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The Importance Of Physical Activity And Community Participation Amongst Women For A Better Quality Of Life: A Cross-Sectional Study of Indonesia Family Life Survey

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Abstract

Background:The quality of life differs according to individual characteristics and social life. Employment status impacts women's role in family and society. Income influences many aspects of women's lives. This research was designed to compare the quality of life of employed women with unemployed womens. This study is quantitative research in public health to determine the quality of life of employed women and unemployed womens. This study used data from the Indonesia Family Life Survey in 2014. The first (IFLS1) wave was conducted in 1993–1994. The survey individuals represented almost 83% of the Indonesian population residing in 13 of the country's 26 provinces. IFLS5 was carried out in 2014-2015 and the individual re-contact rate was 90.5%. The number of women in the 2014 IFLS data aged 22-55 years who were not attending school is 10,661. Subjects with complete data in this study were 7169. Primary activities during the past week such as being employed and homemakers were eligible criteria. The average QoL score of employed women was higher than unemployed womens, with the mean difference was 0.019. The person correlation reveals no differences in overall QoL for both groups. Despite the Pearson correlation test revealing no significant difference in overall quality of life, employed women rated higher scores for almost dimensions of quality of life (well-being, general health, physical activity, social participation, religion, and social environment). The current study identified significant differences in physical activity and community participation for the two groups. The quality of life of employed women is better than unemployed. This study provides the ensuing practical implications regarding regular physical activity and getting involved in community programs. It is necessary to strengthen the support system. Furthermore, health promotion is essential for women to take responsibility for chores and achieve social support by engaging in community activities.

Keywords: Quality Of Life, Employed Women, Unemployed Women, Physical Activity, Community Participation

INTRODUCTION

In recent decades, researchers have shown an interest in the rapidly developing concept of quality of life in health, societal and economic fields. It is well known for the positive relationship between social capital and successful work (Wang, Chang, & Miao, 2021). World Health Organization (WHO) defined QoL as individuals' perceptions of their position in life in the cultural context and value system in which they live, and concerning their goals, expectations, standards, and concerns (WHO, 2012). An integrative definition of QoL has been proposed as a multi-scale, multi-dimensional concept (Wong, Yang, Yuen, Chang, & Wong, 2018) that contains interacting objective and subjective elements (Costanza et al., 2008; De Vries, J. and Van Heck, 1998). Life achievement, integrated well-being, autonomy, social inclusion, and social relationships resolve the individual's quality of life (Hult, Pietilä, & Saaranen, 2020)

Women began to be involved in the workforce in the 1940s and added to the traditional norms of women as housewives and breadwinners (Moen, 1992). The motivation of women to work is to earn income, have adequate social capital, and have stable and satisfying work. Others are fulfilling social roles, realizing personal potential, and appreciating needs. Nevertheless, there are still many women working on unpaid housework. The labor force participation rate of Indonesian females aged 15 years and over in 2017 is 48.12% and is higher in rural areas than in urban areas. This figure is smaller than that of the (77.95%) (Central Statistics Agency and Ministry of Women's

Empowerment and Child Protection, 2018). Household chores include providing a comfortable environment for the family, taking care of children, and meeting family needs. These assignments are slightly different from other jobs because the duties are unpaid, repetitive, and endless. In addition, it plays a responsible role in the family (Saravi, Navidian, Rigi, & Montazeri, 2012).

Early cohort studies proved that full-time unemployed womens experienced poor quality of life (Emrani, Akbari Sari, Zeraati, Olyaeemanesh, & Daroudi, 2020). Unemployed have been empirically proven to lead family to a cycle of poverty (López Del Amo González, Benítez, & Martín-Martín, 2018) and poor physical health (Norström et al., 2019a) due to low access to health services. Furthermore, research findings confirmed increasing health inequalities between employees and non-employees (Shahidi, Muntaner, Shankardass, Quiñonez, & Siddiqi, 2018). A study found a difference of 10% with a lower quality of life among the unemployed (Norström et al., 2019b). Apart from that, employed women have a better quality of life, specifically in the role of emotional, vitality, and mental health (Saravi et al., 2012). In work, personality types affect the psychological function of workers and lead to effective intellectual functioning, independent orientation towards self and society. Contrary to these results, other empirical studies have revealed that women who work paid are increasingly burdened with being economically active and must continue to carry out other household tasks and reduce their quality of life (Mensah & Adjei, 2020).

Fewer studies examine the quality of life of employed women, for being the breadwinner in the family is granted the fundamental role of men. Acknowledging women's employment plays a minor role in the significant role of housekeeping and the lack of cooperation between family members in doing household chores. This research was designed to compare the quality of life of employed women with unemployed womens

RESEARCH METHODS

This research was a population-based cross-sectional study derived from secondary data of Indonesia Family Life Survey 2014 (IFLS). IFLS is an ongoing longitudinal socioeconomic and health survey. The first (IFLS1) wave was conducted in 1993–1994. The survey individuals represented almost 83% of the Indonesian population residing in 13 of the country's 26 provinces. IFLS5 was carried out in 2014-2015 and the individual re-contact rate was 90.5%. The number of women in the 2014 IFLS data aged 22-55 years who were not attending school is 10,661. Subjects with complete data in this study were 7169. Primary activities during the past week such as being employed and homemakers were eligible criteria.

The quality of life was an outcome response. The composite index of QoL was derived from 43 items. 9 questions include subjective well being (general life satisfaction, level of life satisfaction, the current level of welfare, welfare 5 years ago, welfare expectations for the next 5 years, keeping standards of living today and next 5 years, meeting household needs, food consumption and health care, happiness (Book IIIA SW:01.02,03,03a,03b,04,05,06,12). Six questions regarding the social environment comprise: helping people, being aware of the environment, more belief in fellow tribes and neighbors, environmental security (TR 01,02,03,05,06,07). Religion including attitudes towards neighbors and residents of different religions, section TR:11,24,25,26. Five questions about general health, including health condition: general health, comparison of health one year ago, health expectations for the next year, comparison of health with another person of one's age and sex, health expectations for the next five years (Book IIIB KK:01,02C,02I,02K,02L). All the questionnaires above are on the Likert scale 1-4. Physical activities consist of vigorous activity, moderate physical effort, and walking activity (Book IIIB: KK02m, n,o). 6 questions about psychological, i.e., concentration, depression, future, sleep disorder, happiness, get going (Book IIIB KP: A,B,C,D,E,F,G,H,I,J). 7 items of community participation: arisan, community meeting, voluntary labor, program to improve the village, youth group activity,

religious activities, village saving and loans (Book IIIB: PM01, PM16A,C,D,N,O,Q). Sociodemographic factors (Book IIIB) consist of age (Cov3: 25-35, 36-45, 46-55 years), marital status (Cov4: unmarried, single and married), length of education (DL06: ≤ 6, 7-9, ≥ 9 years), and primary activities during the past week (TK01; employed women, unemployed women). The health-related quality of life instrument in this study had been used successfully in a similar study (Yuniati & Kamso, 2021).

A confirmatory factor analysis (CFA) was used to build a QoL construct. The cut-off criterion for factor analysis is a factor loading above 0.30. Model goodness of fit was evaluated by the following statistical indices 1314: including the model χ2 test, the adjusted goodness of fit index (AGFI), the Tuc¬ker-Lewis index (TLI), the comparative fit index (CFI), and the root mean square error of approximation (RMSEA). Good parameters of fit model were GFI, AGFI, TLI, CFI > .90, and RMSEA < .08 (Džuka & Schmitt, 2016; Mueser et al., 2017). Pearson correlation and Spearman tests were conducted to determine the mean difference between the QoL of employed women and unemployed womens.

Ethical Committee Faculty of Public Health University of Indonesia (Approval Number: 771/UN2 F10/PPM.00.02/2018) and Lembaga Pengelola Dana Pendidikan Indonesia granted permission to conduct this study after informed written consent was obtained from each participant.

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RESULTS AND DISCUSSION

In total, 7591 women were involved in this study. Table 1 provides information regarding the demographic characteristics of employed women and unemployed womens. As seen, the majority of participants were unemployed womens (3892, 51.3%). In both groups, most participants were between the ages of 25-35 years. More employed women had senior high school or academic degrees than unemployed womens (46.6% vs. 40% respectively). However, many women only have a primary level of education or less, either employed women (34.5%) or unemployed womens (35.8%). Most of the participants were married, 94.1% amongst unemployed womens, and 84.5% amongst employed women.

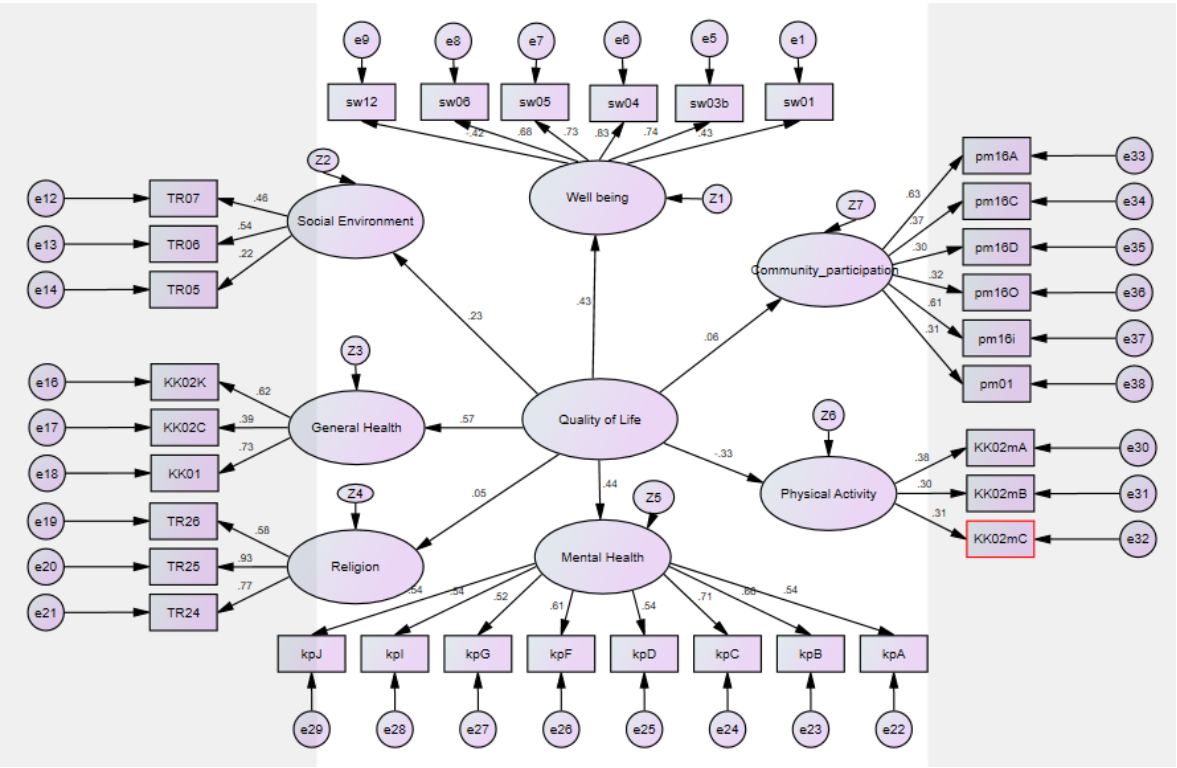
Table 1. Sociodemographic characteristics of The Study Participants

Socio-demographic caracteristics	Women = 7591			
	Employed (n=3699)		Homemaker (n=3892)	
	n	%	n	%
Age				
25 -35 years	1497	40.5	1899	48.8
36 - 45	1236	33.4	1276	32.8
46 - 55	966	26.1	717	18.4
Length of education (years)				
≤ 6	1277	34.5	1393	35.8
7-9	698	18.9	942	24.2
≥ 9	1724	46.6	1557	40
Marital status				
Unmarried	197	5.3	52	1.3
Single	377	10.2	177	4.5
Married	3125	84.5	3663	94.1

A confirmatory factor analysis (CFA) was conducted with AMOS v.24. CFA was carried out to assess the suitability of the proposed quality of Life model, comprising seven first-order and one second-order factor. The proposed model consists of 7 dimensions: well-being, social trust, religion, physical health, physical activity, community participation, and psychological well-being. First, we conducted first-order CFA and excluded several items because of the very low correlation (r<0.3). Of the 43 items, then selected 23 items as CFA input data for the second order. The 11 indicators excluded were five items in the general health dimension (an overview of health in the next year and the ability to do activities as today for the next five years, overall QoL 5 years ago and five years later, keeping the standard of living today in the next five years), two items of mental health (Future and happiness), two items for the social environment (vigilance towards others and belief in the same tribe), and two indicators of religion (religious observance, religiosity).

The final result of the second-order CFA (figure 1) indicated a fitted model. Mental health and religion dimensions had a standardized factor loading above 0.50, other dimensions above 0.4 except social environment there was one indicator less than 0.3. The second-order CFA provided that all items are significant to seven different factors, establishing the association between items and latent factors. The goodness-of-fit indices associated with the proposed factor solution were: X2 = 9154,25, GFI = 0.934, AGFI = 0.925, TLI = 0.829, CFI = 0.841, RMSEA = 0.044, X^2 = 0.000. Figure 1 provides the result of the confirmatory factor analysis.

Figure 1. Quality of Life- Seven Factor Second-Order Confirmatory Model



In table 2, it can be seen that the mean and standard deviation of the QoL mean for working women and women unemployed womens were slightly different. The QoL mean scores of employed women were 5.387 (SD=0.651) 1.63) and unemployed women 5.368 (SD=0.647), respectively. The mean score of employed women's quality of life was higher than unemployed womens, and the mean difference was 0.019. Overall, almost all the employed women's QoL dimensions mean scores are better than unemployed womens, except for mental health. The lowest and highest mean difference were on general health (0.002) and social participation (0.026), respectively, and the highest mean value for employed women. To determine the significance of the difference in QoL dimensions in the

two groups of women, we conducted the Pearson correlation test on normally distributed data and the Spearman correlation test on abnormal data. Likewise, the mean and SD values in the 7 dimensions of QoL, the values in the two groups were not much different.

Table 2. Women's Quality of Life

Quality of Life and Dimensions	employed women (n=3699)		Unemployed women (3892)		
	Min - Max	Mean ±SD	Min - Max	Mean ±SD	P
Quality of Life	2.65 - 7.30	5.387 - 0.651	2.40 - 7.09	5.368 - 0.647	0.925*
Well Being	0.64 - 2.91	1.903 - 0.437	0.61 - 2.90	1.878 - 0.423	0.775*
General health	1.06 - 3.59	2.675 - 0.380	1.00 - 3.57	2.655 - 0.389	0.994*
Mental health	0.87 - 3.24	2.747 - 0.448	0.83 - 3.23	2.772 - 0.436	0.483**
Physical activity	0.02 - 0.37	0.162 - 0.066	0.03 - 0.38	0.154 - 0.059	**0.046***
Social participation	0.78 - 1.56	0.977 - 0.194	0.78 - 1.56	0.951 - 0.177	**0.002****
Religion	0.8 - 3.19	2.153 - 0.464	0.80 - 3.19	2.146 - 0.454	0.312**
Social environment	0.29 - 0.82	0.629 - 0.071	0.28 - 0.81	0.621 - 0.073	0.396*

***Pearson Correlation, **Spearman Correlation**

As depicted in Table 2, the Pearson correlation test revealed no significant differences in QoL between employed women and unemployed womens (P=0.925). The Pearson correlation established a considerable difference in physical activity between the two groups of women (P=0.046). A separate analysis by Spearman correlation revealed that the social participation of employed women in the community was significantly different from unemployed womens (P=0.002).

Indonesia is a developing country that maintains the local tradition. Indonesia's patrilineal culture identifies women as the primary responsibility in household affairs and sometimes becomes an obstacle for women to become workers. It is difficult to determine if changes in behavior affect the norms in marriage or vice versa. Women's engagement in employment has an impact on work-family conflicts related to traditional gender roles. Women are commonly dominant in family caregiving and household chores, while men are expected to play the role of breadwinners.

The finding of this current study proves that there is no difference in overall QoL between employed women and unemployed womens. The results of this study are in line with the results of empirical studies. Especially in the social environment and mental health, there was no significant difference between the two groups of women(Khan, 2018). Work is a physical activity that involves the movement of muscles and bones. Women's physical activities carried out daily regularly make the body's blood flow smoothly and have an impact on body health, regardless of the aspect of earning money. This proves significant differences in physical activity between employed women and unemployed womens. In the last decade, many diseases arise due to a sedentary lifestyle. Experts examine physical activity as a preventive effort to improve health and the quality of life (Rodriguez-Fernandez & Zuazagoitia, 2017).

In social life, women have a role in the family as a financial supporter and socio-political role. This role allows women to keep interacting, maintaining good interpersonal relationships in social life so that it has an impact on improving self quality(Rattani, 2012). The previous studies revealed that women's decisions to work outside the home or become housewives are strongly influenced by their socioeconomic status and their desire to earn money (Kabeer, Assaad, & Darkwah, 2013). Concerning marital status, another finding states that single, divorced, or widows rate a poor quality of life because families might deal with economic problems or mental deterioration since losing their spouses (Emrani et al., 2020). Marital status also plays a role in deciding to work. Working women decide to leave the labor force after getting married or giving birth to their first child, but often return

to work when the children are school-aged or in their teens (Moen, 1992). Many changes appear in a woman's life cycle, specifically after marriage and childbirth. Parenting, physical fatigue, and economic burden are the most common issues. Employed mothers most generally encounter it problematic to perform multiple roles in family life and career. Many aspects require them to be ideal mothers and excellent workers. Time constraints are a critical restriction in ensuring personal free time to reduce stress (Bae, Chang, & Lee, 2020).

Affirming to the theoretical framework of the 'Role,' involvement in multiple tasks may enhance women's well-being. Enlargement to classical roles, being employed are additional roles for women to achieve increased self-esteem, higher income, and broader social support and is believed to have a positive impact on QoL (Saravi et al., 2012). Financial compensation is the real prosperity of work. Even previous studies found that the unemployed were the least satisfied with their economic situation of all quality of life's components (Shahidi et al., 2018). Current studies have widely proven that a high level of education has become an important factor in a successful life transition and success in the labor force. Those who are Unemployed and uneducated experience problems in meeting the needs of food and clothing, less participation in social activities, and various mental health problems such as anxiety, worry, and insecurity (Kivijärvi et al., 2020).

Some previous studies have concluded findings similar results of this study (Norström et al., 2019b)(Buehler & O'Brien, 2011)(Saravi et al., 2012). Based on previous research, it was found that paid work can improve psychological health, support adaptive work-family balance, create life satisfaction, and improve financial well-being(Blustein, Olle, Connors-Kellgren, & Diamonti, 2016). Employment is the most important way to obtain adequate economic resources, which is very important for material welfare and full participation in society today(Waddell & Burton, 2006). Women with higher education are more likely to work outside the home and earn money(Boixados, Hernandez, Guillamon, & Pousada, 2010). Job satisfaction such as autonomy at work, good career prospects, and good relationships in the work environment, will ultimately increase life satisfaction(Drobnic, Beham, & Prag, 2010).

Interesting findings from this study, unemployed womens' mental health was better than employed women. Poor working conditions, over workload, and women's dual role as housewives, can worsen mental health. While the stipulation of work must consider the social context, the nature, workload, security, and accommodation (Waddell & Burton, 2006), not all jobs can provide satisfaction for workers. Empirical studies have created a decent job index, namely physical environment, work intensity, working time quality, social environment, skills and discretion, prospect, and earnings (Ariza-Montes, Giorgi, Hernández-Perlines, & Fiz-Perez, 2019). In Indonesia, the participation and role of women are increasing in various professions related to education, nursing, midwifery, and other services.

One of the stress-coping approaches is social support that considered a stress buffer and has a positive outcome on quality of life. In global dialogue, community participation is promoted as an important component of a human rights-based health approach. It implies that health services are not limited to providing health services but also overcome health problems in social determinants (Marston et al., 2016). Being involved in community activities provides opportunities for interpersonal intelligence, promotes competence, reinforces people in their group, and gives them a sense of volition (Marston et al., 2016). Some empirical studies inform community participation as empowerment in emancipatory, political, and social change (McCoy, Hall, & Ridge, 2012). Community-based asset enhancement has considerable potential as it is based on social value. Furthermore, asset-based community participation has grown into a consensus that it can improve the health of its members (Munford, Sidaway, Blakemore, Sutton, & Bower, 2017). Community-based asset enhancement has considerable potential as it is based on social values. Moreover, similar findings highlight imperative community participation positively impacts better psychology, development, and behavior, resulting in a higher quality of life (Burns-Lynch, Brusilovskiy, & Salzer, 2016; Munford et al., 2017). The investigation from two longitudinal intervention studies

declares the benefits of community participation in reducing depression symptoms, improving mental health, and enhancing the quality of life (Cruwys et al., 2014). Further empirical intervention studies on youth capacity building and engagement in varying community-based assets significantly enhance psychological well-being and quality of life (Renzaho, Doh, Mahumud, Galukande, & Kamara, 2020).

These current discoveries confirm physical activity as a quality of life determinant. A similar finding in later work, a prominent result in a five-year longitudinal study of women's health declared those no physical activity encounters an extreme decline in quality of life over time (Kanesarajah, Waller, Whitty, & Mishra, 2018). An empirical study claimed that constant physical activity is valuable to maintain health, whichever has a practical impact on psychology, well-being, cognitive developments, and levels of optimism (Heiestad, Rustaden, Bø, & Haakstad, 2016). The prime obstacle to dealing with physical activity is low motivation and consistency. A study has confirmed behavioral maintenance and compliance by promoting intrinsic motivation, namely pleasure and positive challenges (Deci & Ryan, 2000). The unemployed have limited prospects of sustainable development, linked with modest economic, social, and mental health consequences. Not being economically independent restraint the ability to fulfill personal and family needs, derive low qualifications and professional skills (Zhang & de Figueiredo, 2018).

Former research has evaluated women's quality of life in specific disease groups, such as cancer, age-related disease, and menopausal problems. Finite research explores women's quality of life regarding participation in employment. This study has several limitations. We define employment as a participant's main activity in the past week. This definition does not guarantee that a person will experience episodes. The quality of life assessment should be primarily determined by the experience of employment from a long perspective. In addition, it is necessary to subgroup participants based on marital status, which is an essential disparity for future research to address. In the household, women's life is the husband's responsibility, and working to earn money is only a minor role of women.

CONCLUSION

Health promotion regarding community participation is vital in health promotion. Emphasis on the benefits of community participation, health care providers can lead women to engage in community-based health services. Women of productive age as the nation's primary human resources play a significant role in sustainable development related to the quality of life and income. The findings of this study show that most employed women's quality of life scores are higher than unemployed womens except for mental health. It can be underlined that work plays a vital role for women. It is a challenge to gain a family life and work-life balance. Due to the vital role of productive women in domestic and social life, researchers' assignment is to discover what health experts should do in enhancing women's quality of life. More specifically, there is an obvious need for impending research to explore how women can be economically independent, have optimal physical activity, and be involved in community activity to have a better quality of life

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