

Body Shape Concerns, Self-Esteem and Quality of Life Among Women

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ABSTRACT

The present study population is women, mothers and non-mothers. Main focus of the population is mothers. Mothers go through physical changes before and after giving birth. For some mothers it takes longer time to get back to the body they used to have and for some they do not change themselves as are happy to they embrace the changes. However, the non-mothers even though they don't go through the physical changes of birth, they do go through body shaming issues. A woman in general goes through body shaming on a day-to-day basis. Which in turn affects their self-esteem, they tend to forget that they are beyond those criticisms. Once self-esteem of mothers has affected, it can have an effect on their quality of life. The main objective of the study was to examine the relationship between body shape concerns, self-esteem and quality of life among mothers and non- mothers and to identify the difference in Body shape concerns, Self-esteem and Quality of life based on age, locality and occupation. The total participants of the study were 104 women (63 mothers and 41 non-mothers). The tools used to assess the variables were Body Shape Questionnaire (BSQ 16A), Quality of Life Scale and Rosenberg's Self-Esteem Scale. The major findings of the study were that there is a significant relationship between body shape and quality of life among mothers and there is no significant relationship between body shape, self-esteem and quality of life among non-mothers. The findings also revealed that there is no significant difference in body shape, self-esteem and quality of life among women. The study also found that there is influence of body shape in quality of life among mothers that as body shape concerns decreases the quality of life increases.

Keywords: *Body shape, Self-esteem, Quality of Life, Women*

The present study population is women, mothers and non-mothers. Main focus of the population is mothers. Mothers go through physical changes before and after giving birth. For some mothers it takes longer time to get back to the body they used to have and for some they do not change themselves as are happy to they embrace the changes. However, the non-mothers even though they don't go through the physical changes of birth, they do go through body shaming issues. A woman in general goes through body shaming on a day-to-day basis. Which in turn affects their self-esteem, they tend to forget that they

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Body Shape Concerns, Self-Esteem and Quality of Life Among Women

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Body shape

Body is the physical parts that all humans have and Shape is the physique or appearance. Therefore, body shape means the appearance of our body. Body shape is unique to every individuals; some are broad, some lean, muscular etc. Body shape is an identity that we should hold proudly. However, in the present world we can see that not everyone appreciates his or her body shape, as one should. They compare themselves with others while some gets shamed for their body shape. The study is main focus is on how one's view on their body shape can have an effect on their self-esteem and quality of life.

Body shaming

Body shaming happens when someone criticizes mothers for the changes that occurs in their body, while body image is how they view their body. Body image has two types' ideal body image and real body image. Ideal body image is the way they think they should look like and real body image how they really are.

Self-esteem

According to Rosenberg (1965), self-esteem is one's positive or negative attitude toward oneself and one's evaluation of one's own thoughts and feelings overall in relation to oneself. Body shaming can effect one's self-esteem depending upon whether they have high or low self-esteem. Each individual has their own perspectives on their individuality, body shaming effect will depend on how strong they accept their uniqueness or how they take negative criticism. Be it any gender all in all body shaming can only have an effect if they have low self-esteem. The present study will check the participant's self-esteem to examine their attitude towards body shaming.

Quality of life

Natural physiological processes like pregnancy and childbirth cause the mother's physiology, anatomy, and psyche to change significantly. However, a woman's physical, emotional, and social health may be harmed throughout pregnancy and childbirth. Physical and mental disorders that are a direct result of pregnancy or childbirth have a substantial impact on women's quality of life, particularly after childbirth.

Body shaming has been one of the major problems that almost everyone faces in their life, no matter the gender, age, race etc. Body shaming can affect all genders in different ways. The Objectification theory is one of the theories that gave a huge contribution of research of the field of body image (Fredrickson & Roberts, 1997). "Body shaming can be described as an act of mocking or humiliating someone based on their physical appearance"(Gam et al., 2020).

Baby and Kalamullathil(2021) studied Body-Shaming and its Trepidation on the Postpartum Condition of Women. Results showed that out of 100 new mothers from Ernakulam, Kerala, 43% of the individuals with average BMI were dissatisfied with how they looked and desired to either put on or lose weight. In the underweight category, 74.5% of people desired to put on more weight, and 8.5% still wanted to lose weight, underscoring the rising trend toward being petite.

Body Shape Concerns, Self-Esteem and Quality of Life Among Women

A study by McKinley, N. M. (2006) a longitudinal analysis of 10year follow up data on objectified body consciousness, the psychological well-being of 74 middle-aged and 72 young women was investigated together with assumptions derived from cohort differences and age-related change models of body experience. An age-related changes model is supported by the decline in young women's body shame and surveillance as well as the rise in their body esteem.

A study by Wardani, V. A., Lestari, K. B., & Nurbaeti, I. (2021). Relationship of self-esteem to postpartum depression in postpartum mothers showed that 11.5% of the 38% of moms who had low self-esteem also suffered from postpartum depression.

A study by Lee, J. S., & Koo, H. J. (2015). The relationship between adult attachment and depression in Korean mothers during the first 2 years postpartum: A moderated mediation model of self-esteem and maternal efficacy where 176 mothers went to paediatric facilities. The findings revealed that self-esteem partially and totally mediates the correlation between scared attachment and mother depression and the relationship between preoccupied attachment and maternal depression.

Pregnancy and childbirth are widely acknowledged to be normal physiological processes. However, they have a substantial impact on how well mothers' lives are lived. A study by Tola, et al.(2021) Health-Related Quality-of-Life and Associated Factors Among Post-Partum Women in Arba Minch Town. Out of 255 participants (62.3%) of the study's participants had a poorer degree of health-related quality of life (HRQoL). Nearly 79% of research participants and 46.2% of study participants, respectively, reported worse mental and physical HRQoL.

Mothers' employment status has long been a source of debate. Varied people have different perspectives on how a mother's physical and mental health is impacted by her employment situation. A study by S Ghosh (2019) Quality of life among working and nonworking mothers in Kolkata. 100 working mothers and 100 unemployed mothers in Kolkata between the ages of 36 and 45 participated in the study. The findings showed that working mothers and non-working mothers have a significantly different quality of life. It was discovered that working mothers had a higher quality of life than non-working mothers.

METHODS

Research design

The study used quantitative co relational design to understand the significance between the variables used in the study.

Statement of the problem

The present study attempts to find the relationship between Body shape Self-esteem and Quality of life among Mothers and Non-mothers. To see if there is a difference in body shape self-esteem and quality of life based on age groups, occupation and locality.

Objectives

1. To examine the relationship between body shape concerns, self-esteem and quality of life among mothers.
2. To examine the relationship between body shape concerns, self-esteem and quality of life among non-mothers.

Body Shape Concerns, Self-Esteem and Quality of Life Among Women

3. To examine the difference in body shape concerns, self-esteem and quality of life based on age groups among women.
4. To examine the difference in body shape concerns, self-esteem and quality of life based on occupation among women.
5. To examine the difference in body shape concerns, self-esteem and quality of life based on locality among women.
6. To examine the influence of body shape concerns in quality of life among mothers.

Hypothesis

- H₀₁ There is no significant relationship between body shape concerns, self-esteem and quality of life among mothers.
- H₀₂ There is no significant relationship between body shape concerns, self-esteem and quality of life among non-mothers.
- H₀₃ There is no significant difference in body shape concerns, self-esteem and quality of life based on age groups among women.
- H₀₄ There is no significant difference in body shape concerns, self-esteem and quality of life based on occupation among women.
- H₀₅ There is no significant difference in body shape concerns, self-esteem and quality of life based on locality among women.
- H₀₆ There is no influence of body shape concerns in quality of life among mothers.

Sampling procedure

The present study is using convenience sampling with sample size of 105. The population chosen for the study is women, mothers and non-mothers who are in the age range of 22-45. The inclusion criteria for the study are people participating in the study should be comfortable with English and the women should be married. The exclusion criterion for the study is anyone who is diagnosed with any mental illness. The study used Google form as a method of data collection. The sampling technique used in the study was convenience sampling method. The Google form was circulated to the participants. Google form contained informed consent, demographic details of the participant, scales used in the study. The researcher's details were added for further contact. In the Google form the participants were asked if they experienced any body shaming before answering questionnaires. For final analysis those who answered "yes" were considered for the study. The statistical procedure was done with help of SPSS (Statistical Packages for Social Sciences). The statistical procedure that was performed in the study was Correlation, Independent sample t test and Regression analysis.

Demographic Variables		N	Percentage
Population	Mother	63	60.6%
	Non-mother	41	39.4%
Age Group	Early Adulthood	56	53.8%
	Middle Adulthood	48	46.2%
Occupation	Working	82	78.8%
	Non-working	22	21.2%
Locality	Rural	27	26%
	Urban	77	74%

The sample distribution of the demographic variables are mentioned in the table above. The population of the study were women, 60.6% of them were mothers and 39.4% were non-

Body Shape Concerns, Self-Esteem and Quality of Life Among Women

mothers of 26% were from rural locality and 74% urban. The study had two age groups in which 53.8% of them were in their early adulthood and 46.2% of them were in their middle adulthood. The study used 78.8% working women and 21.2% non-working women.

Tools used for the study

- **Rosenberg Self-Esteem Scale (SES):** A 10 item scale that is widely used self-report instrument for measuring individual self-esteem. The scale was developed by Rosenberg, M. (1965). It's a 4-point Likert scale format ranging from strongly agree to strongly disagree. The 10 items are related to overall feelings of self-worth or self-acceptance. The items include 'I am able to do things as well as most other people', 'I certainly feel useless at times' and 'I wish I could have more respect for myself'. This scale has reversed scoring; reversed items are 2,5,6,8 and 9. The Rosenberg Self-Esteem Scale presented high ratings in reliability areas; internal consistency was 0.77, minimum Coefficient of Reproducibility was at least 0.90.
- **The Body shape questionnaire:** Evans & Dolan develop a 16a-item instrument designed to measure concerns about body shape among young women in 1993. The BSQ focuses on the phenomenological experience of "feeling fat." The BSQ can be used for both assessment purposes and to evaluate response to treatment. The scoring for each item is scored 1 to 6 with "Never" = 1 and "Always" = 6 and add the scores. The Cronbach's coefficient alpha values in the range .93 to .93 with non-significant differences in mean scores (paired *t*-tests). Four eight item scales had alpha values ranging from .87 to .92 and very nearly equivalent scores (Evans & Dolan, 1993).
- **The Quality of Life Scale:** QOLS created originally by American psychologist John Flanagan in the 1970's, has been adapted for use in chronic illness groups. The QOLS was originally a 15-item instrument that measured five conceptual domains of quality of life: material and physical well-being, relationships with other people, social, community and civic activities, personal development and fulfillment, and recreation. The scoring is done by adding all the scores of the items i.e., "7= Delighted to 1= Terrible". High scores indicate high quality of life. The reliability and validity of the scale were established through Cronbach's alpha coefficient method. The Cronbach's alpha of the scale is varying between 0.82 and 0.92. Test-retest reliability of the scale is between $r = 0.78$ to $r = 0.84$. The validity of the scale also has been reported as high.

RESULTS AND DISCUSSION

Table 1: the results for Pearson Correlation test on Quality of life, Body shape and Rosenberg self-esteem scale among mothers.

Variables		1	2	
Sub Domains of Quality of Life	Physical and Material Well-being	r	0.02 ^{NS}	-0.23 ^{NS}
		p	0.87	0.06
	Relations with Other People	r	0.10 ^{NS}	-0.18 ^{NS}
		p	0.40	0.15
	Social, Community and Civic Activities	r	-0.15 ^{NS}	-0.30*
		p	0.21	0.01
	Personal Development and Fulfillment	r	-0.19 ^{NS}	-0.30*
		p	0.12	0.01
	Recreation	r	-0.00 ^{NS}	-0.30*
		p	0.99	0.01
	Quality of Life	r	-0.06 ^{NS}	-0.33*
		p	0.63	0.00

Body Shape Concerns, Self-Esteem and Quality of Life Among Women

Self-esteem	r	-	0.08 ^{NS}
	p		0.53
Body shape	r	0.08 ^{NS}	
	p	0.53	-

N=63

*. Correlation is significant at 0.05 level.

^{NS} Not Significant at 0.05 level.

Table 1 showing the relationship between quality of life, Body shape and self-esteem among mothers (N=63). The r value and the corresponding p value for the sub domains of quality of life Social Community and Civic activities, Personal Development and Fulfillment and Recreation are -0.30*(0.01), -0.30*(0.01) and -0.30*(0.01) shows that there is significant correlation with body shape. There is no significant correlation between quality of life and self-esteem. For Quality of life and Body Shape r= -0.33* which shows negative association and p=0.00 which shows that there is a significant correlation between quality of life and body shape. There is no significant correlation between body shape and Self-esteem. Table 1 shows that there is a negative correlation between quality of life and body shape, which means when quality of life increases there is a significant decrease in perception of body shape and among mothers. In a previous study (Rodriguez, A. C. I., Schetter, C. D., Brewis, A., &Tomiyama, A. J. 2019) found evidence that weight stigma may have detrimental psychological and behavioral health effects on pregnant and postpartum women, particularly when it is received from numerous sources. These findings serve as a starting point for interventions that can address pregnancy-related weight stigma before and after delivery in women's physical and social development.

Table 2 shows the results of Regression analysis for quality of life and body shape among mothers.

Regression weights	Beta Coefficient	B	Std.Error	R ²	F	Sig.
Body shape → Quality of life	-0.33	-0.22	0.08	0.11	7.59	0.00

Table 2 showing the result of regression analysis to find the influence of body shape on quality of life. The Beta Coefficient is -0.33, β is -0.22 and Standard Error is 0.08. The R² =.111 indicates that in Quality of life (DV) 11.1% changes can be accounted by Body shape (IV). The F = 7.59, p<0.05, which indicates that Body shape can play a significant role in predicting Quality of life among mothers. Hence H₀₆ is rejected, which states that “there is no influence of body shape in quality of life among mothers”.

Body Shape Concerns, Self-Esteem and Quality of Life Among Women

Table 3 shows the results for Pearson Correlation test on sub domains of quality of life, Quality of life scale, Body shape questionnaire and Rosenberg self-esteem scale among non-mothers.

Variables			1	2
Total Sub Domains of Quality of Life	Physical and Material Well-being	r	0.06 ^{NS}	-0.16 ^{NS}
		p	0.67	0.29
	Relations with Other People	r	0.14 ^{NS}	-0.29 ^{NS}
		p	0.37	0.06
	Social, Community and Civic Activities	r	0.14 ^{NS}	-0.18 ^{NS}
		p	0.37	0.25
	Personal Development and Fulfillment	r	0.22 ^{NS}	-0.04 ^{NS}
		p	0.16	0.77
	Recreation	r	0.16 ^{NS}	0.00 ^{NS}
		p	0.29	0.99
	Quality of Life	r	0.21 ^{NS}	-0.18 ^{NS}
		p	0.17	0.24
	1. Self-esteem	r	-	-0.05 ^{NS}
		p	-	0.71
2. Body shape	r	-0.05 ^{NS}	-	
	p	0.71	-	

N=41

*. Correlation is significant at 0.05 level.

^{NS}. Not Significant at 0.05 level.

Table 3 showing the relationship between sub domains of quality of life, Quality of life, Body shape and self-esteem among non-mothers. There is no significant correlation between sub domains of quality of life among self-esteem and body shape. For Quality of Life and Self-esteem $p=0.17$, for Quality of life and Body Shape $p=0.24$ and For Body shape and Self-esteem $p=0.71$. The results shows that there is no relationship between the variables which means H2 is accepted which states, “there is no relationship between body shape, self-esteem and quality of life among non-mothers”.

Table 4 shows the difference in body shape self-esteem and quality of life based on age groups among women.

Variables	Category	N	Mean	SD	t	Sig.
Quality of Life	Early Adulthood	56	73.86	12.21	0.41	0.67
	Middle Adulthood	48	72.92	10.78		
Body Shape	Early Adulthood	56	51.27	18.09	0.24	0.50
	Middle Adulthood	48	53.60	17.69		
Self-esteem	Early Adulthood	56	15.36	1.79	-0.66	0.80
	Middle Adulthood	48	15.27	1.78		

Table 4 shows the t test results for body shape, self-esteem and quality of life based on age groups. The result indicates that the mean and standard deviation for early adulthood and Middle adulthood for each variable are 73.86 (12.21) and 72.92 (10.78) for quality of life, 51.27 (18.09) and 53.60(17.69) for body shape and 15.36 (1.79) and 15.27 (1.78) for Self-esteem respectively. The mean value is higher in Early Adulthood than Middle adulthood for quality of life and self-esteem. The mean value is higher in Middle adulthood than early adulthood in body shape. Because the p-value = 0.67 for quality of life, p-value =0.50 for body shape and p-value=0.80 for Self-esteem, independent samples t test is greater than the standard significance level of 0.05. Hence the null hypothesis states “there is no significant

Body Shape Concerns, Self-Esteem and Quality of Life Among Women

difference in body shape self-esteem and quality of life based on age groups among mothers and non-mothers” is accepted.

Table 5 shows the difference in body shape self-esteem and quality of life based on Occupation among women.

Variables	Category	N	Mean	SD	t	Sig.
Quality of Life	Working	82	72.38	12.07	-2.22	0.03
	Non-working	22	77.32	8.33		
Body Shape	Working	82	51.72	18.03	-0.70	0.48
	Non-working	22	54.68	17.42		
Self-esteem	Working	82	15.28	1.91	-0.52	0.59
	Non-working	22	15.45	1.18		

Table 5 shows the t test results for body shape, self-esteem and quality of life based on Occupation. The result indicates that the mean and standard deviation for Working and Non-Working for each variable are 72.38(12.07) and 77.32(8.33) for quality of life, 51.72(18.03) and 54.68(17.42) for body shape and 15.28(1.91) and 15.45(1.18) for Self-esteem respectively. The mean value is higher in non-working than working for quality of life self-esteem and body shape. There is difference in SD for quality of life among working and non-working 12.07 and 8.33 respectively. Because the p-value = 0.03 for quality of life which significant at 0.05 level which means that there is a difference in quality of life based on Occupation among mothers and non-mothers.

Table 6 shows the difference in body shape self-esteem and quality of life based on Locality among women

Variables	Category	N	Mean	SD	T	Sig.
Quality of Life	Rural	27	76.93	9.11	2.12	0.03
	Urban	77	72.19	12.07		
Body Shape	Rural	27	49.22	16.78	-1.09	0.27
	Urban	77	53.44	18.20		
Self-esteem	Rural	27	15.78	1.76	1.57	0.12
	Urban	77	15.16	1.77		

Table 6 showing the difference in body shape self-esteem and quality of life based on locality. The result indicates that the mean and standard deviation for Rural and Urban for each variable are 76.93(9.11) and 72.19(12.07) for quality of life, 49.22(16.78) and 53.44(18.20) for body shape and 15.78(1.76) and 15.16(1.77) for Self-esteem respectively. The mean value is higher in Rural than urban for quality of life and self-esteem. The mean value is higher in Urban than rural for body shape. However, there is difference in SD for quality of life among rural and urban 9.11 and 12.07 respectively. Because the p-value = 0.03 for quality of life which is less than standard significance level of 0.05 which means that there is a difference in quality of life based on Occupation among women.

SUMMARY AND CONCLUSION

Body shaming has become a major issue in the present world. Shaming someone for how they look or commenting on their lifestyle is a pastime now. It can be an issue when it effects their self-esteem and quality of life. The present study aimed to investigate the relationship between body shape, self-esteem and quality among mothers and non-mothers. Also, to understand if there is a difference in body shape, self-esteem and quality of life

Body Shape Concerns, Self-Esteem and Quality of Life Among Women

among mothers and non-mothers. The main objective of the study is to examine the relationship between body shape, self-esteem and quality of life among mothers and non-mothers.

Major findings of the study

- There is no significant relationship between body shape, self-esteem and quality of life among non-mothers.
- There is no significant difference in body shape, self-esteem and quality of life among women.
- The study also found that there is significant relationship between the sub domains of quality of life (Social Community and Civic activities, Personal Development and Fulfillment and Recreation) with body shape among mothers.
- The study also found there is influence of body shape in quality of life among mothers.
- The study also found then when quality of life increases there is a significant decrease in perception of body shape among mothers.

Limitations of the study

The present study used online mode as a form of collecting data, which could have an effect on the results of the study. Participants may have given insincere answers because the researcher unable to be present physically. Another limitation the sample size is limited in the study so the study cannot be generalized to the whole population.

Implications of the study

The study found that women do go through body shaming. So, it is necessary to bring more body positivity among women (mother or non-mother) through interventions such as CBT, self-esteem enhancement and counselling.

REFERENCES

- Baby B.M, Kalamullathil B. Body-Shaming and its Trepidation on the Postpartum Condition of Women: A Psychological Study. *Biosc.Biotech.Res.Comm.* 2021;14(2).
- Burckhardt, C. S., Anderson, K. L., Archenholtz, B., &Hägg, O. (2003). The Flanagan Quality of Life Scale: evidence of construct validity. *Health and quality of life outcomes, 1*, 59. <https://doi.org/10.1186/1477-7525-1-59>
- Evans, C. & Dolan, B. (1993). Body Shape Questionnaire: derivation of shortened “alternate forms”. *International Journal of Eating Disorders* 13(3): 315-321.
- Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of women quarterly, 21*(2), 173-206.
- Gam, R. T., Singh, S. K., Manar, M., Kar, S. K., & Gupta, A. (2020). Body shaming among school-going adolescents: prevalence and predictors. *International Journal of Community Medicine and Public Health, 7*(4), 1324.
- Gamble, S. A., Chronis-Tuscano, A., Roberts, J. E., Ciesla, J. A., & Pelham, W. E., Jr (2013). Self-Esteem Reactivity Among Mothers of Children with Attention-Deficit/Hyperactivity Disorder: The Moderating Role of Depression History. *Cognitive therapy and research, 37*(6), 1233–1242. <https://doi.org/10.1007/s10608-013-9562-z>
- Lee, J. S., & Koo, H. J. (2015). The relationship between adult attachment and depression in Korean mothers during the first 2 years postpartum: A moderated mediation model

Body Shape Concerns, Self-Esteem and Quality of Life Among Women

- of self-esteem and maternal efficacy. *Personality and Individual Differences*, 79, 50-56.
- McKinley, N. M. (1999). Women and objectified body consciousness: Mothers' and daughters' body experience in cultural, developmental, and familial context. *Developmental Psychology*, 35(3), 760–769. <https://doi.org/10.1037/0012-1649.35.3.760>
- McKinley, N. M. (2006). The developmental and cultural contexts of objectified body consciousness: A longitudinal analysis of two cohorts of women. *Developmental Psychology*, 42(4), 679–687. <https://doi.org/10.1037/0012-1649.42.4.679>
- Rodriguez, A. C. I., Schetter, C. D., Brewis, A., & Tomiyama, A. J. (2019). The psychological burden of baby weight: Pregnancy, weight stigma, and maternal health. *Social Science & Medicine*, 235, 112401.
- Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). *Acceptance and commitment therapy. Measures package*, 61(52), 18.
- S Ghosh (2019). Quality of life among working and nonworking mothers in Kolkata. *International Journal of Indian Psychology*, 7(4), 672-679. DIP:18.01.076/20190704, DOI:10.25215/0704.076
- Tola Y, Ayele G, Boti N, Yihune M, Gethahun F, Gebru Z. Health-Related Quality-of-Life and Associated Factors Among Post-Partum Women in ArbaMinch Town. *Int J Womens Health*. 2021;13:601-611 <https://doi.org/10.2147/IJWH.S295325>
- Vahedi S. (2010). World Health Organization Quality-of-Life Scale (WHOQOL-BREF): Analyses of Their Item Response Theory Properties Based on the Graded Responses Model. *Iranian journal of psychiatry*, 5(4), 140–153.
- Wardani, V. A., Lestari, K. B., & Nurbaeti, I. (2021). Relationship of self-esteem to postpartum depression in postpartum mothers. *Journal of Maternity Care and Reproductive Health*, 4(1).

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Conflict of Interest

The author(s) declared no conflict of interest.

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