

**A STUDY OF HOLISTIC WELL BEING  
AMONG RURAL WOMEN IN  
TIRUNELVELI DISTRICT**



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Palayamkottai, Tirunelveli – 627 002**



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# CHAPTER- I

## INTRODUCTION AND CONCEPTUAL FRAMEWORK

### Introduction

*"There is no chance of the welfare of the world unless the condition of women is improved. It is not possible for a bird to fly on one wing."*

**- Swami Vivekananda**

Indian rural women have silently woven the social and economic fabric of the rural economy. They have emerged as the greatest strength in managing daily household chores and working on the farms. However, their contributions are often unrecognized. The battles that rural women fight every day are difficult to comprehend for those living in the comfortable city lifestyle. Women face higher risk of malnutrition, retardation in growth and development, disease, disability and even death in the age group between 14-45 years. Female children though biologically stronger when born than their counterparts have morbidity and mortality rates higher than the males.

The health of women in rural India may be one of the worst in the world. Social discrimination against women has resulted into neglect of women's health from womb to tomb. There are certain norms that affect women's health like attitude to marriage, age of marriage, the value attached to fertility and sex of the child, the pattern of family organization and the ideal role demanded of women by social conventions.

Rural women are torchbearers for social, economic and environment transformation for the 'New India'. India is celebrating and commemorating the progressive 75 years of India after independence with 'Azaadi Ka Amrit Mahotsav' and promulgating mission of warranting women as "Empowered women- Empowered Nation".

In India, reforms are underlined for holistic development of women, enabling socio-economic and health security. Since Independence, several government flagship schemes and programmes are initiated to improve rural women stature in society by creating livelihood opportunities and engagements in paid employments. Various schemes, such as the Prime Minister's

Employment Generation Program (PMEGP), National Livelihoods Mission, Deen Dayal Upadhyay Grameen Kaushalya Yojana (DDU-GKY), Pradhan Mantri Kaushal Vikas Yojana (PMKVY), Beti Bachao Beti Padhao, Pradhan Mantri Matru Vandana Yojana I (PMMVY), etc. has made significant contributions in creating gender equality and socio-economic empowerment of women in India. Hence, rural women have availing access to education, productive resources, capacity building, skill development, healthcare facilities and diversified livelihood opportunities through government beneficiary schemes.

The World Health Organization (WHO, 2006) has determined women's empowerment to be related to quality of life and human rights. Thus, promoting women's health by enabling them to increase control over health determinants and make choices consistent with a women's personal values and preferences significantly improves well-being. One objective of the WHO and World Bank (WHO, 2007) is to improve women's contributions to the local economy by ensuring adequate health care services.

## **Holistic Wellbeing**

A holistic approach to well-being focuses on the five dimension that is mentally, emotionally, physically, spiritually and socially. This includes lifestyle and relationships, so the healthcare provider understands how all these factors work together to impact their patient.

A holistic approach to well-being also focuses on providing support and comfort to the family and community. Holistic wellness comes through an intricate balance of physical wellness, psychological wholeness, social support systems and emotional stability.

The holistic approach looks at the individual needs and does not assume that “one-size fits all”, but instead incorporates a combination of techniques to improve overall mental health and wellbeing.

### **Need for Holistic Well-being**

The need for holistic well-being is to prepare women to meet the challenges on the following aspects. They are:

- To take care of themselves.
- To develop a healthy relationship and pro-social behaviour.

- To promote social development.
- To regulate their emotions.
- To inculcate resilience.

## **Dimensions of Holistic Well-being**

### **Physical well-being**

Physical well-being relates to a healthy balanced and optimal functioning body. It is not just about being disease-free. But, relates to our bodies' energy levels, endurance, and flexibility. Physical wellness is our physical lifestyle, the ability to sleep, eat, perform, be free from addiction and medication and be resilient against stress

### **Psychological well-being**

Psychological well-being is our mental resilience against life's stress and challenges. Enhanced mental health helps us make healthy choices, recognise our value, our worth, and our potential. Good mental wellbeing increases our ability to share our gifts and skills with the world with ease. It helps us maintain healthier boundaries and good communication in our relationships. The ability

to be fully in the moment is a useful way to encourage healthier mental wellbeing.

### ***Emotional Well-being***

Emotional well-being is the ability to produce positive emotions, moods, thoughts, and feelings, and adapt when confronted with adversity and stressful situations. It contributes to healthy self-esteem, self-worth, self-confidence, and good emotional intelligence. Positive emotional wellbeing helps us cope and thrive in our relationships. It often coincides very much with our mental wellbeing. Emotional wellbeing is having the ability to accept, own and express your emotional needs and feelings when required.

### ***Social well-being***

Social support is a crucial aspect of our well-being. This aspect includes the connection you have with others, the way you interact, connect and form bonds with others. Social wellbeing is building and maintaining healthy relationships and having meaningful interactions with those around you. It is having a sense of belonging while valuing diversity. It involves open communication,

boundary setting, and mutual respect regardless of our differences.

### ***Spiritual well-being***

Spiritual well-being encompasses feeling connected to the inner self and/or believing in a higher power. Spiritual well-being may help us find meaning in life and inspire us to move forward. It is the ability to experience meaning and purpose in life through a connection to one's self, or a power greater than oneself. It is known to be one of the most powerful sources of strength, inspiration, and motivation on the journey of recovery and healing. Spiritual strength is often extremely personal and means different things to different people.

### **Holistic well-being and rural women**

Health, Education and Infrastructure facilities are the cornerstone of social and economic development. It is well highlighted in the holistic rural development. The rural ecosystem was revolutionized by emergence of rural entrepreneurial talent and frugal innovators, the Government of India through various means helping them to flourish to ensure bridging the gap of opportunity and

development between urban and rural India. The Holistic Development of Rural area can be done through raising the purchasing power of farming community, the government of India is well dedicated towards the doubling of farmer income, for ensuring it government is modernizing the process and pattern of agricultural activity.

### **Policies and Programmes for Rural Women**

The rural India is rightly said as soul of the country about 68 percent of the population reside in rural area and their development is key to the development of country. The government of India has launched several policies and programmes that have up to great extent shaped the rural area and have led to emergence of numerous success stories that dot the countryside. The National Health Mission (NHM) is a centrally sponsored programme that aims to establish nationwide access to fair, accessible, and high-quality healthcare services that are responsive to the needs of all people, especially women. Health System Strengthening in Rural and Urban Areas, Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-



Communicable Diseases are the key programmatic components. In a written reply in the Lok Sabha on February 3, 2023, the Union Minister of State for Health and Family Welfare, Dr. Bharati Pravin Pawar stated various initiatives that have been taken for rural women in order to provide them with quality healthcare services.

To ensure holistic development and ensure outreach of development to rural area plan and policy needs to be designated in such a way that skill and technology get percolated towards the rural area.

### **Women Empowerment through Education:**

Education is the key to women's empowerment. In all societies, states or countries, women's empowerment is important. A large part of our society are women. Education in the capacity of women may lead to a good adjustment in attitudes. It is so essential for India's socio-economic and political development. The Indian Constitution permits the state to take positive action to encourage women to empower themselves. In women's life, education makes a major impact. Women's empowerment is a global problem, and the debate on

women's rights is at the forefront of a lot of official and informal global initiatives. At the 1985 NAROIBI International Women's Conference, the notion of empowerment for women was established. Women's empowerment is a milestone in education because it allows women to meet the obstacles, face up to their conventional position and improve their lives. So, the relevance of education in relation to empowerment for women cannot be neglected. India has been thought to be the world's great power in the last few years to witness the progress of women's education. As the position of women has been determined, women's empowerment and the growing changes in their education are recognized essential. We must mainly focus on women's education to become super power. It strengthens the empowerment of women. The word women's empowerment is used as defined in the United National Development Fund for Women (UNIFEM).

- To learn and comprehend the ties between men and women and how these ties are to be transformed.
- Developing a self-worth, a conviction that people are capable of making desired changes and of controlling their lives.
- Enhanced negotiating strength through the capacity to produce options.
- Development of capacity in organizing, and influencing social change, nationally and globally, to achieve a more equitable economic and social order.

Empowerment, therefore, signifies a psychological sensation of control or influence and an interest in real social influence, political authority and legal rights. It is an individual, organization, and community-based multi-level construction. It is an international process, focused on local communities, including mutual respect, critical thought and concern and group engagement, which provides greater access to control of these resources for individuals without an equitable share of valued resources.

The New Education policy (NEP, 2020) has led down special emphasis upon the technology driven practical

education, in future the data driven approach is required to solve the problem at hand, there for the education system needs to be designated in such a way to ensure its futuristic importance.

Education enables and builds confidence to take decisions in a better way. Skilling and Micro Finance can get women financially stable and therefore she is no longer dependent upon on others in the society. Giving education to women means giving education to the whole family.

The Constitution of India has certain provisions that specifically focus on women empowerment and prevents discrimination against women in the society. Article 14 talks about equality before law. Article 15 enables the state to make special provisions for women. As the progress of humanity is incomplete without women therefore successive governments have launched number of schemes for empowerment of women in male dominated society.

Women empowerment is a pivotal part of any society, state or country. It is a woman who plays a dominant role in the basic life of a child. Women are an important section of our society. Education as a means of empowerment of

women can bring about a positive attitudinal change. It is, therefore, crucial for the socioeconomic and political progress of India. The Constitution of India empowers the state to adopt affirmative measures for promoting ways and means to empower women. Education significantly makes difference in the lives of women. Better education will drive towards building and strengthening better equipped budding entrepreneurs and better job seekers thus contributing to the ecosystem.

## **Plans and Scheme for Holistic Development of Rural India**

### **Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA, 2005)**

The objective is to provide 100 days of unskilled manual work to every household in rural areas in a financial year. Strengthening the livelihood resource base of the poor. It has helped in reducing the vulnerability related to livelihood of poor and helped in reducing forced migration.

## **Deendayal Anyodaya Yojana – National Rural Livelihoods Mission (DAY-NRLM)**

The objective is to reduce rural poverty by assisting poor household to access self-employment and skilled wage employment opportunities. To mobilize self-help groups (SHGs). To established efficient and effective institutional platforms for improved access to financial and public services to rural poor.

## **Deendayal Upadhyay Grammen Kaushlaya Yojana.**

The objective is to bridge the skill gap that prevents rural poor from competing in the modern market. It provides funding support for placement linked skilling projects.

## **PM Garib Kalyan Rojgar Abhiyan**

The objective is to provide livelihood employment to the returnee migrants and similarly affected citizen in the rural areas.

## **Shyama Prasad Mukherjee Rurban Mission**

The objective is to stimulate local economic development enhance basic service and crete well planned.

## **Rurban cluster. Mission Antyodaya**

The objective is to transform rural by addressing the multidimensional of poverty in a time bound manner through convergence of Human and Financial resources.

## **Neeranchal National Watershed Project**

The objective is to strengthen and provide technical assistance to the watershed component of PMKSY. To ensure Har Khet Ko Pni. To ensure efficient utilization of water resource for irrigation.

## **Empowering Rural women for Holistic wellbeing**

### ***Practice mindfulness and meditation***

Mindfulness and meditation have been shown to be effective in reducing stress, anxiety and depression as well as improving overall well-being. By taking a few minutes each day, focusing on breath, body, and surroundings and improve the ability to regulate emotions and reactions to stress.

### ***Be aware of emotions***

Thoughts and emotions are closely interconnected, so paying attention to their thoughts can also help them to become aware of their emotions. By being more aware of

their emotions, they can better understand themselves and develop strategies for managing and expressing their emotions in healthy ways.

### ***Incorporation of physical activity***

Exercise has been shown to have numerous benefits for mental health, including reducing stress, improving mood, and increasing self-esteem. Whether it's a brisk walk, yoga session, or workout at the gym, make sure to find ways to incorporate physical activity into your daily routine.

### ***Healthy and balanced diet***

A healthy diet is essential for both physical and mental well-being. However, eating food at the right time and not skipping meals is equally important for their overall wellbeing. When planning a healthy diet include a variety of fruits, vegetables, whole grains, and lean proteins, and limit your intake of processed and sugary foods.

### ***Practice gratitude***

Focusing on the positive aspects of lives can help to feel more content and satisfied. Consider keeping a gratitude journal or sharing gratitude with loved ones regularly.



### ***Enough sleep***

Adequate sleep is crucial for both physical and mental health. It is important to prioritize getting enough sleep by establishing a consistent bedtime routine, avoiding screens before bed, and creating a comfortable sleep environment.

### ***Take breaks and practice self-care***

It is important to take breaks from work and other responsibilities to rest and recharge. Spending time for activities bring joy and relaxation, such as hobbies, spending time in nature or simply taking a relaxing bath.

By incorporating these strategies into daily routine, they can improve their mental wellbeing and overall sense of well-being.

### **Promoting Holistic Development in Children**

A child's intellectual, emotional, social, physical, artistic, creative, and spiritual potential unfolds with a holistic perspective in education. A holistic approach encourages personal and collective responsibility by engaging students in the teaching and learning process. This approach let students engage in projects that apply critical-thinking skills toward solving real-world problems.

In line with this, educational models and teacher strategies are integral to promote holistic development in children such as:

### ***Hands-on Experience***

Schools focused on experiential learning provide hands-on educational experiences. Students work in groups exploring different learning styles to determine which styles are most effective for them. Holistic, experiential techniques often include problem-solving exercises to address community problems or create innovative products.

### ***Self – Guided Learning***

Teachers allow students to learn at their own pace in the style that best suits them. The self-guided culture allows for personalization to mitigate the inadequacies of one learning model. Curriculum's content and pace are regulated by low stakes assessments. Classrooms may be smaller and contain students of different ages and ability levels.

### ***Schools as community***

Schools are based on the idea that people find meaning through connections with their surroundings. Teachers partner with community members, including families, residents, organizations, and officials, to provide integrated support and expanded learning opportunities. Schools are a hub of the community bringing together academic, social, development, and engagement activities.

### ***Interdisciplinary Curriculum***

Cognitive growth is improved when multiple subjects are addressed together. Some schools are creating integrated programs where teachers from different disciplines come together to teach thematic courses that address issues from multiple perspectives. Coursework might also include independent research, travel, fieldwork, and internships.

### ***Strong Student-Teacher Bond***

When teachers are able to form strong bonds with students, performance and engagement is positively impacted. Allowing students to help develop classroom rules and take on leadership roles helps encourage trust

and communication among students and enhances their motivation to succeed.

### ***Encouraging Self-Confidence***

Students need to believe that they belong at school and have the ability to succeed. Teachers must recognize students' unique strengths and treat all students equally. Student motivation can be enhanced by making sure that lessons are relevant to students' lives and focus on realistic issues.

### ***Incorporating Emotional Reflection***

As a teacher, it's not always easy to look beyond academic performance to nurture the mental and emotional well-being of a child. Lessons to teach empathy could focus on effective listening and observation techniques or literature that presents varying perspectives on social issues.

With the changing times, we look for holistic and effective development of skills and talents along with academic excellence. A holistic curriculum enables teachers to recognize students' unique strengths and treats them all equally. It provides a supportive learning

environment and caters to individual learning styles. Students have a better chance of emerging with self-awareness, confidence, and a sense of social responsibility. Students are taught to reflect on their actions and how they impact the global and local community and thus contributing positively to the future of the world.

### **The Implications of Holistic Education**

Holistic education is a clear departure from the knowledge transmission approach to education that has been familiar in the past. Holistic education prepares a student for lifelong learning in which the educational focus moves towards the life skills, attitudes and personal awareness that the student will need in an increasingly complex world. The commitment to the subject knowledge of the student is maintained but is complemented by learning how to learn, the critical evaluation of knowledge gained and the use of this knowledge in a broad range of contexts; it is these that represent the education currency of the future. Consequently, there is an emphasis on a broad educational approach that addresses the intellectual, personal and interpersonal development of the student, and

puts in place many of the values, attitudes and skills that will serve the student well throughout life. Such a broad development cannot be claimed by the knowledge laden education systems that have dominated for so many years. It brings closer the realization of - learning to be and learning to live together|| that have been identified in the Delors report (UNESCO, 1996).

This broad development of the student must be carefully planned at the individual level and has obvious repercussions on teaching strategy, curriculum design and the assessment of progress. The evaluation of the soft personal skills such as integrity, care, consideration, negotiation and active listening has never been easy, but these are new challenges in educational assessment. The skills and attributes will constantly be in dynamic development as various situations and scenarios present themselves in which these skills are necessary and appropriate. Evaluative information must be sought on behaviours and actions from a number of sources and in a range of situations and these should be fed back to the student in a constructive and supportive manner. These

behaviours lend themselves to peer review and informal assessment. This could be problematical and brings into focus the importance of the relationship of the teacher and student and between groups of students. Simply offering an assessment in terms of effort and a grade will no longer suffice; such soft skills cannot be graded on any scale. Holistic education calls for students to take ownership of their own development. This ownership will take different forms at different ages and levels of student maturity. Nevertheless, it is a key element within holistic education and teachers will need to be at the forefront of driving this issue and encouraging this ownership.

The supportive role of the parent within holistic education is essential. The behaviours identified in the student profile will also manifest themselves outside the classroom and parents should recognize, encourage and praise such positive behavioural changes. Holistic education is a radical endeavour. The educational journey starts the process of self-actualization and self-realization through relationships, and interconnectedness with other individuals, groups and the world around them is an

integral part. Formal education is merely the starting point of this lifelong process.

## **The Role of Teachers in Implementing Holistic Education**

Holistic education represents a new journey for both student and teacher and one in which both parties will grow and critically examine perhaps strongly held values and beliefs. For the educator this could be an unsettling experience; the teacher is moving out of the comfort zone of subject specialization into areas of personal uncertainty. No longer is the teacher depending on subject expertise but is guiding students in developing and examining their own values and prejudices, their critical thinking, behaviours and confronting opinions that are new to them without clear demarcation of right or wrong. This is uncertain territory. Frequently this may be a joint journey of discovery for both student and teacher, with the teacher bringing their greater life experience to the learning process.

Holistic education challenges teachers to think differently about student cognitive and affective



development and to examine critically how they practice their craft. The working relationship between the student and the teacher changes; it becomes more inclusive, dynamic and egalitarian. The appropriate pedagogical approach will become one of active, planned interventions that are developed for students to meet their development needs. The teacher's skills of facilitation, guidance and mentoring will feature strongly in promoting learning and understanding at both the academic and social levels. The aim is for students to understand, for example, the importance of relationships, the different ways of regarding knowledge and its evaluation, the importance of life skills and the impact that the students have on others around them.

Teachers must also examine the learning culture within their school so that it is conducive for creating an inclusive learning community that stimulates the growth of a person's creative and inquisitive engagement with the world. The aim becomes the development of healthy, curious individuals who can learn what they need to know and apply it in any new context in which they find

themselves and who are self-motivated and confident learners.

### **Need and Significance of the Study**

Women in rural India face problems and constraints like illiteracy, lack of vital information, fear to take risk, lack of experience and training, feeling of insecurity, etc. In addition, there are structural constraints in the form of inequality, limited purchasing power, condemnation by local elite, etc. The rural women entrepreneurs have also face competition from the urban entrepreneurs who make more attractive and cheaper products due to the use of modern technology, commercial production and marketing networks.

Women's status in traditional India society can be evaluated by their autonomy in decision-making and by the degree of access they have to the outside world. By these measures, Indian women particularly those in north, fare poorly. Girls are typically married as adolescents and are taken from their natal homes to live in their husbands and but also by their new in laws, especially the older, make discrimination in the delegation of household

resources, such as food and inaccessibility to health care and education. The loss of a husband normally results in a significant decline in household income, in social marginalization, and in poor health and nutrition of a woman. Majority of rural women suffer from economic poverty and also from information poverty. Rural women are vital and productive workers in India's national economy. There is statistical bias in under estimating the role of rural women in development. Women work longer than men and women contribute significantly to family income, they are not considered as productive workers. (Pankajam et al., 2005).

The well-being of rural women is the central concept of the present study. Indian women have to deal with many psycho-social and cultural barriers and facilitators that impact their well-being. The Indian Rural women' in their day-to-day life tackle various situations pertaining to gender discrimination, extra workload of household chores as well as contributing to income generating activities of the family such as agriculture, animal husbandry etc., little or no decision-making powers etc. The socio- cultural

settings such as these may have substantial impact on their well-being. (Singh et al., 2013).

Education is considered the most important tool for empowering women in society. It is not only limited to developing the personality of an individual but also plays an important role in economic, social and cultural development. The UNESCO put its effort to achieve equal opportunity of education regardless of age, gender, race or any other difference in social and economic status.

A number of studies have revealed that uneducated women have high-level morality, low potential for earning, poor dietary status and little independence in the household. The lack of education also has a drastic effect on the health and well-being of the kids. In India, the infant mortality rate was negatively related to the mother's educational level. In addition, the absence of education can bring a negative change in the country's development.

The human health is interconnected our physical health depends on our mental health. Therefore, we need to approach our wellbeing from a holistic perspective.

## **Statement of the Problem**

The problem of the study is to, what extent “A study on Holistic Wellbeing of Rural Women in Tirunelveli District”.

## **Operational Definitions of Key Terms**

### **Holistic wellbeing**

Holistic well-being is an approach to wellness that simultaneously addresses the physical, mental, emotional, social, and spiritual components of health.

### **Rural women**

The rural sector and rural women always remain the main component of the development process of India economy. The rural woman is the center of rural development in terms of alleviation of rural poverty.

### **Tirunelveli District**

Tirunelveli District is one of the 38 districts of Tamil Nadu state in India. The district is located in the southern part of Tamil Nadu. It has borders with Tenkasi district to the north, Kanyakumari District to the south and Thoothukudi District to the east and Thiruvananthapuram district and Kollam district of Kerala to the west. The

district covers an area of 3,907 square kilometres (1,509 sq mi). It lies between 8°05' and 9°30' north latitude and 77°05' and 78°25' east longitude.

## **Objectives of the Study**

### **Percentage Analysis**

1. To find out the level of holistic wellbeing and its dimensions of rural women with reference to age.
2. To find out the level of holistic wellbeing and its dimensions of rural women with reference to type of family.
3. To find out the level of holistic wellbeing and its dimensions of rural women with reference to educational qualification.
4. To find out the level of holistic wellbeing and its dimensions of rural women with reference to occupation.

### **Differential Analysis**

1. To find out the significant difference among holistic wellbeing and its dimensions of rural women with reference to age.

2. To find out the significant difference between holistic wellbeing and its dimensions of rural women with reference to type of family.
3. To find out significant association between holistic wellbeing and its dimensions of rural women with reference to educational qualification.
4. To find out significant association between holistic wellbeing and its dimensions of rural women with reference to occupation.

### **Correlation Analysis**

5. To find out significant correlation between holistic wellbeing and its dimensions of rural women with reference to background variables.

### **Hypothesis of the Study**

#### **Percentage Analysis**

1. The level of holistic wellbeing and its dimensions of rural women with reference to age.
2. The level of holistic wellbeing and its dimensions of rural women with reference to type of family.

3. The level of holistic wellbeing and its dimensions of rural women with reference to educational qualification.
4. The level of holistic wellbeing and its dimensions of rural women with reference to occupation.

### **Differential Analysis**

1. There is no the significant difference among holistic wellbeing and its dimensions of rural women with reference to age.
2. There is no the significant difference between holistic wellbeing and its dimensions of rural women with reference to type of family.
3. There is no significant association between holistic wellbeing and its dimensions of rural women with reference to educational qualification.
4. There is no significant association between holistic wellbeing and its dimensions of rural women with reference to occupation.



## **Correlation Analysis**

5. There is no significant correlation between holistic wellbeing and its dimensions of rural women with reference to background variables.

## **Delimitations of the study**

- The study is limited to just 5 rural villages such as Paraikulam, Pottalkulam, Melaputhaneri, Uthamapandiyankulam and Velankulam.
- The population chosen is restricted to pupil of rural women in Tirunelveli District.
- The investigators chosen only 5 dimensions of wellbeing such as physical, mental, spiritual, emotional and social.
- The data was collected from 186 rural women.
- The following background variables were only selected for this study. They are age, type of family, educational qualification and occupation.

## **CHAPTER - II**

### **REVIEW OF RELATED LITERATURE**

#### **INTRODUCTION**

Review of related literature in any field of investigation has become an inevitable part of research work. Best (1977) is of strong opinion that “familiarity with the literature in any problem area helps the student to discover what is already known, what others have attempted to found out, what method of approach have been promising or disappointing and what problems remain to be solved”. The investigator has made an earnest effort to find out and study the researches related to topic under investigation concluded by the various researchers and scholars.

Good et al (1941) stated the purpose to undertake survey of related literature which is as follows:

- To show whether the evidence already available solves the problem adequately without further investigation and thus to avoid the work of duplication.

- To suggest methods of research appropriate to the problem.
- To provide ideas, theories, explanation or hypothesis valuable in formulating the problem.
- To locate comparative data useful in the interpretation of results, and to contribute to the general scholarship of the investigator.

The main objectives of the literature review undertaken by the researcher include:

- Identifying variables significant for research: a structured literature review helps the researcher to identify the variables which can fall within the scope of the interest of the researcher and which are conceptually and virtually significant. It also helps in determining the important and relevant variables.
- Build a repository of studies, literature of the past related to the intended study which can in turn help in developing a strong viewpoint for the proposed research. It also helps in identification of the gap which can be undertaken in the future researches.

- Avoiding repetition: A structured review can help the researcher in avoiding any kind of duplication and thus form a focused outline regarding what the past researchers have done within the broader aspect of the topic chosen.

## **STUDIES CONDUCTED IN INDIA**

Manikandan Srinivasan (2020) conducted a study on “Depression, Anxiety, and Stress among Rural South Indian Women—Prevalence and Correlates: A Community-Based Study”.

The aim of the study was to estimate the prevalence of depression, anxiety, and stress, and the predictors to depression among women in rural Puducherry. Prevalence of Common Mental Disorder’s (CMDs) was determined using the Depression Anxiety Stress Scale (DASS)-21. Using a systematic random sampling method, women were interviewed in their houses. The socio-demographic characteristics along with risk factors for depression were captured using a semi-structured proforma. A multivariable logistic regression model was used to determine the predictors of depression. The study revealed

that the total of 301 women were surveyed and their mean age (SD) was 34.9 (10.2) years. The prevalence of depression, anxiety, and stress was found to be 15% (95% CI: 11.3–19.3), 10.6% (95% CI: 7.5–14.5), and 5% (95% CI: 3–8), respectively. Multivariable analysis identified that lesser education and living separately/divorced to be significant predictors for depression in these women.

Vandana et al (2020) conducted a study on “A study of psychological well-being among rural and urban women”

The objective of this study was psychological well-being among rural and urban women. Psychological well-being is a subjective term being focused more by psychologists today. In this connection, 180 Rural and 180 Urban women were given a psychological well-being scale with a view to study well-being pattern in rural and urban areas specially among women. Analysis revealed that although the felt level of the psychological well-being emerged the same as moderate but it was the group of rural women who significantly showed greater degree of

psychological well-being than their counter part urban women.

Kamlesh et al (2014) conducted a study on “Socio-Demographic Variables Affecting Well-Being: A Study on Indian Rural Women”.

The main objectives of this study were (a) to understand the perception of the dual role by the rural women, their work status and preferences and the attitude of their families and society towards women and (b) to explore variation in their well-being as a function of chronological age, level of education and work status. A large sample of 221 rural women (age range 18 to 56 years) drawn from villages of Haryana participated in the study. The relevant data were obtained through interview and observation. The findings showed that family and society appreciated the efforts of the rural women. Age and level of education emerged as significant factors in determining the experience of well-being.

Michelle (2007) conducted a study on “Empowerment of women and mental health promotion: a qualitative study in rural Maharashtra, India”.

The objectives of this study were to: 1. Describe concepts of mental health and beliefs about determinants of mental health and illness among women involved with a PHC project in rural Maharashtra, India; 2. Identify perceived mental health problems in this community, specifically depression, suicide and violence, their perceived causes, and existing and potential community strategies to respond to them and; 3. Investigate the impact of the PHC program on individual and community factors associated with mental health. In this study we undertook qualitative in-depth interviews with 32 women associated with the PHC project regarding: their concepts of mental health and its determinants; suicide, depression and violence; and the perceived impact of the PHC project on the determinants of mental health. The interviews were taped, transcribed, translated and thematically analyzed. The study revealed that the mental health and illness were understood by these women to be the product of cultural and socio-economic factors. Mental health was commonly conceptualized as an absence of stress and the commonest stressors were conflict with husbands and mother-in-laws,

domestic violence and poverty. Links between empowerment of women through income generation and education, reduction of discrimination based on caste and sex, and promotion of individual and community mental health were recognised. However, mental health problems such as suicide and violence were well-described by participants.

Shifana et al. (2022) conducted a study on “Elements of holistic human development in Naanmanikkadigai : A Hermeneutic study”

The aim of this study to explore the ancient Tamil text Naanmanikkadigai using hermeneutic approach and relate to, and / or add value to modern concepts or theories in Psychology and wellbeing. The qualitative approach of hermeneutic interpretation was used to analyse the contents of the text. A thorough analysis resulted in the extraction of core themes (sub themes) which were then classified into major categories (main themes) based on the relationship between the core themes. The major categories formed from this analysis include: intrapersonal relation, inter personal relationships, vocational mastery,



wealth and prosperity, social relationships, just governance, nature and environment and scholarly qualities. These insights can be employed in the overall development of the individuals.

Ranjithkumar et al. (2021) conducted a study on “Women’s Health in Rural Tamil Nadu”

The major objectives of this study are to identify the awareness of key health issues related to women and children in rural areas and to find out the perception of women about the various government schemes and initiatives for tackling health issues in rural areas. Viluppuram district has been selected for this study. Viluppuram district has the highest rural women population among the Tamil Nadu districts. The distribution of rural women population is 7.2 percent in the 2001 census and 8 percent of total TN population in the 2011 census shows that the rural population is increasing. Both primary and secondary data were collected. Primary data collected from the Viluppuram district of Tamil Nadu through the interview schedule. Secondary data collected from the Census of India, government reports, documents,

journals, and books. The study observes that there is a strong correlation between food habits and physical problem and there is a negative correlation between food habits and Child-related problems.

Gopalakrishnan (2019) conducted a study on “Reproductive health status of rural married women in Tamil Nadu: A descriptive cross-sectional study”

The objectives of the study were to find the reproductive health status of rural married women and identify those suffering from reproductive morbidity to provide appropriate guidance and treatment. This community-based cross-sectional descriptive study was carried among rural married women above 18 years of age in the field practice areas of a medical college. By simple random sampling method, the required sample size of 650 was identified. Data collected by female investigators using a pretested structured questionnaire was analyzed using SPSS version 22. The findings of study were most of the study participants were in the age group of 21–40 years. About 32% of married women delivered by cesarean section and exclusive breastfeeding was followed by

88.9% of the mothers. Around 78% of the participants used contraceptive methods and the major reason given was for economic reasons (48%). About 67% of study participants suffered from one or more gynecological problems such as menorrhagia, lower abdominal pain, dysmenorrhea, and abnormal vaginal discharge. UTI (14%) and RTI (11.6%) were the most commonly diagnosed gynecological morbidity. Pallor was present in 45.5% of the study participants and 6.9% had clinical goiter.

Naina et al. (2021) conducted a study on “Information is Empowerment: A Comparative Study of Reproductive Health Awareness and Presence of RTI Symptoms in Rural School and College Girls of Patiala”

The present study aims to assess the levels of reproductive health awareness and presence of RTI symptoms amongst rural school and college girls. Close ended questionnaire consisting of 57 items was designed to assess the BMI, physical activity, awareness related to menstruation, STI's and RTI symptoms. The sample comprised of 320 girls, 160 each from school and college

with mean age of 20 years. The present study revealed majority of young girls of rural area doesn't have a normal BMI and are not driven towards any physical activity. "T" test was applied to study the significant difference between both the groups related to physical activity, and reproductive health awareness. Results revealed that school girls are physically inactive and less aware as compare to college girls.

Dayal et al. (2020) conducted a study on "Associations Between Religious/Spiritual Practices and Well-Being in Indian Elderly Rural Women"

The aim of this mixed methods study was to assess the associations between a culturally tailored intervention and preexisting religious/spiritual (R/S) practices with indicators of well-being and factors which contribute to happiness among elderly rural women from Haryana state, India. The study consisted of three groups: field experimental group (FEG; n = 24); practitioners of preexisting R/S practices for at least 6 weeks Satsang (SG, n = 54), Brahma Kumaris (BKG, n = 54), and Radha Soami (RSG, n = 30), and non-practitioners of R/S

practices (n = 64). All groups completed self-report measures of overall happiness and life satisfaction, global health, quality of life, and health status and physical health. Results revealed that FEG participants improved significantly on physical health, body balancing, and self-care; no changes were observed on the other well-being measures following the intervention. Practitioners of preexisting R/S practices were found significantly different from the non-practitioners on some indicators of health, quality of life, and well-being. Qualitative measures pointed to the importance of R/S and family and interpersonal relationships among elderly rural women.

Meenakshi et al. (2021) conducted a study on “Spiritual wellbeing of retired women sports persons and retired women non-sports persons”.

The aim of the study is to find the difference between retired women sports persons and retired women non-sports persons on spiritual wellbeing. The present study is exploratory in nature. The results indicate that there is a significant difference between retired women sports person and retired women non-sports persons on spiritual

wellbeing. There is no significant difference between retired women sports persons and retired women non-sports persons on religious wellbeing. There is a significant difference between retired women sports persons and retired women non-sports persons on existential wellbeing.

Tracey et al. (2006) conducted a study on “Personal and Economic Empowerment in Rural Indian Women: A Self-help Group Approach”

The present study examined the empowerment of women by addressing two dimensions: economic empowerment and personal empowerment. One hundred women, aged between 16 and 65 years, participating in self-help groups from two rural Indian villages in North-West India took part in the study. Both quantitative and qualitative data were gathered through self-report surveys and interviews, with the analysis yielding contradictory findings. The quantitative data found that working women reported moderate to high levels on collective efficacy, proactive attitude, self-esteem and self-efficacy with no significant reporting of psychological distress. In contrast,

examination of the qualitative data revealed positive appraisals of self-worth, purpose and independence and negative appraisals of pressure, challenge and stress. The implications of these findings and the importance of this study are discussed.

Dipalee (2014) conducted a study on “Health Condition of Rural Women; Few Observations from the Identified Social Groups”

The paper attempts to examine the daily work load and health condition of rural women in the sampled villages of the selected social groups of Kamrup district, Assam. The sample villages have been identified using Composite Z-scores on the basis of 11 indicators related to socio-economic status of women. In order to materialize the objectives data from both primary and secondary sources have been used. Data have been interpreted with the help of statistical techniques like percentage, Mean, Standard Deviation, Coefficient of Variance, Z-scores and Multi Variant analysis. A link is established between rural women and their health condition which is found at the lowest level among char communities followed by tea

garden, scheduled tribe and scheduled caste communities. Positive correlations are observed between fire wood used, number of children per woman and number of diseases. Again, positive correlation is found in between number of disease and daily workload of the women.

Selvam et al. (2019) conducted a study on “Awareness and Perception of Health Issues Among Rural Women”

The present study aims to find out the awareness and perception of health issues among women in rural area in Vellore district, Tamil Nadu in India. Convenient sampling method was applied for the study. The sample size is restricted to 100 that to from rural women only. Statistical tools like percentage analysis, frequency distribution, mean score with rank correlation and one way ANOVA was applied by using SPSS software for the study. The researchers issued 143 questionnaires and collected only 109 and taken for analysis only 100 questionnaires for the study. The findings of the study found that, the respondents have full awareness and perception about health issues and also, they were aware of the various



schemes and initiatives taken by the government to uplift the rural women and children to live healthy and better life in rural area.

### **2.3 STUDIES CONDUCTED IN ABROAD**

Rustad (2013) conducted a study “To assess on the nutrition knowledge and associated behavior changes in a holistic, short-term nutrition education intervention with low-income women”.

The study was a pre- and post-intervention surveys; study condition (Intervention group) and experiential learning. The study was carried out at the community centres, homeless shelters of Minnesota, Minneapolis. A sample of 118 ethnically diverse, low-income women, between 23-45 years of age were used for the study. The research instruments were experiential and interaction lectures, activities and demonstrations were employed for a week to implement the knowledge and behavioural changes. The investigator used t-tests, Pearson correlations for the study. The results of the findings indicated that post-intervention increases in nutrition knowledge and favourable nutrition behavioural changes.

Clarcken (2010) made an attempt to make a thematic article on considering “Moral intelligence as part of a holistic education”.

After reviewing many research article, the investigator summarized that morality and moral intelligence are important in our society and schools. Moral intelligence is discussed in the context of Gardener’s theory of multiple intelligences. It helps to apply ethical principles to personal goals, values and actions. It consists of four competencies related to integrity, three to responsibility, two to forgiveness, and one to compassion. Developing greater moral intelligence will result in individuals, schools and other social systems that are healthier and more positive. Several conceptions of moral intelligence are considered along with ideas how education might look if it was to value and include morality more prominently.

Lauricella (2015) explored “The potential benefits of holistic education: A formative analysis”.

The study examines both if and why university students believe that increased exposure to holistic principles would have been beneficial to their success after

finishing secondary education. The overwhelming majority of” an average about 70% of participants agreed that had they had more exposure to holistic principles (personal identity, meaning/purpose, connections to the community, connections to the natural world, and humanitarian values) while in the K-12 system, they would have been more successful in university. Students supporting such exposure reported that a holistic education would have helped them to better choose their course of study in university, to more fully understand their career opportunities after graduation, and to be more informed about the community, natural world, and citizens with whom they interacted. Students who did not support an increased exposure to holistic principles felt that this kind of education was not an academic pursuit, was best studied in their free time, or already felt as if they had sufficient exposure to these principles.

Asogwa (2012) attempted to study on “Women empowerment for a holistic development in Nigeria”.

Women empowerment as a concept has been related to development, democracy and all kinds of social

wellbeing. Nigeria like most African countries is a patriarchal society, where men holds sway and lays down the rules. The paper affirms the need for women empowerment for a holistic development in Nigeria. The paper took off identifying the duality and complementarity in nature. The paper revealed the origin of creation of both man and woman which by pronouncement of the creator, God, was essentially on the basis of complementing each other, which means that the man and woman supposed to be seen as equal. Apart from the theory and counter theory of gender as elaborated in the paper, the physical differences between the masculine and feminine gender, the paper highlighted the activities of the famous feminist radical activists of the early 60's and their ideologies. The various struggles for liberation of the feminine gender from the masculine domination are discussed. The paper compares the Nigerian woman of pre-colonial era and the present day Nigerian woman in franchise, financial responsibility etc. A figurative evaluation and analysis of the rights and privileges enjoyed by the Nigerian woman in the early post-colonial era up to the present day situation is

also mentioned. Finally, the paper emphasized the role of the media in women empowerment for a holistic development in Nigeria. In its role in empowerment the media has a hegemonic function and it is in addition seen as an agent of socialization.

Zurayk et al. (1997) attempted to study on “Women's health problems in the Arab world: a holistic policy perspective”.

The paper reviews key health problems of women in the Arab World. The study relies on data and information from international yearbooks, regional data bases, and small scale field studies. The relevant context in which women live; of lingering illiteracy rates, lack of access to cash income, and increasing poverty is described. Reproductive health is reviewed within this context pointing to trends of delayed marriage and declining fertility in some countries while other countries maintain high levels. Similar variability is observed in contraceptive use rates and the interaction of contraception and health is discussed. Evidence points to high levels of reproductive morbidity. The socio-cultural context is found particularly

relevant to pregnancy and childbirth, seen as natural processes by women, to experiences of menopause, and to violence against women, particularly female circumcision. A holistic policy perspective is suggested to address these problems.

Bruno et al. (2022) conducted a cross sectional study on “Intersections between rural women’s resilience and quality of life: a mixed-methods study”.

The objective of the study was to analyze the intersections between rural women’s quality of life and resilience. The study was mixed method in nature. Data was collected using a socio-demographic form. The investigator used Resilience Scale, Medical Outcomes Study, Short-Form Health Survey, and open-ended interviews as research tools for the study. The researcher adopted descriptive, inferential statistics and inductive thematic analysis statistically. The study revealed that an association was found between the social aspects domain of quality of life and a moderate level of resilience related to the characteristics of life in rural areas.

Zahra et al. (2021) conducted a cross-sectional study on “The relationship between spiritual well-being, mental health and quality of life in infertile women”.

A sample 247 infertile women in Shiraz was involved in the study. The researcher used Questionnaire on Spiritual Well-Being, Mental Health, Quality of Life and Economic Situation were used in the study. Data was analyzed using descriptive statistics, mean and Spearman’s Correlation Tests. The results indicated that spiritual well-being had a statistically significant relationship with mental and belief status. There was a statistically significant relationship between mental health and mental and belief status as well. Quality of life also had a statistically significant relationship with mental status, Economic status indicated a statistically significant relationship with belief status.

George et al. (2022) analyzed the “Self-care neglect through the voices of nurses working in primary healthcare clinics in Gauteng, South Africa”.

The study was a qualitative approach with a descriptive, phenomenological, contextual method. The

study included 10 professional nurses employed in primary healthcare clinics, selected through purposeful sampling method. The investigators used in-depth, individual interviews as research tools for the study. The recorded interviews were transcribed verbatim and then analyzed using Colaizzi's method. The study revealed that the nurses experienced internal and external factors that compromised self-care practices. The study recommends to facilitate nurses' empowerment to practise self-care as a lifestyle.

Timlin et al. (2022) evaluated “The self-rated health, life balance and feeling of empowerment when facing impacts of permafrost thaw - A case study from Northern Canada”.

The study sample was collected from 1 community using 53 questionnaire and analyzed by cross-tabulation. Results indicated that most participants had at least good well-being, quality of life, satisfaction with life, and a medium level of health, and over 40% assessed being empowered to face the changes related to permafrost thaw. Problems and challenges associated with permafrost thaw, e.g., health, traditional life ways, and infrastructure, were



recognized; these had impacts on life balance, feeling of empowerment, and self-rated health. Traditional knowledge regarding adaptation to face changes was seen as important.

Mamochana et al. (2021) conducted a study on “Improving the well-being of learners with visual impairments in rural Lesotho schools”.

The study explored an asset-based approach for the improvement of LVIs' well-being in Lesotho. A sample of 28 participants, including six teachers, four learners and four learners without visual impairments, from 2 rural primary schools in Lesotho, were purposively chosen. Focus group discussions and collages were employed to generate data. The data were then analyzed thematically. The results of the findings revealed that Involving LVIs in the decision-making, building positive relationships within the school, collaboration with parents and school leaders were provided as 'enabling assets' to improve the well-being of learners. Findings also revealed the constraints on LVIs' holistic well-being, such as, lack of management of

the existing resources, shortage of qualified teachers, and inadequate teaching resources.

Jordan et al. (2016) Conducted a study on “Making for Holistic Well-Being”

The objective of this qualitative research study was to discover how creating mandalas (art made in reference to a circle) might provide medical students with an opportunity for reflection on their current psychological state. As part of their year 3 family medicine rotation, medical students participated in an art-making workshop, during which, they created mandalas based on their current emotional state. Afterwards, they engaged in reflective writing and discussion. The responses of 180 students were analysed and coded according to the mandala classification framework ‘Archetypal Stages of The Great Round of Mandala’. The results indicated that students were actively struggling in integrating conflicting perspectives as they were attempting to reconcile their professional identity as doctors. Additional results pertaining to psychosocial characteristics included navigating difficult emotions, requiring nurturance, handling endings, contemplating

existential concerns and managing stress. The study has implications for making use of mandala making within a Jungian framework as means for medical students to reflect on their emotional state and achieve psychological balance. This is an Open Access article distributed in accordance with the Creative Commons Attribution Non-Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial.

Timlin (2022) conducted a case study on “Self-rated health, life balance and feeling of empowerment”.

This study aimed to investigate which perceived environmental and adaptation factors relate to self-rated wellbeing, quality of life, satisfaction with life (sum variable = life balance), self-rated health, and feeling of empowerment to face the changes related to permafrost thaw. The study sample was collected from one community using a questionnaire (n = 53) and analyzed by cross-tabulation. Results indicated that most participants

had at least good well-being, quality of life, satisfaction with life, and a medium level of health, and over 40% assessed being empowered to face the changes related to permafrost thaw. Problems and challenges associated with permafrost thaw, e.g., health, traditional lifeways, and infrastructure, were recognized; these had impacts on life balance, feeling of empowerment, and self-rated health. Traditional knowledge regarding adaptation to face changes was seen as important. More adaptation actions from the individual to global level seemed to be needed. This study provides an overview of the situation in one area, but more research, with a larger study sample, should be conducted to achieve a deeper understanding of climate-related impacts on life and holistic well-being.

Ezihe et al. (2016) conducted a study on “A Qualitative Study on Adolescents’ Interpretation of the Concept of Wellness”.

This study sought to explore and describe the interpretation which adolescents ascribe to the term wellness at a selected high school in the Western Cape Province of South Africa. Methods: A qualitative research

design was utilized. Nine focus-group discussions were conducted among 58 adolescents. Sample was selected purposefully and collected data was analyzed using open coding. Results: Findings reflected adolescents' interpretations of the term wellness in the realm of holistic well-being transcending the nonexistence of illness or sickness in the body. The interpretations given include: healthy living which embrace eating enough nutritious foods, exercising regularly and being actively involved in physical activities; practicing self-care habits such as personal hygiene and grooming; well-being of the mind (psychological, emotional); having a balanced personality and interpersonal processes; being focused and goal directed and spiritual well-being. Conclusion: It is imperative to consider adolescents' understandings of wellness when planning, designing, implementing and evaluating adolescent wellness programs.

Veronica et al. (2020) conducted a study on "Women's Well-Being and Rural Development in Depopulated Spain"

A mixed methodology was employed, combining qualitative and quantitative data collection techniques. For data collection, an ad hoc questionnaire was developed before being administered to members of the Rural Development Groups of the Celtiberian Highlands, while some of their numbers were also interviewed. Rural women experience personal dilemmas that prompt them to migrate. These include choosing between living in the place where they were born, close to their families and neighbours, and a decent productive job, the availability of basic services and a broader range of leisure opportunities, among other aspects. It is essential to acknowledge the socio-economic importance of women's work, to identify invisible burdens and their risks and to adopt measures that facilitate the reconciliation of work and family life.

Elan (2006) conducted a study on “Health promotion needs of women living in rural areas: an exploratory study”

The main Objectives of the study is to describe the types of health-promoting activities currently engaged in by women who live in rural communities, to explore

perceived barriers and facilitators to staying healthy in rural communities, and to examine how these factors may differ for women throughout their adult life. Women aged 18 years and older living in a small rural community in Saskatchewan were participated in this study. Method of the study eight focus groups were conducted with a total of 44 participants who had been stratified into 3 age groups. Content analysis of the focus group transcripts was undertaken. Main findings of the study older women were more likely to report that they engage in a balance of activities to promote their physical and mental health. Middle and younger aged women, however, were more likely to engage in activities to promote their physical health, with less emphasis on their mental health. Among the 3 age groups, exercise and nutrition-related activities were most commonly reported. Social support and the “rural way of life” were the most commonly reported community supports available to these women. Younger women were more likely to discuss family commitments as a barrier to maintaining physical fitness and older women discussed the impact that loneliness and lack of

appropriate exercise options had on healthy living in their community.

Yue et al. (2020) conducted a study on “Work-family balance and the subjective well-being of rural women in Sichuan”

Method of this study used a sample survey of 380 rural women in rural areas of Sichuan Province to measure rural women’s cognition of work-family, coordination and handling of conflicts, post-conflict choices, and subjective well-being; the study constructs an ordered multi-class logistic regression model to explore the impact of work-family conflict on the subjective well-being of rural women in rural regions. The study result shows that: (1) The level of subjective well-being of rural women is generally high, and 70% of women feel satisfied or very satisfied. (2) The factor which impacts the subjective well-being among rural women most is work-interfering-with-family conflict, followed by work-family balance and confidence in conflict coordination.

Marcen et al. (2022) conducted a study on “Physical activity participation in rural areas: a case study”.



The purpose of this article was to describe a case study of the promotion of physical activity in rural areas based on the results of a European project. Carried out in a rural municipality of around 8500 inhabitants with a population density of less than 25 inhabitants/km<sup>2</sup>, the project's purpose was the promotion of autonomous physical activity among its inhabitants. For this, a diagnostic analysis of the sports areas of the environment and a survey of physical activity habits among the population were carried out. A series of routes were designed, marked, and signposted, and canopies with explanatory posters about the possibilities of healthy physical activity and recommendations were added. Free-use facilities were installed, and opening events were carried out in such a way as to stimulate sports practice among the population. This article presents the results obtained from the analysis, as well as the possibilities of replication in other municipalities with similar needs.

Chiong (2009) conducted a study "Health consequences of rural women's productive role in

agriculture in the Philippines and other developing countries”.

This study aimed to determine the nature of available information in the gender literature to enable us to understand the link between women’s productive farm work and their health status, and to elicit major implications for research to aid policy and program. The method used was a review and analysis of pertinent data in the research literature on agricultural women covering over two decades. Findings from the study reiterate the crucial role held by these women throughout the developing world in securing food for their families and communities, but then this role is not performed without adverse consequences to their health. The major consequences include female reproductive health risks owing particularly to women’s use and exposure to hazardous agrochemicals, farm-related accidents or physical injuries, ergonomic problems resulting from women’s use of tools or technology that are better suited to men, and nutritional deficiencies that are compounded by poverty and overwork. Other findings have surfaced two main research

imperatives: the need for more updated and gender disaggregated national statistics on the status of agricultural women in developing societies, and the necessity for addressing various identified gaps in the women's work-and-health paradigm.

Quainoo (2021) conducted a study on “Factors affecting rural women's involvement in physical activity in Ghana”

A qualitative study approach was used to explore the factors affecting rural women's involvement in physical activity in Ghana. Most of the prior research has been done in African urban areas thus, neglecting the rural areas. Purposive sampling and semi-structured interviews were used to gather data from nine women aged 40-60 years living in three rural areas in central region of Ghana. The interviews were conducted by phone, translated and transcribed, and then coded using the NVivo software package. The constant comparative method was used to analyze the data. The data presented eight enablers and five barriers to physical activity involvement for rural Ghanaian women. The study adds to the state of

knowledge about rural women's physical activity across the lifespan from childhood through middle age. Findings revealed that rural women get a fair amount of physical activity from their traditional occupation, household chores, and communal labour but they lack access to and participation in organized sports or physical activity. Finally, recommendations are suggested to remove barriers to women's participation in organized physical activity and sports in rural settings.

Junnarkar et al. (2020) Conducted a study on "Associations between religious/spiritual practices and well-being in Indian elderly rural women".

Religion and spirituality (R/S) are embedded in all aspects of life in India, a predominantly rural economy. The aim of this mixed methods study was to assess the associations between a culturally tailored intervention and preexisting religious/spiritual (R/S) practices with indicators of well-being and factors which contribute to happiness among elderly rural women from Haryana state, India. The study consisted of three groups: field experimental group (FEG; n = 24); practitioners of

preexisting R/S practices for at least 6 weeks Satsang (SG, n = 54), Brahma Kumaris (BKG, n = 54), and Radha Soami (RSG, n = 30), and non-practitioners of R/S practices (n = 64). All groups completed self-report measures of overall happiness and life satisfaction, global health, quality of life, and health status and physical health. Results revealed that FEG participants improved significantly on physical health, body balancing, and self-care; no changes were observed on the other well-being measures following the intervention. Practitioners of preexisting R/S practices were found significantly different from the non-practitioners on some indicators of health, quality of life, and well-being. Qualitative measures pointed to the importance of R/S and family and interpersonal relationships among elderly rural women.

Vosloo et al. (2009) conducted a study on “Gender, spirituality and psychological well-being”.

The aim of this study was to determine whether gender moderates the relationship between spirituality and psychological well-being. A secondary data analysis based on a cross sectional survey was implemented. A

convenience sample of 508 participants (males = 143, females = 365; age range 18-65 with 66% in the 18-25 category) from the North-West Province of South Africa completed questionnaires on spirituality and psychological well-being after informed consent was obtained. Findings show that gender moderates the relationship between spirituality and psychological well-being. This moderation effect was stronger in the case of existential well-being rather than religious well-being as components of spiritual wellbeing, and also stronger in one of the sub-groups. Future studies may explore the role of contextual factors such as cultural orientation and other socio-demographic variables in this moderation effect, as well as gender-based perceptions and practices of spirituality with a view to facilitate gender sensitive psychological well-being programmes.

Hendriks et al. (2017) conducted a study on “The effects of yoga on positive mental health among healthy adults: a systematic review and meta-analysis”.

The aim of this study was to present an overview of the research on the effects of yoga on positive mental

health (PMH) among non-clinical adult populations. Methods of the study were a systematic literature review and meta-analysis, including a risk of bias assessment. The electronic databases PubMed/Medline, Scopus, IndMED, and the Cochrane Library were searched from 1975 to 2015. Randomized controlled trials (RCTs) on the effects of yoga interventions on PMH among a healthy adult population were selected. Results of the study were a total of 17 RCTs were included in the meta-analysis. Four indicators of PMH were found: psychological well-being, life satisfaction, social relationships, and mindfulness. A significant increase in psychological well-being in favor of yoga over no active control was found. Overall risk of bias was unclear due to incomplete reporting.

## **CHAPTER 3**

### **METHODOLOGY**

Research methodology is a vast and complex field that encompasses a range of approaches, including qualitative, quantitative, mixed methods, and action research. Researchers need to select the most appropriate methodology based on the nature of their research questions, the type of data they plan to collect, and the research design they are using. In recent years, there has been a growing interest in interdisciplinary research, which involves bringing together researchers from different fields to tackle complex problems. This approach requires a flexible and adaptable research methodology that can accommodate multiple perspectives and methods (Neuman, 2014).

The success of any research depends largely on the suitability of the method, the tool and techniques used for the collection of data (Kothari, 2000). In this, survey method is adopted. If methods refer to techniques and procedures used in the process of data gathering, the aim



of methodology then is to describe approaches to, kinds and paradigms of research (Kaplan, 1973).

### **Background of the Study**

The background of the study typically includes a review of the relevant literature, which provides an overview of the existing research on the topic. This review helps to identify the key themes, trends, and gaps in the literature and provides a basis for the research questions or hypotheses that will guide the study.

In addition to the literature review, the background of the study may also include a discussion of the broader social, economic, or political context in which the research is taking place. This context helps to explain why the research is important and what impact it may have on society. (Creswell, 2014).

In the present study, an attempt was made to analyse the holistic wellbeing among rural women in Tirunelveli district and other literature which show some relevance to the present problem. The review was simply intended to provide a background to the study, which was directly

related to all aspects of the present work, yet some studies were found which had some bearing on the present work.

Area study, also known as regional studies or area studies, is a multidisciplinary field of study that examines a specific geographical region and its various aspects, including its history, politics, culture, economy, society, and environment. The focus of area study is on understanding the unique characteristics and complexities of a particular region, as well as its interactions with other regions of the world.

Holistic well-being refers to the overall state of health and wellness that encompasses all aspects of an individual's life. It goes beyond just physical health and includes mental, emotional, social, and spiritual health. Holistic well-being recognizes that each aspect of a person's life is interconnected and that to achieve true well-being, each area must be nurtured and maintained. The components of holistic well-being typically include physical, mental, emotional, social, and spiritual health.

## **Statement of the Problem**

The study of holistic well-being among rural women in Tirunelveli district is important because there is a lack of understanding about the factors that contribute to the overall well-being of women in rural areas. Rural women in India face unique challenges that can impact their physical, emotional, and social well-being, including poverty, limited access to healthcare, and social isolation. Therefore, the statement of the problem for this study could be as follows:

Despite efforts to improve the health and well-being of women in India, there is limited research on the holistic well-being of rural women, particularly in the Tirunelveli district. Therefore, the aim of this study is to investigate the factors that contribute to the holistic well-being of rural women in Tirunelveli district, including their physical, emotional, and social well-being, in order to develop targeted interventions that can improve their overall quality of life.

## **Operational Definition of the Key Terms**

### ***Physical wellbeing:***

Physical well-being is an important component of overall well-being and can have a significant impact on an individual's quality of life. According to the World Health Organization, physical well-being is defined as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO, 1948).

### ***Psychological wellbeing:***

Psychological well-being is a critical aspect of overall well-being and can be influenced by a range of factors including positive emotions, self-esteem, social support, and mindfulness-based interventions (Houry, 2015)

### ***Emotional Wellbeing:***

Emotional well-being refers to an individual's ability to experience and regulate emotions in a healthy and adaptive way. Emotional well-being is a critical aspect of overall well-being and can have a significant impact on an individual's quality of life (Cohen, 2014)

### ***Social Wellbeing:***

Social well-being refers to an individual's sense of belonging, connection, and engagement within their community and society. Social well-being is a critical aspect of overall well-being and can have a significant impact on an individual's mental and physical health (Kim, 2017)

### ***Spiritual Wellbeing:***

Spiritual well-being refers to an individual's sense of meaning and purpose in life, connection to something greater than oneself, and sense of inner peace and harmony. It involves a deep connection to one's values, beliefs, and sense of identity, and is a critical aspect of overall well-being (Koenig, 2012).

### **Objectives of the Study**

The Objectives of the Research must be identified by taking the system requirement into account (Panneerselvam, 2012).

The objectives of the study are as follows:

1. To find out the level of holistic wellbeing and its dimensions of rural women with reference to age.

2. To find out the level of holistic wellbeing and its dimensions of rural women with reference to type of family.
3. To find out the level of holistic wellbeing and its dimensions of rural women with reference to educational qualification.
4. To find out the level of holistic wellbeing and its dimensions of rural women with reference to occupation.
5. To find out the significant difference among holistic wellbeing and its dimensions of rural women with reference to age.
6. To find out the significant difference between holistic wellbeing and its dimensions of rural women with reference to type of family.
7. To find out significant association between holistic wellbeing and its dimensions of rural women with reference to educational qualification.
8. To find out significant association between holistic wellbeing and its dimensions of rural women with reference to occupation.

9. To find out significant correlation between holistic wellbeing and its dimensions of rural women with reference to background variables.

### **Hypotheses of the study**

Hypothesis is defined as a proposition or a set of proposition set forth as an explanation for the occurrence of some specified group of phenomena either asserted merely as a provisional conjecture to guide some investigation or accepted as highly probable in the light of established facts (Kothari, 2012).

The hypotheses of the study are as follows:

1. The level of holistic wellbeing and its dimensions of rural women with reference to age.
2. The level of holistic wellbeing and its dimensions of rural women with reference to type of family.
3. The level of holistic wellbeing and its dimensions of rural women with reference to educational qualification.
4. The level of holistic wellbeing and its dimensions of rural women with reference to occupation.

5. There is no the significant difference among holistic wellbeing and its dimensions of rural women with reference to age.
6. There is no the significant difference between holistic wellbeing and its dimensions of rural women with reference to type of family.
7. There is no significant association between holistic wellbeing and its dimensions of rural women with reference to educational qualification.
8. There is no significant association between holistic wellbeing and its dimensions of rural women with reference to occupation.
9. There is no significant correlation between holistic wellbeing and its dimensions of rural women with reference to background variables.

### **Variables**

Something that can change in value and can be measured is known as a variable. It can be an aspect of experimental situation or a characteristic that changes in different individuals. Variables are the conditions or the



characteristics that the experimenter manipulates or controls or observes (Best et al., 2004).

In the present study, the investigator takes into consideration, mainly, two types of variables, viz., the independent and the dependent variables.

### **Independent Variable**

The independent variables are the conditions or characteristics, that the investigator manipulates, controls in his attempt to ascertain their relationship to the observed phenomena. The variable, which is manipulated by the investigator, or the variable, which is suspected of being the cause in the investigation is called the independent variable. “It is under the direct control of the investigator who may vary it into any direction, desired” (Sax, 1979).

In the present study, age, family type, literacy level and occupation of the respondents are the independent variables.

### **Dependent Variables**

Dependent variables are the conditions or characteristics that appear, disappear, or change as the investigator introduces, removes or changes the

independent variables (Sidhu, 1999). The variable that is dependent on something is called the dependent variable. Dependent variable is measured before and after manipulation of the independent variable. Physical wellbeing, psychological wellbeing, emotional wellbeing, social wellbeing and spiritual wellbeing are dependent variables.

### **Background Variables**

The background variables chosen for the study were categorized into personal variables, and familial variables. The personal variables include age and the familial variables include type of family, educational status and occupation.

### **Method Used in the Study**

The method of research concerns itself with the present phenomena in terms of conditions, practices, beliefs, processes, relationship (or) trends. Every study is distinguished on the basis of its different purposes and approaches. Therefore, so many methods have been developed. As the present study aims to analyse the holistic wellbeing of rural women, the Normative Survey

Method is adopted in the present study. It describes the current status of the research work. It involves interpretation, comparison, measurement, classification, evaluation and generalization all directed towards a proper understanding and solution of significant educational problems.

### **Population**

Population is a set of elements that the research focuses upon which the results obtained by testing the sample should be generalized (Kasomo, 2007). The population for the present study is rural women in Tirunelveli District. The population size is 186 women.

### **Procedure for Data Collection**

The investigators randomly selected the women in the villages in Tirunelveli district, Tamil Nadu. Further the investigators met the subjects and provided the brief introduction about the purpose of the study. They administered the tools one by one with the help of the teacher educators from St. Ignatius College of Education, Palayamkottai. Stipulated time was given for the subjects to complete their responses. Also, the care was taken to

clarify the doubts then and there if any arises, finally 186 samples were collected. The collected data were entered in the Excel sheet for the purpose of the data analysis.

### **Statistical Techniques Employed**

In the present study, the hypotheses were tested by employing the appropriate statistical techniques. The entire statistical procedure was done by the researcher herself with the help of the research guide.

Part-I deals with the background characteristics of the sample. Descriptive statistics like Mean, Median, Mode, Standard Deviation, Skewness and Kurtosis were calculated to explain the background characteristics of the sample.

In the Part-II, correlation analysis was done, to find out the association between holistic wellbeing and categorical variables.

In the Part-III, to find out the significant difference between the dependent and independent variables t-test and F-test were calculated.

## **Delimitations**

Delimitations are those characteristics that limit the scope and define the boundaries of the study (Simon, 2011). The delimitations of this study are:

- The study is limited to just 5 rural villages such as Paraikulam, Potalkulam, Melaputhaneri, Uthamapandiyan kulam and Velankulam.
- The population chosen is restricted to pupil of rural women in Tirunelveli District.
- The investigators chosen only 5 dimensions of wellbeing such as physical, mental, spiritual, emotional and social.
- The data was collected from 186 rural women.
- The following background variables were only selected for this study. They are age, type of family, educational qualification and occupation.

## **Limitations**

Limitations are influences that the researcher cannot control. They are short coming, conditions or influences that cannot be controlled by the researcher that place

restrictions on methodology and conclusions (Cohen, 2007).

a) Four women did not respond completely to the questionnaire.

b) Two women didn't permit the investigator to collect data.

## **CHAPTER 4**

### **ANALYSIS OF DATA**

#### **4.1 Introduction**

Analysis of data means studying the tabulated material in order to determine inherent facts or meanings (Koul, 1997). The analysis and interpretation of data involve the objective material in the possession of the researcher and his subjective reaction and desires to derive from the data the inherent meanings in their relation to the problem (Best and Kahn, 2004).

This chapter deals with the statistical analysis of the data and interpretations, made to account for the results. The main objective of the present study is to find out the holistic wellbeing of rural women. The collected data was analyzed using the statistical techniques namely the Descriptive analysis, Correlation analysis, Differential Analysis etc., The analysis of the data is presented under the following parts.

Part-I deals with the background characteristics of the sample. Descriptive statistics like Mean, Median, Mode, Standard Deviation, Skewness and Kurtosis were

calculated to explain the background characteristics of the sample.

In the Part II, correlation analysis was done, to find out the relationship between categorical variables and the independent variable.

In the Part-III, to find out the significant difference between the dependent and independent variables t-test and F-test were calculated.

### **Descriptive Analysis**

Preliminary analysis of the scores was done to see the nature of data related to the study, i.e, the holistic wellbeing of rural women.

#### **Background Characteristics of the Sample**

Important Statistical constants such as mean, median, mode, standard deviation, skewness and kurtosis were computed for the whole sample. The summary of the statistical details is explained in this chapter.



## DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLERESPONDENTS

### AGE OF THE RESPONDENTS

It has been observed that majority of the members are young persons. They want to do some income generating activities to increase the income of their families. It has also been found that old people are not generally intended to become members of SHGs, since they cannot undertake any income generating activity and they are in care of their sons, daughters and daughters in law.

Table 4.1 shows the distribution of the sample members according to their age.

**TABLE 4.1**

#### **Age-wise Classification of Sample Members**

<b>Sl.No.</b>	<b>Age</b>	<b>No. of Members</b>	<b>Percentage to Total</b>
1.	20 - 30	38	20.4
2.	31 – 40	35	18.8
3.	41 - 50	61	32.8
4.	Above 51	52	28.0
	<b>Total</b>	<b>186</b>	<b>100.0</b>

Source: Primary Data

It could be seen from Table 4.1 that 38 (20.4 per cent) sample members belong to the age group 20 – 30 years of age, 35 (18.8 per cent) members belong to 3 – 40 years of age, 61 (32.8 per cent) belong to the age group of 41 to 50 years and 52 (28 per cent) are in the age group of above 51 years. It is also evident from Table 4.1 that majority of the members belong to the age group of 41 to 50 years.

### **Family type of Sample Members**

**TABLE 4.2**

#### **Family type of Sample Members**

<b>Sl .N o.</b>	<b>Family Type</b>	<b>No. of Members</b>	<b>Percentage to Total</b>
1.	Joint Family	66	35.5
2.	Nuclear family	120	64.5
	<b>Tot al</b>	<b>186</b>	<b>100.0</b>

Source: Primary Data

It could be seen from Table 4.2 that 66 (35.5 per cent) sample members belong to Joint family and 120

(64.5 per cent) sample members belong to nuclear family. It is also evident from Table 4.2 that majority of the members belong to nuclear family.

### Literacy Level of Sample Members

**TABLE 4.3**

#### Literacy Level of Sample Members

<b>Sl. No.</b>	<b>Literacy Level</b>	<b>No. of Members</b>	<b>Percentage to Total</b>
1.	Illiterate	67	36.0
2.	Elementary	32	17.2
3.	Middle School	57	30.7
4.	High School	20	10.8
5.	Higher Education	10	5.3
	<b>Total</b>	<b>186</b>	<b>100.0</b>

Source: Primary Data

It could be seen from Table 4.3 that 67 (36 per cent) sample members are illiterates. Among the remaining members, 32 (17.2 per cent) are educated up to

elementary level, 57 (30.7 per cent) are educated up to middle school, 20 (10.8 per cent) members are educated up to high school and 10 (5.3 per cent) sample members got higher education. It is also evident from Table 4.3 that majority of the members are illiterate.

## **OCCUPATIONAL STATUS OF THE SAMPLE MEMBERS**

Table 4.3 reveals the distribution of members according to their occupational status.

**Table 4.4**

### **Occupational Status of the Sample Members**

<b>Sl. No.</b>	<b>Category</b>	<b>No. of Members</b>	<b>Percentage to Total</b>
1.	Home Maker	80	43.0
2.	Daily wage workers	86	46.3
3.	Self Employed	18	9.7
4.	Government employers	2	1.0
	<b>Total</b>	<b>186</b>	<b>100</b>

Source: Primary Data

It could be seen from Table 4.4 that about 43 per cent of the members are home makers and 46.3 per cent are daily wage workers. 9.7 per cent members are self-employed and the remaining 1 per cent government employees.

## **HOLISTIC WELLBEING**

### **Significant Difference of Holistic Wellbeing with regard to Age**

The objective was to analyse holistic wellbeing mean score of rural women with regard to age. The data were analyzed with the help of SPSS and the results were given in table 4.5.

*Table 4.5*

*Holistic Wellbeing Dimension wise mean scores, SD and F-values of Rural Women with regard to age.*

Variable	Age	N	Mean	SD	F	P value	Sig
Physical	20 - 30	38	34.92	4.63	3.113	.028	S
	31 - 40	35	34.63	4.26			
	41 - 50	61	33.98	3.50			
	Above 51	52	32.37	5.19			
Psycho logical	20 - 30	38	29.87	3.39	.073	.974	NS
	31 - 40	35	29.63	3.33			
	41 - 50	61	29.98	4.76			
	Above 51	52	29.69	4.45			
Emotional	20 - 30	38	33.66	3.32	1.128	.339	NS
	31 - 40	35	33.94	3.11			
	41 - 50	61	33.93	3.66			
	Above 51	52	32.79	4.15			

Social	20 - 30	38	33.05	2.54	1.401	.244	NS
	31 - 40	35	33.09	2.96			
	41 - 50	61	33.07	3.69			
	Above 51	52	31.98	3.32			
Spiritual	20 - 30	38	31.82	2.35	4.558	.004	S
	31 - 40	35	32.00	2.22			
	41 - 50	61	31.46	3.54			
	Above 51	52	30.04	2.63			
Holistic	20 - 30	38	163.32	10.34	3.385	.019	S
	31 - 40	35	163.29	10.12			
	41 - 50	61	162.43	12.54			
	Above 51	52	156.87	12.56			

S- Significant at 0.05 level NS- Not significant at 0.05 level

From the above table, the obtained f-values of Age ((20-30, 31-40, 41-50, Above 51) among rural women on physical (0.028), Spiritual (0.004) and Holistic (0.19) were significant at 0.05 level. It means that the mean scores of

age (20-30, 31-40, 41-50, Above 51) on physical, Spiritual and holistic differ significantly among rural women. However, Psychological (0.974), Emotional (0.339), and Social (0.244) were not significant at 0.05 level. It means that the mean scores of age (20-30, 31-40, 41-50, Above 51) on psychological, Emotional and Social do not differ significantly among rural women, the null hypothesis was accepted except physical, Spiritual and holistic variables.

### **Paired Mean Significant Difference of Holistic Wellbeing with regard to Age**

The objective was to analyse holistic wellbeing paired mean score of rural women with regard to age. The data were analyzed with the help of SPSS and the results were given in table 4.6.



*Table 4.6*

*Holistic Wellbeing Dimension wise paired mean scores,  
MI and CI of Rural Women with regard to age.*

Variable	20 - 30	31 - 40	41 - 50	Above 51	MI	CI	SIG
Physical	34.92	34.63			0.29	2.90	NS
	34.92		33.98		0.94	2.56	NS
	34.92			32.37	2.56	2.65	NS
		34.63	33.98		0.64	2.63	NS
		34.63		32.37	2.26	2.71	NS
			33.98	32.37	1.62	2.34	NS
Spiritual	31.82	32.00			-0.18	1.88	NS
	31.82		31.46		0.36	1.66	NS
	31.82			30.04	1.78*	1.71	S
		32.00	31.46		0.54	1.70	NS
		32.00		30.04	1.96*	1.75	S
			31.46	30.04	1.42	1.51	NS
Holistic	163.32	163.29			0.03	7.73	NS
	163.32		162.43		0.89	6.82	NS
	163.32			156.87	6.45	7.04	NS
		163.29	162.43		0.86	7.00	NS
		163.29		156.87	6.42	7.21	NS
			162.43	156.87	5.56	6.23	NS

S- Significant at 0.05 level NS- Not significant at 0.05 level

From the above table, For the physical variable, there doesn't seem to be any significant differences between the age groups, as the CI overlap and the MD are small. Spritual variable, there doesn't seem to be any significant differences between the age groups, as the CI overlap and the MD are small except the third comparison between the 41-50 and above 51 age groups shows a significant difference, with the above 51 age group having a lower score, with the above 51 age group having a lower score. For the Holistic variable, there doesn't seem to be any significant differences between the age groups, as the CI overlap and the MD are small.

### **Significant Difference of Holistic Wellbeing with regard to Type of Family**

The objective was to analyse holistic wellbeing mean score of rural women with regard to type of family. The data were analyzed with the help of SPSS and the results were given in table 4.7.

*Table 4.7*

*Holistic Wellbeing Dimension wise mean scores, SD and t-values of Rural Women with regard to Type of family.*

Variable	Types of Family	N	Mean	SD	t	df	P Value	sig
Physical	Joint Family	120	33.64	4.33	-.83	184	.41	NS
	Nuclear Family	66	34.21	4.72				
Psycho logical	Joint Family	120	29.36	3.68	-2.03	184	.04	S
	Nuclear Family	66	30.64	4.79				
Emotional	Joint Family	120	33.08	3.54	-2.43	184	.02	S
	Nuclear Family	66	34.42	3.71				
Social	Joint Family	120	32.68	3.37	-.50	184	.62	NS
	Nuclear Family	66	32.92	3.04				
Spiritual	Joint Family	120	31.39	2.85	.97	184	.33	NS
	Nuclear Family	66	30.95	3.06				
Holistic	Joint Family	120	160.15	11.25	-1.65	184	.10	NS
	Nuclear Family	66	163.15	12.93				

S- Significant at 0.05 level NS- Not significant at 0.05 level

From the above table, the obtained f-values of Joint family and Nuclear family among rural women on Psychological (0.04), and Emotional (0.02) were significant at 0.05 level. It means that the mean scores of Joint family and Nuclear family on psychological and Emotional differ significantly among rural women. However, Physical (0.83), Social (0.62), Spritual (0.33), and Holistic (0.10) were not significant at 0.05 level. It means that the mean scores of Joint family and Nuclear family on Physical, Social, Spiritual, and Holistic do not differ significantly among rural women, the null hypothesis was accepted except psychological and Emotional variables.

### **Significant Difference of Holistic Wellbeing with regard to Literacy Level**

The objective was to analyse holistic wellbeing mean score of rural women with regard to literacy level. The data were analyzed with the help of SPSS and the results were given in table 4.8.

*Table 4.8*

*Holistic Wellbeing Dimension wise mean scores, SD and t-values of Rural Women with regard to Literacy Level.*

Variable	Literacy Level	N	Mean	SD	F	P Value	Sig
Physical	Illiterate	67	32.70	4.49	3.51	0.01	S
	Elementary School	32	32.91	3.33			
	Middle School	58	35.16	4.07			
	High School	19	34.32	6.30			
	Higher Education	10	36.00	3.27			
Psycho logical	Illiterate	67	28.84	3.33	3.09	0.02	S
	Elementary School	32	29.03	4.39			
	Middle School	58	30.69	4.34			
	High School	19	31.79	5.35			
	Higher Education	10	30.00	2.49			
Emotional	Illiterate	67	33.09	3.28	2.61	0.04	S
	Elementary School	32	32.47	3.67			
	Middle School	58	34.14	3.93			
	High School	19	35.37	3.77			
	Higher	10	33.40	2.67			

	Education						
Social	Illiterate	67	32.01	2.91	2.10	0.08	NS
	Elementary School	32	32.44	3.39			
	Middle School	58	33.31	3.48			
	High School	19	33.79	3.44			
	Higher Education	10	33.70	2.50			
Spiritual	Illiterate	67	30.70	3.06	2.39	0.05	NS
	Elementary School	32	31.09	2.56			
	Middle School	58	31.24	2.78			
	High School	19	32.89	3.57			
	Higher Education	10	32.10	1.37			
Holistic	Illiterate	67	157.34	9.62	5.96	0.00	S
	Elementary School	32	157.94	10.75			
	Middle School	58	164.53	12.04			
	High School	19	168.16	16.26			
	Higher Education	10	165.20	7.81			

S- Significant at 0.05 level NS- Not significant at 0.05 level

From the above table, the obtained f-values of literacy level (Illiterate, Elementary School, Middle School, High School, Higher Education) among rural women on physical (0.01), Psychological (0.02), Emotional (0.04) and Holistic (0.00) were significant at 0.05 level. It means that the mean scores of literacy level (Illiterate, Elementary School, Middle School, High School, Higher Education) on physical, psychological, emotional and holistic differ significantly among rural women. However, Social (0.08) and Spiritual (0.05) were not significant at 0.05 level. It means that the mean scores of literacy level (Illiterate, Elementary School, Middle School, High School, Higher Education) on Social and Spiritual do not differ significantly among rural women, the null hypothesis was accepted except physical, psychological, emotional and holistic variables.

### **Paired Mean Significant Difference of Holistic Wellbeing with regard to Literacy Level**

The objective was to analyse holistic wellbeing paired mean score of rural women with regard to age. The data

were analyzed with the help of SPSS and the results were given in table 4.9.

*Table 4.9*

*Holistic Wellbeing Dimension wise paired mean scores, MI and CI of Rural Women with regard to literacy level.*

Variable	Illiterate	Elementary School	Middle School	High School	Higher Education	MI	CI	Sig
Physical	32.70	32.91				-0.20	2.91	NS
	32.70		35.16			-2.45	2.43	S
	32.70			34.32		-1.61	3.52	NS
	32.70				36.00	-3.30	4.59	NS
		32.91	35.16			-2.25	2.98	NS
		32.91		34.32		-1.41	3.92	NS
		32.91			36.00	-3.09	4.91	NS
			35.16	34.32		0.84	3.58	NS
			35.16		36.00	-0.84	4.64	NS
				34.32	36.00	-1.68	5.29	NS
Psycho logical	28.84	29.03				-0.20	2.71	NS
	28.84		30.69			-1.85	2.26	NS
	28.84			31.79		-2.95	3.28	NS
	28.84				30.00	-1.16	4.27	NS
		29.03	30.69			-1.66	2.78	NS
		29.03		31.79		-2.76	3.65	NS
		29.03			30.00	-0.97	4.57	NS
			30.69	31.79		-1.10	3.33	NS
			30.69		30.00	0.69	4.32	NS



				31.79	30.00	1.79	4.92	NS
Emotional	33.09	32.47				0.62	2.40	NS
	33.09		34.14			-1.05	2.00	NS
	33.09			35.37		-2.28	2.90	NS
	33.09				33.40	-0.31	3.79	NS
		32.47	34.14			-1.67	2.46	NS
		32.47		35.37		-2.90	3.23	NS
		32.47			33.40	-0.93	4.05	NS
			34.14	35.37		-1.23	2.95	NS
			34.14		33.40	0.74	3.82	NS
				35.37	33.40	1.97	4.36	NS
Holistic	157.34	157.94				-0.59	7.58	NS
	157.34		164.53			-7.19	6.33	S
	157.34			168.16		-10.81	9.17	S
	157.34				165.20	-7.86	11.9 6	NS
		157.94	164.53			-6.60	7.77	NS
		157.94		168.16		-10.22	10.2 1	S
		157.94			165.20	-7.26	12.7 8	NS
			164.53	168.16		-3.62	9.32	NS
			164.53		165.20	-0.67	12.0 8	NS
				168.16	165.20	2.96	13.7 8	NS

*S- Significant at 0.05 level NS- Not significant at 0.05 level*

From the above table, For the physical variable, there doesn't seem to be any significant differences between the literate groups, as the CI overlap and the MD are small except second comparison Illiterate and Middle School with the illiterate group having a lower score. Psychological variable and Emotional variable, there doesn't seem to be any significant differences between the literate groups, as the CI overlap and the MD are small. Holistic variable, there doesn't seem to be any significant differences between the literate groups, as the CI overlap and the MD are small except second, third and sixth comparison Illiterate and Middle School, Illiterate and High School, Elementary school and High School with the illiterate group having a lower score.

### **Significant Difference of Holistic Wellbeing with regard to Occupation**

The objective was to analyse holistic wellbeing mean score of rural women with regard to Occupation. The data were analyzed with the help of SPSS and the results were given in table 4.10.

*Table 4.10*

*Holistic Wellbeing Dimension wise mean scores, SD and t-values of Rural Women with regard to Occupation.*

Variable	Occupation	N	Mean	SD	F	P Value	Sig
Physical	Home Maker	80	34.38	4.45	1.04	0.38	NS
	Daily wage workers	86	33.22	4.34			
	Self Employed	18	34.44	5.25			
	Government employers	2	34.00	1.41			
Psycho logical	Home Maker	80	29.24	3.39	1.87	0.14	NS
	Daily wage workers	86	29.92	4.16			
	Self Employed	18	31.67	6.30			
	Government employers	2	31.50	4.95			
Emotional	Home Maker	80	33.53	3.36	2.31	0.08	NS
	Daily wage workers	86	33.15	3.73			
	Self Employed	18	35.61	4.17			
	Government employers	2	34.00	2.83			
Social	Home Maker	80	33.00	2.68	0.63	0.60	NS

	Daily wage workers	86	32.43	3.72			
	Self Employed	18	33.33	3.36			
	Government employers	2	32.50	0.71			
Spiritual	Home Maker	80	31.31	2.58	0.46	0.71	NS
	Daily wage workers	86	31.13	3.41			
	Self Employed	18	31.17	1.92			
	Government employers	2	33.50	0.71			
Holistic	Home Maker	80	161.45	10.33	1.54	0.20	NS
	Daily wage workers	86	159.85	12.76			
	Self Employed	18	166.22	13.90			
	Government employers	2	165.50	10.61			

S- Significant at 0.05 level NS- Not significant at 0.05 level

From the above table, the obtained f-values of Occupation (Home Maker, Daily wage workers, Self Employed, and Government employers) among rural women on physical (0.38), Psychological (0.14), Emotional (0.08), Social

(0.60), Spiritual (0.71) and Holistic (0.20) were not significant at 0.05 level. It means that the mean scores of Occupation (Home Maker, Daily wage workers, Self Employed, and Government employers) on physical, psychological, emotional, Social, Spiritual and holistic do not differ significantly among rural women, the null hypothesis was accepted.

## **CHAPTER 5**

### **FINDINGS AND RECOMMENDATIONS**

This chapter deals with the result after the analysis of data and the interpretations for the finding. The recommendations are given based on the findings. In the present study, an effort was taken to analyse the holistic wellbeing of rural women.

#### **Overall Findings of the Study**

The findings that are emerged as the result of the present study are presented here:

1. There was significant difference found among age (20-30, 31-40, 41-50, Above 51) on physical, Spiritual and holistic among rural women.
2. There was no significant difference found among age (20-30, 31-40, 41-50, Above 51) on psychological, Emotional and Social among rural women.
3. There was no significant difference found in paired mean comparison age (20-30, 31-40, 41-50, Above 51) on physical and holistic variable among rural women. However Spiritual no significant difference was found

except the third comparison between the 41-50 and above 51 age groups.

4. There was significant difference found in Joint family and Nuclear family on psychological and Emotional among rural women.
5. There was no significant difference found in Joint family and Nuclear family on Physical, Social, Spiritual, and Holistic among rural women.
6. There was significant difference in literacy level (Illiterate, Elementary School, Middle School, High School, Higher Education) on physical, psychological, emotional and holistic differ significantly among rural women. However no significant difference found on Social and Spiritual among rural women.
7. Physical variable found no significant difference on paired mean comparison among literate groups (Illiterate, Elementary School, Middle School, High School, Higher Education), except second comparison Illiterate and Middle School.

8. Psychological variable found no significant difference on paired mean comparison among literate groups (Illiterate, Elementary School, Middle School, High School, Higher Education) among rural women.
9. Emotional variable found no significant difference on paired mean comparison among literate groups (Illiterate, Elementary School, Middle School, High School, Higher Education) among rural women.
10. Holistic variable found no significant difference on paired mean comparison among literate groups (Illiterate, Elementary School, Middle School, High School, Higher Education) among rural women, second, third and sixth comparison Illiterate and Middle School, Illiterate and High School, Elementary school.
11. There was significant no difference found Occupation (Home Maker, Daily wage workers, Self Employed, and Government employers) on physical variable among rural women.



12. There was significant no difference found Occupation (Home Maker, Daily wage workers, Self Employed, and Government employers) on psychological variable among rural women.
13. There was significant no difference found Occupation (Home Maker, Daily wage workers, Self Employed, and Government employers) on emotional variable among rural women.
14. There was significant no difference found Occupation (Home Maker, Daily wage workers, Self Employed, and Government employers) on Social variable among rural women.
15. There was significant no difference found Occupation (Home Maker, Daily wage workers, Self Employed, and Government employers) on Spiritual variable among rural women.
16. There was significant no difference found Occupation (Home Maker, Daily wage workers, Self Employed, and Government employers) on holistic variable among rural women.

## **Discussions**

According to a study by Tamil Nadu Health Systems Project (TNHSP, 2014), the maternal mortality rate (MMR) and infant mortality rate (IMR) in Tamil Nadu have decreased over the years, but there are still significant disparities between rural and urban areas. The study found that the MMR in rural areas of Tamil Nadu was 95 per 100,000 live births, compared to 33 in urban areas. Similarly, the IMR in rural areas was 29 per 1,000 live births, compared to 14 in urban areas. These statistics highlight the need to focus on improving the physical well-being of rural women in Tamil Nadu.

A study by Ramanathan et al. (2019) found that rural women in Tamil Nadu reported high levels of stress due to various factors such as financial problems, family conflicts, and health issues. The study also found that women who had access to social support reported better psychological well-being than those who did not. These findings highlight the importance of addressing social isolation and promoting social support networks among

rural women in Tamil Nadu to improve their psychological well-being.

Another study by Sivakami et al. (2017) found that gender-based violence was a significant predictor of poor mental health among women in rural Tamil Nadu. The study suggests that interventions aimed at preventing and addressing gender-based violence could improve the psychological well-being of rural women in Tamil Nadu.

A study by Rajan et al. (2016) found that rural women in Tamil Nadu reported high levels of emotional distress due to various factors, such as financial problems, family conflicts, and health issues. The study also found that women who had social support reported better emotional well-being than those who did not.

Another study by Kaviya et al. (2018) found that emotional distress was prevalent among rural women in Tamil Nadu, with 37.5% of women reporting symptoms of depression and anxiety. The study suggests that interventions aimed at addressing emotional distress and promoting emotional well-being among rural women in Tamil Nadu are necessary.

A study by Shiva et al. (2019) found that social support was a crucial factor in promoting the social well-being of rural women in Tamil Nadu. The study suggests that interventions aimed at strengthening social support networks among rural women can improve their social well-being.

Another study by Venkatesan et al. (2017) found that women in rural Tamil Nadu who participated in self-help groups reported higher levels of social support and social well-being than those who did not. The study suggests that promoting self-help groups can be an effective way to improve the social well-being of rural women in Tamil Nadu.

A study by Elango et al. (2017) found that spiritual well-being was an important coping mechanism for rural women in Tamil Nadu. The study suggests that promoting spiritual practices, such as prayer and meditation, can improve the spiritual well-being of rural women.

Another study by Suresh et al. (2020) found that spiritual well-being was associated with better mental health outcomes among rural women in Tamil Nadu. The

study suggests that interventions aimed at promoting spiritual well-being can have a positive impact on mental health outcomes for rural women.

### **Recommendations:**

From the data analysis the investigators suggests solutions to the challenges identified in the study and provides useful tips on how to improve the well-being of the population studied. The recommendations are based on the study findings and aim to improve the quality of life of the study population.

Based on the results, it can be concluded that age has a significant impact on physical, spiritual, and holistic well-being among rural women in Tirunelveli district. The findings suggest that as women age, their physical and spiritual well-being may decline, which may affect their overall holistic well-being. It is important for healthcare providers and policymakers to consider age-related factors when designing interventions and programs to promote well-being among rural women.

The results also indicate that age does not have a significant impact on psychological, emotional, and social

well-being among rural women in Tirunelveli district. This suggests that these aspects of well-being may be less influenced by age and more influenced by other factors such as social support, economic status, and education. Further research is needed to better understand the factors that impact psychological, emotional, and social well-being among rural women in this region.

Psychological and Emotional well-being of rural women can be improved by promoting and encouraging Joint family system. Programmes and initiatives can be designed and implemented to raise awareness among rural women about the benefits of living in a Joint family system.

Further research can be conducted to explore the reasons for the significant difference in Psychological and Emotional well-being among rural women living in Joint and Nuclear families.

It is recommended to encourage and promote activities that promote Physical, Social, Spiritual, and

Holistic well-being among rural women, regardless of their family type.

The findings of the study can be used to develop and implement targeted interventions to improve the overall well-being of rural women in Tirunelveli district.

It is important to provide education and literacy programs for illiterate rural women in Tirunelveli district, as they tend to have lower scores on certain aspects of holistic wellbeing.

There is a need to further investigate the factors that may contribute to the significant differences between joint families and nuclear families on psychological and emotional wellbeing among rural women. This can help in designing interventions to improve the wellbeing of rural women based on their family structure.

While there were no significant differences between the age groups on psychological, emotional, and social wellbeing, significant differences were found on physical, spiritual, and holistic wellbeing. This suggests the need for

tailored interventions to improve the physical and spiritual wellbeing of rural women across different age groups.

Future research can explore other potential factors that may influence the holistic wellbeing of rural women, such as access to healthcare, socioeconomic status, and cultural beliefs. Understanding these factors can help in developing effective interventions to promote the holistic wellbeing of rural women in Tirunelveli district.

Based on the results shown in the table, it can be concluded that there are no significant differences in the physical, psychological, emotional, social, spiritual, and holistic well-being of rural women based on their occupation (Home Maker, Daily wage workers, Self Employed, and Government employers). Therefore, it can be recommended that efforts to improve the holistic well-being of rural women should not be solely based on their occupation. Instead, interventions and programs should be targeted towards all women in the community, regardless of their occupation, to ensure that every woman has equal access to resources and opportunities for improving their



well-being. Additionally, future studies could investigate other factors that may influence the well-being of rural women, such as access to healthcare, education, and social support networks.

### **Suggestion for the Further Studies**

1. A study on Holistic wellbeing and other categorical variables such as marital status, income may be conducted.
2. This present study was confined to women only. This study may be extended to men and children.
3. This study can be conducted among urban women.
4. The study may be conducted to find out other dimensions which are not part of the current study.
5. The present study could be undertaken at various geographical areas.

### **Conclusion:**

In this study, the investigators have focused on holistic well-being among rural women. It focuses on the interrelatedness of physical, mental, emotional, social, and spiritual aspects of a person's life. Based on the results of a

study on holistic well-being among rural women, it may be concluded that interventions that address multiple dimensions of well-being could be effective in promoting overall health and wellness among this population. These interventions could include access to healthcare, education, economic empowerment, social support networks, and opportunities for spiritual and cultural practices. The study may have identified specific challenges and barriers to achieving holistic well-being in rural areas, such as lack of access to resources, social isolation, and cultural beliefs that may not prioritize individual well-being. Addressing these challenges could be a key to improving the overall well-being of rural women.

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# **A STUDY OF HOLISTIC WELL BEING AMONG RURAL WOMEN IN TIRUNELVELI DISTRICT**

Respected Madam,

We are going to conduct this research for holistic wellbeing. We need your response and it will be helpful to make our research as a valid one. All the data we are going to collect will be kept confidential and it will be utilized only for our research not any other purpose. Read the following questions and kindly give your valuable response.

Thanking you,

With regards,

Investigators

# **A STUDY OF HOLISTIC WELL BEING AMONG RURAL WOMEN IN TIRUNELVELI DISTRICT**

**Holistic well being tool was developed and validated by Dr.L.Vasanthi Medona, ICM, Dr. S.Josephine, Dr.P.Johny Rose, Dr.V.Lavanya and Mrs.M.Ponmalar**

## **Personal Data**

1. Age : 20-30/ 31-40/ 41-50/ above 51
2. Marital Status : Married / Unmarried
3. Type of Family : Joint Family / Nuclear family
4. Education : Illiterate / Elementary / Middle School / High School / Higher Education
5. Occupation : Home maker / Daily Wages / Self Employed / Govt. Job

## Physical Wellbeing Measurements

Sl. No	Statements	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	I know that exercise reduces the risk of health problems.					
2	Exercise improves mental well-being					
3	I exercise for about 30 minutes every day.					
4	I sleep 8 to 10 hours every night.					
5	I eat a balanced diet to ensure a balanced intake of nutrients					
6	I enjoy doing light housework like vacuuming or washing dishes					
7	I can do hard housework or chores like sweeping floors, washing Windows or carrying wood, choppingwood.					
8	I can engage in activities such as brisk walking or carrying light loads.					
9	I have trouble sitting in one place for long periods of time					
10	I have low energy and tire easily from continuous work					

## Psychological Wellbeing Measurements

Sl. No	Statements	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	I am not interested in activities that expand my horizons					
2	I feel better when I think about what I have done in the past and what I want to do in the future.					
3	I want to live in the present and not think about the future					
4	My decisions are generally not influenced by the actions of others.					
5	I only focus on the present because the future always brings problems					
6	I like most of my personality traits					
7	If I am unhappy with my life situation, I will take effective steps to change it					
8	Many time I feel disappointed about my progress in life.					
9	I enjoy making plans for the future and making them come true.					
10	I find it difficult to express my own opinions on controversial matters.					

## Emotional Wellbeing Measurements

Sl. No	Statements	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	People tell me that I am a good motivator for others.					
2	I am able to use a healthy balance of emotions and reason to make wise decisions					
3	I am able to motivate others to work even when the environment is not favorable.					
4	I am able to continue to do what I believe in despite harsh criticism.					
5	I can look at any situation with positive thinking					
6	I can make and keep promises.					
7	I know my weaknesses.					
8	It stresses me out that I can't keep up with all the things I have to do every day.					
9	I am proactive in accomplishing the plans I set for myself.					
10	I am envious of other people's lives.					

## Social Wellbeing Measurements

Sl. No	Statements	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	I develop and maintain rapport with others.					
2	Most people see me as loving and affectionate.					
3	I find it difficult and frustrating to maintain close relationships.					
4	I care about other people's concerns.					
5	I often feel lonely because I have few close friends to share my worries with.					
6	I like personal and mutual conversations with family members or friends.					
7	I worry about what other people think of me.					
8	Fitting in with others is more important to me than standing out in my principles.					
9	Others think of me as someone who is willing to share my time with others.					
10	I have never experienced loving and trusting relationships with others.					

## Spiritual Wellbeing Measurements

Sl. No	Statements	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	I believe spirituality is important to humanity.					
2	I believe that spirituality helps in maintaining body, mind, heart and discipline					
3	I believe spirituality is meaningless in one's life					
4	I believe that spirituality has no role in purifying our emotions and desires					
5	I believe spirituality fosters positive and realistic thinking					
6	I believe that spirituality does not allow one's intellectual growth.					
7	I believe that spirituality develops self-awareness and sustains self-discipline.					
8	I believe that spirituality is training one's self in the right way.					
9	I believe that spirituality does not help people to achieve and explore life's challenges.					
10	I believe that spirituality is the discipline which develops positive qualities					

## DATA COLLECTION



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