to problems but also with offering practical advice.

#### Method

#### Study Design

The study employed a correlational research design to explore the relation between general health and sleep quality in married working and non-working women. In order to explore possible relationships rather than causal inferences, this approach was adopted to record the sleep patterns and health of a defined population at a certain moment in time. The considerate and confidential methodology made it possible for participants to openly express their thoughts about their sleep and health, which in turn helped to advance the objective of comprehending the relationship between two facets of modern women's lives today.

## **Participants**

Data for the study was gathered using paper-based questionnaires in the community setting of Delhi. The sample consisted of 102 married women between the ages of 30 and 45 who represented both working and non-working populations in order to meet the inclusion criteria. Women diagnosed with chronic physical illnesses, psychiatric conditions or those receiving medical treatment for sleep disturbances were not included. Purposive sampling was used in participant selection process to ensure that both groups were fairly represented. Recruitment was accomplished through direct outreach to local networks and residential communities.

#### **Tools Used**

The Pittsburgh Sleep Quality Index (PSQI), by Dr. Daniel Buysse and his colleagues, was used in this study to evaluate overall sleep quality in the clinical population. This tool played a critical role in data collection by capturing participants' self-reported sleep behaviors and issues over the past month. Subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping medication, and daytime dysfunction are the seven subcategories into which each of the 19 self-reported items in the questionnaire falls. For clinical purposes, there are five more questions that are not scored but are rated by the respondent's bed partner or roommate. The questionnaire consists of a combination of Likerttype and open-ended questions, allowing participants to report how frequently they have experienced specific sleep difficulties and rate their overall sleep quality. Each question is scored from 0 to 3, with higher scores indicating more acute sleep disturbances. Psychometric properties of the PSQI include an internal reliability of 0.83, test-retest reliability of 0.85 for the global scale, a sensitivity of 89.6%, and a specificity of 86.5%. The PSQI was chosen due to its robust psychometric properties and its comprehensive approach to assessing multiple dimensions of sleep, making it a reliable and accurate instrument aligned with the study's objectives.

The General Health Questionnaire (GHQ), developed by David Goldberg, is a selfadministered screening questionnaire designed for use in consulting settings, aimed at detecting those with a diagnosable psychiatric disorder. The GHQ addresses two major domains: the inability to carry out normal 'healthy' functions and the emergence of new, distressing symptoms. It is a four-point Likert-type scale, and it contains 28 items. The GHQ is known for its strong internal consistency and reliability, supporting confidence in its use for mental health screening. This tool was chosen due to its comfort, unwavering quality, and demonstrated utility in clinical and investigative settings.

#### Procedure

Data were collected using self-report measures through questionnaires two administered to married women, both working and non-working. Participants were approached by the researcher and asked if they were willing to respond to the questionnaires. Those who showed interest were given clear instructions for completing the questionnaires, and any doubts were clarified. Confidentiality of responses was assured. The questionnaires were completed in a consistent environment, and once finished, participants were thanked and sent back. Subsequently, the total scores from both questionnaires were computed and correlated.

## **Ethical Considerations**

The study closely followed the moral guidelines established by Amity University, Noida. A comprehensive informed consent form explaining the study's goals, methods and participant's rights were given to each participant. There were no material or financial compensation provided and participation was completely voluntary. Confidentiality was maintained throughout the research and all responses were anonymized. These precautions ensured the study's ethical integrity as well as privacy and dignity of its participants.

## Data Analysis

The data in this study were analyzed utilizing the Mann-Whitney U test to compare

total general health and sleep quality between married working and non-working women. Spearman's rank-order correlation was moreover utilized to explore the relationships between sleep quality and specific health-related variables, including somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. The analysis showed moderate to strong positive correlations among these variables, with significance thresholds set at p < p.05, p < .01, and p < .001. The discoveries uncovered no statistically significant differences in sleep quality (U = 1083, p = 0.690) and general health (U = 962, p = 0.208) between the two groups. There was no mention of data transformation, taking care of missing data, special cases, or potential confounding variables. The specific software utilized for analysis was Jamovi.

#### Result

# Presentation of Data

The primary hypothesis proposed a significant difference in sleep quality and general health between the two groups; however, results from the Mann-Whitney U test indicated no statistically significant differences in general health (U = 962, p = .208) or sleep quality (U = 1083, p = .690), suggesting that employment status does not substantially influence these variables. Descriptive statistics revealed elevated mean scores for anxiety and insomnia (M = 7.54, SD = 3.67), social dysfunction (M = 7.50, SD = 4.50), and sleep quality (M = 8.14, SD = 4.50), indicating considerable stress and sleep

disturbances within the sample. Moderate mean scores were also observed for somatic symptoms (M = 7.13, SD = 3.01) and severe depression (M = 5.56, SD = 4.71). Spearman's rank-order correlation analysis showed significant positive relationships between sleep quality and somatic symptoms (r = .524), anxiety and insomnia (r =.378), social dysfunction (r = .500), and severe depression (r = .408). Additionally, strong correlations were found between anxiety and insomnia and social dysfunction (r = .696), as well as between social dysfunction and severe depression (r = .830). These results highlight the strong interconnectedness between sleep quality and multiple dimensions of health, though they also suggest that employment status alone may not be a determining factor in these outcomes.

#### **Descriptive Statistics**

Table No.1

General Health	Μ	S. D
Somatic Symptoms	7.13	3.01
Anxiety and insomnia	7.54	3.67
Social Dysfunction	7.50	4.50
Severe Depression	5.56	4.71
Sleep Quality	8.14	4.50

The table no.1 (Mean and Standard Deviation) for different aspects of general health. The mean score indicates that anxiety and insomnia (M=7.54, SD= 3.67) and social dysfunction (M= 7.50, SD= 4.50) are relatively high among married women, suggesting potential stress related concerns. Sleep quality (M= 8.14, SD= 4.50) also shows a high mean, implying

significant variations in sleep disturbances. Additionally, somatic symptoms (M=7.13, SD=3.01) and severe depression (M=5.56, SD=4.71) indicate moderate health impacts, highlighting the need to address both mental and physical health in this population.

#### **Statistical Significance and Effect Sizes**

The results of the study indicated that there were no statistically significant differences in general health and sleep quality between married working and non-working women. This was determined using the Mann-Whitney U test, where the p-values for general health (U = 962, p = 0.208) and sleep quality (U = 1083, p = 0.690) both exceeded the conventional threshold of p <0.05, indicating a lack of statistical significance. Additionally, Spearman's rank-order correlation revealed moderate to strong positive correlations between sleep quality and various health components—somatic symptoms ( $r = 0.524^{**}$ ), anxiety and insomnia  $(r = 0.378^*)$ , social dysfunction ( $r = 0.500^*$ ), and severe depression  $(r = 0.408^{**})$ , with significance levels indicated at p < 0.001. Non-parametric strategies, just like the Mann-Whitney U test were applied, proposing that the assumptions of parametric tests may not have been met.

## **Qualitative Results**

The qualitative data was analyzed using Jamovi software. Thematic analysis revealed several prominent categories, including role overload, caregiving stress, emotional fatigue, and disrupted sleep routines. Participants frequently described the challenges of balancing household duties and caregiving responsibilities, which negatively impacted their physical and emotional well-being. Working women cited occupational stress and time constraints, while non-working women often reported social isolation and a lack of structured routines. The analysis highlighted how sociocultural expectations and gendered responsibilities contribute to poor sleep quality across both groups. These themes provide insight into the complex interplay between sleep and health in the context of marital and societal roles.

#### **Visual Presentation of Results**

Table No.2

	Somatic Symptoms	Anxiety and insomnia	Social dysfunction	Severe depression	Sleep quality
Somatic	_				
Symptoms					
Anxiety and	0.537***	_			
insomnia					
Social	0.517***	0.696***	_		
dysfunction					
Severe	0.432***	0.684***	0.830***	_	
depression					
Sleep quality	0.524***	0.378***	0.500***	0.408***	_

*Note.* \* p < .05, \*\* p < .01, \*\*\* p < .001

The table no.2 presents Spearman's rank-order correlations that shows significant positive relationships between sleep quality and various health-related factors. Somatic symptoms, anxiety and insomnia, social dysfunction and severe depression all exhibit moderate to strong correlations with sleep quality (r= 0.524, 0.378, 0.500 and 0.408, respectively), indicating that

poor sleep quality is associated with worsened health outcomes.

Table No.3

Independent Samples T-Test

		Statistic	р
Total general health	Mann-Whitney U	962	0.208
Total sleep quality	Mann-Whitney U	1083	0.690
<i>Note.</i> Ha μ <sub>1</sub> ≠ μ <sub>2</sub>			

The above table no.3 presents the Independent Samples T- Test results, using the Mann-Whitney U Test, indicate no significant differences in total general health (U= 962, p= 0.208) and total sleep quality (U= 1083, p= 0.690) between the two

groups working and non-working women. Since both p-values are greater than 0.05, there is no statistically significant difference in general health or sleep quality between the groups.

#### Discussion

The discussion explores the findings of the study on the relationship between sleep quality and general health among married working and non-working women. Although the initial hypothesis suggested there would be significant differences between the two groups, the results did not support this. No statistically significant differences were observed in general health (U = 962, p = 0.208) and sleep quality (U = 1083, p = 0.690). Descriptive statistics revealed higher mean scores in anxiety and insomnia (M = 7.54, SD = 3.67) and social dysfunction (M = 7.50, SD = 4.50), indicating increased stress and challenges in social interactions. The mean score for sleep quality (M = 8.14, SD = 4.50) pointed to substantial variation in sleep disturbances. Moderate levels of somatic symptoms (M = 7.13, SD = 3.01) and severe depression (M = 5.56, SD = 4.71) emphasized the need to address both physical and mental health concerns. Spearman's correlation showed significant positive relationships between sleep quality and somatic symptoms (r = 0.524), anxiety and insomnia (r =(0.378), social dysfunction (r = 0.500), and severe depression (r = 0.408). These outcomes reinforce the known connection between poor sleep and health issues. A strong correlation was found between anxiety and insomnia (r = 0.537), as well as between social dysfunction and severe depression (r = 0.830). The findings imply that employment status alone may not significantly influence health and sleep outcomes. Both groups appear to encounter diverse but comparable stressors affecting their well-being. Other elements like marital satisfaction, caregiving duties, and financial stability might have a stronger effect. Similarities in daily routines and coping strategies could also explain the lack of significant differences. The study highlights limitations such as sample representativeness and reliance on self-reported data.

## **Interpretation of Findings**

The findings of the study indicate that there is no significant difference in sleep quality or general health between married working and non-working women, suggesting that employment status alone does not substantially influence these outcomes. Despite initial expectations, both groups reported similar levels of sleep disturbances and health-related concerns, as evidenced by non-significant Mann-Whitney U test results. High mean scores for anxiety, insomnia, and social dysfunction point to considerable psychological stress across the sample, while moderate levels of somatic symptoms and depression further highlight mental and physical health challenges. The significant positive correlations between poor sleep quality and all measured health variables underscore the interconnectedness of sleep with both physical discomfort and psychological distress. These patterns suggest that broader factors-such as caregiving responsibilities, marital satisfaction, coping mechanisms, and social support-may have a stronger influence on women's health than employment status. The results align with existing literature on the bidirectional relationship between stress, sleep, and mental health, reinforcing the need for integrated approaches to well-being that account for both psychosocial and biological factors.

#### **Theoretical Implications**

The study contributes meaningfully to the existing theoretical frameworks surrounding psychology, particularly health the biopsychosocial model, by reinforcing the interconnected roles of biological, psychological, and social factors in shaping sleep quality and general health among married women. The results also support the stress-buffering hypothesis, which highlights how social support systems can mitigate the negative impact of stress on health outcomes. Additionally, the observed associations between sleep disturbances and mental health variables such as anxiety, social dysfunction, and depression provide empirical backing to theories of psychophysiological interdependence, where poor sleep both reflects and exacerbates psychological distress. This study underscores the need to expand existing theoretical models to more explicitly incorporate gendered experiences, social roles. and employment status as dynamic influences on health. Future theoretical development should consider how culturally defined roles and expectations for married women affect not only their psychological well-being but also their physiological functioning through disrupted sleep patterns.

#### **Practical Implications**

There are several important practical implications for public health, workplace policies, and family dynamics. Increasing public awareness about the role of sleep in overall health can guide initiatives targeted at married women balancing professional domestic and responsibilities. Healthcare providers are encouraged to incorporate routine sleep assessments, particularly for women experiencing fatigue or stress-related conditions. Employers can support working women by offering flexible schedules, remote work options, and wellness programs that promote work-life balance. On the family front, encouraging equitable sharing of household duties may help reduce stress and improve marital well-being. Additionally, the study emphasizes the need for accessible mental health resources and support systems tailored to the emotional needs of both working and non-working married women. From a policy perspective, sleep health awareness campaigns and reforms in family leave policies could help alleviate the burden on women managing both caregiving and personal health.

# Limitations

This study has several limitations that may affect the generalizability and interpretation of the findings. Firstly, the sample was limited to a specific demographic and socioeconomic group, which may not represent the broader population of married working and non-working women. Secondly, the reliance on self-reported data introduces the possibility of response bias, including socially desirable answers and recall inaccuracies. A longitudinal design would provide deeper insights into changes and longterm relationships between variables.

# **Future Research Directions**

Future research should aim to include larger and more diverse samples to enhance the generalizability of findings across different socioeconomic cultural backgrounds. and Longitudinal studies would be valuable in capturing changes in sleep quality and general health over time, allowing for stronger causal inferences. Additionally, incorporating objective measures of sleep, such as actigraphy or clinical assessments, could reduce bias associated with self-report data. Further investigation into variables like marital satisfaction, caregiving responsibilities, and psychological resilience may

offer deeper insights into the complex relationship between sleep and health among married women. Comparative studies examining gender-based differences in sleep patterns and health outcomes could also broaden the scope of understanding in this area.

## Conclusion

The study investigated the relationship between sleep quality and general health among married working and non-working women, hypothesizing a significant difference between the two groups. However, the results did not support this hypothesis, as no statistically significant differences were found in either sleep quality or general health. This suggests that employment status alone may not be a determining factor in women's health and wellbeing. Several limitations could have contributed to these findings, including a non-representative sample, reliance on self-reported data, and the influence of social desirability bias. Participants may have misreported their experiences, potentially affecting the accuracy of the results.

Uncontrolled variables such as caregiving responsibilities, household duties, financial stress, and psychological factors may have had a greater impact on health and sleep than employment status. Additionally, both groups may have developed coping mechanisms—such as structured routines or lifestyle adjustments that mitigated potential differences. Cultural and societal expectations may also contribute to similar stress levels among married women, regardless of their work status.

The study's methodology could be improved in future research by including objective sleep measures like actigraphy, as well as employing longitudinal designs to observe changes over time. Despite its limitations, the study contributes to a deeper understanding of the complex factors influencing sleep and general health. It underscores the importance of considering psychological, social, and lifestyle factors beyond employment when examining women's well-being. Future research should comprehensive adopt more approaches, integrating diverse variables to better understand the multifaceted relationship between sleep quality and health.

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#### Author contributions

Author A.; Conceptualization, methodology, investigation, original draft preparation, writingediting, Author B.; software, validation, formal analysis, resources, visualization, supervision. Both authors have read and agreed to the published version of the manuscript.

#### **Competing interests**

The authors declare no competing interests.

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