

نوعية حياة أمهات الأطفال ذوي الخمس سنوات والأصغر: الأمهات العاملات مقارنة بالأمهات غير العاملات
في مدينة الرياض، المملكة العربية السعودية

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الكلمات المفتاحية: الأمهات العاملات ؛ نوعية الحياة ؛ الصراع بين العمل والحياة ؛ الدعم الاجتماعي ؛ جودة النوم ؛ أمهات سعوديات.

ملخص البحث. في المجتمعات الحديثة، بذلت جهود كبيرة لتسهيل مشاركة الأمهات في القوى العاملة دون المساس بمسؤولياتهن الخاصة. في المجتمع السعودي، تجربة الأمهات العاملات لم تحظى بالاهتمام الكافي. وبناء عليه استهدفت هذه الدراسة بحث نوعية حياة أمهات الأطفال صغار السن من خلال الحالة الوظيفية للأم. وحيث شاركت ٢٧٠ أم عاملة و ٤٨ أم غير عاملة في الدراسة من خلال تعبئة الاستبيان الذي تم تصميمه لخدمة الغرض من الدراسة الحالية. فقد تبين من خلال النتائج عدم وجود فروق ذات دلالة إحصائية بين المجموعتين فيما يتعلق بنوعية حياتهن. على مستوى إجمالي العينة، ارتبطت زيادة المستوى التعليمي بنوعية حياة أفضل بين الأمهات المشاركات. كما سجلت العلاقات الاجتماعية أدنى مستوى من الجودة فيما بين الأبعاد الخمسة المستخدمة في الدراسة لقياس نوعية الحياة. بالإضافة إلى ذلك، أفادت أكثر من نصف المشاركات في الدراسة اعتمادهن على الخادمة المنزلية للعناية بالطفل في حين أن أقل من ثلث الأمهات يحظين بدعم عائلي لهذا الشأن. سلطت النتائج الحالية الضوء على جوانب هامة تستدعي بذل المزيد من الجهد لمعالجة ظروف الأمهات في المجتمع السعودي.

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concentrate (Alrashed, 2016). In support of that, the current study revealed some disturbing results among some of the quality of life items such as mothers' sleep being of a moderate level of quality ($M = 3.01$, $SD = .97$), also the opportunity for leisure activities ($M = 3.13$, $SD = .86$) as well as the mothers' energy for everyday life ($M = 3.32$, $SD = .84$). Recent studies found that sleep quality is a factor in the mothers' well-being and those with more sleep disruption reported poorer health and less participation in health-promotion activities (Gress et al., 2010; Lee & Hsu, 2012; Bourke-Taylor et al., 2013; Lee, 2013; Co0 et al., 2014; Feeley et al., 2014). With regard to the current participants' ability to concentrate and focus their thinking, it was almost of a high level ($M = 3.39$, $SD = .85$). Moreover, mothers reported having a limited healthy diet as the mean of their responses was 2.72 ($SD = .94$), given that below 2.60 is considered as low quality within the 5-level scale used in the current study.

Furthermore, although Saudi Arabia is an oil-rich country and its healthcare system is a comprehensive one that covers all citizens (Almasabi, 2013), the current participants reported their *access to healthcare* to be in the tail of the high level of quality ($M = 3.54$, $SD = .88$) and almost the same response was detected with *having enough money to meet their needs* ($M = 3.57$, $SD = .91$). The participating mothers feel highly (but not very highly) *safe in their daily life* ($M = 3.9$, $SD = .86$). When considering the stability of the Saudi society and the secure houses and transportation modes; reporting a less than very high safety feeling requires attention. Lastly, out of the 32 items used to measure the mothers' quality of life, only one item exceeds the mean of 4 out of 5 which was *feeling supported by religious principles* ($M = 4.09$, $SD = .94$).

Conclusion

In conclusion, although the mothers' overall quality of life is high in the current findings, it is at the tail of this level, leaning towards the moderate level and away from the very high level. Therefore, mothers' quality of life requires improvement, especially if this finding is supported by a representative random sample.

Family bond is one of the distinguished features within Saudi society and yet the current finding indicated some weakness in this area. That must be considered along with the motives behind a mother's choice to join the workforce when initiating mothers' work regulations as well in planning for

childcare development programs.

Raising a child is a natural process that can be performed in various conditions and environments, but the results and the impacts on the child would vary hugely based on the quality of the surroundings. While raising a child, mothers have the right to the best available environment, which is the responsibility of the society. Therefore, the needs of Saudi mothers must be investigated intensively to improve their quality of life and address their essentials properly to enable them to raise their children adequately within a life full of opportunities and dignity.

Implications and Recommendations

The quality of life of Saudi mothers needs to be measured by a representative random sample in order to confirm the present findings, and if so, immediate interventions must be taken. Further studies are highly recommended to investigate the role of the parents' families in raising a child and whether family support is in accordance with the present findings, lower than expected. The current participants, whether working or non-working, reported reliance on housemaids to a great extent! Investigation of the role of expatriate housemaids in raising children within Saudi society is becoming very crucial.

On the other hand, since enrollment in the work force does not enhance the mothers' quality of life, what could be the motives behind seeking a job? A question that require studying. Additionally, policy maker must initiate family-friendly work regulations after considering the needs of the mothers along with the caregivers in general.

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	<i>N</i>	<i>Mean</i>	<i>SD</i>		<i>Differing Groups**</i>	<i>(sig.)</i>	<i>F</i>	<i>P-value</i>
Assistance in raising the child								
Non	46	3.49	.542	Non <	Family member	(.009)	20.910	.000
Family member	90	3.80	.523	House <	maid	(.000)		
House maid	180	3.34	.384					
others	2	3.68	.671					
Total	318	3.50	.494					

*The statistics are based on the total number of participating mothers; working mothers & non-working mothers

**Based on Post hoc tests; Scheffe & Games-Howell.

Moreover, a significant association exists between career status and quality of life, $F(3, 314) = 6.02, p = .001$. Mothers who did not have a job at the same time not studying reported a less satisfying quality of life ($M = 3.31, SD = .341$) than both studying mothers ($M = 3.76, SD = .653$) and mothers studying alongside their jobs did ($M = 3.74, SD = .581$). Finally, receiving assistance when caring for young children was found to be significantly related to mothers' quality of life, $F(3, 314) = 20.91, p < .001$. Mothers who receive assistance from family members reported a better quality of life ($M = 3.80, SD = .523$) than both mothers who depend solely on themselves in the caring process ($M = 3.49, SD = .542$) and mothers who receive assistance from housemaids ($M = 3.34, SD = .384$) (Table 3).

Discussion

The related literature, mostly, points differences in quality of life based on work status in favor of working mothers. The present study investigated the quality of mothers' life assuming that being a working mother, within the lack of formal support, is challenging. Based on the current data, the study assumption is true as there were no significance differences between working and non-working mothers regarding their quality of life. In other words, joining the workforce does not enhance the quality of mothers' life.

In support of a study conducted on Iranian mothers (Kerman Saravi et al., 2012), the current study did not find an association between work and quality of life among Saudi mothers. While it contradict other previous studies that reported a certain influence of employment on mothers' quality of life (Chou et al., 2010; Hadi et al., 2013; Wyrobková & Okrajek, 2014; Ahmadizadeh et al., 2015). The inclusion of Saudi women in the workforce has risen spontaneously and continued to be on the rise without formal planning or tailored legislations. It even reached the stage of being a societal need and a necessity in many cases. For working mothers, having a stable source of income or a means of personal fulfillment might be affected

negatively by the lack of essential supportive legislations and alternatives such as formal child-care system and family-friendly work environment.

On the other hand, associations were detected among all demographic variables in relation to mothers' quality of life, supporting the findings of Hadi and colleagues (Hadi et al., 2013). In partial support of a recent study (Tekinarslan, 2013), although the current participants with no schooling reported a far less satisfying quality of life compared with educated mothers, mothers with diplomas reported a better quality of life than highly educated mothers. This requires further investigation; a reasonable justification might be that individuals with diplomas are likely to have less expectation which in turn could results in more satisfaction.

Overall, Saudi mothers' quality of life was less than expected! Moreover, social relations ranked the lowest dimension and physical well-being was slightly above. Unlike a recent Malaysian study, a society that shares similar principles with Saudi society, where social relations scored the highest dimension followed by physical well-being among the four dimensions measuring mothers' quality of life (Chan et al., 2013). According to Carbonari (2013) and Chou et al. (2010), a mother's quality of life is determined significantly by the availability of social support. The current participants reported that being assisted by family members compared with either by no one or by housemaids was related to better quality of life. Unfortunately, more than half of those participants lack the preferable source of assistance. What is more, working and non-working mothers both reported relying heavily on housemaids. This finding might be justified by the Saudi custom of hiring housemaids that became almost the norm in the society regardless of the needs or the obstacles.

A recent study illustrating the caring process in Saudi Arabia detected an association between being assisted by housemaids, in contrast to family members, and lower life indicators such as quality of sleep, level of energy and ability to

living in a healthy physical environment received the highest response ($M=3.9$, $SD=.824$), whereas the lowest response was reported for having a healthy diet ($M=2.7$, $SD=.941$). Working mothers did not differ from non-working mothers with regard to their physical well-being (Table 2).

The findings regarding material well-being revealed that it was high among study participants; of the five dimensions of quality of life, it scored the highest dimension. Out of the five items measuring material well-being, satisfaction with the condition of living space received the highest response ($M=3.7$, $SD=1.040$), whereas the lowest response was reported for having easy access to healthcare ($M=3.5$, $SD=.878$). Working mothers did not differ from non-working mothers with regard to their material well-being (Table 2).

Table (3) presents the associations revealed by one-way ANOVA that measures the quality of life of mothers in relation to their demographic characteristics. The findings indicate a significant relation between the mothers' age and their quality of life, $F(4, 313) = 2.81$, $p = .03$; however, post-hoc

tests did not detect significant differences between age groups. Marital status was found to be significantly related to mothers' quality of life, $F(2, 315) = 5.66$, $p = .004$, specifically, married mothers reported a better quality of life ($M = 3.53$, $SD = .49$) than divorced/separated mothers did ($M = 3.31$, $SD = .43$). Living arrangements had a significant relation with quality of life, $F(3, 314) = 5.43$, $p = .001$, in particular, mothers living with their husbands reported a better quality of life ($M = 3.54$, $SD = .49$) than mothers living with their parents did ($M = 3.25$, $SD = .46$). Finally, education was found to be significantly related to mothers' quality of life, $F(3, 314) = 7.69$, $p < .001$. Three significant relations were detected with regard to education as mothers with a high school degree reported a better quality of life ($M = 3.68$, $SD = .49$) than mothers with no schooling did ($M = 3.18$, $SD = .29$). Likewise, mothers with a diploma reported a better quality of life ($M = 3.71$, $SD = .55$) than both mothers with no schooling ($M = 3.18$, $SD = .29$) and mothers with higher education degrees did ($M = 3.44$, $SD = .47$).

Table (3). Quality of life of all participating mothers^a in relation to their demographic characteristics ($N = 318$)

	N	Mean	SD	Differing Groups**		(sig.)	F	P-value
Age							2.808	.026
< 20	2	3.88	.491	-----	-----	-----		
20-29	68	3.66	.508					
30-39	172	3.46	.486					
40-49	70	3.42	.483					
50>	6	3.52	.354					
Total	318	3.50	.494					
Marital Status							5.658	.004
Married	269	3.53	.492	Married	>	Divorced/ Separated	(.029)	
Widowed	12	3.22	.493					
Divorced/Separated	37	3.31	.439					
Total	318	3.50	.494					
Living arrangement							5.430	.001
Living alone	15	3.26	.464	With parents	<	With husbands	(.030)	
Living with parent(s)	27	3.25	.455					
Living with a husband	271	3.54	.491					
Other	5	3.12	.109					
Total	318	3.50	.494					
Education							7.694	.000
Have no schooling	11	3.18	.292	No schooling	<	High school \geq	(.003)	
High school or less	28	3.68	.491	No schooling	<	Diploma	(.000)	
Diploma	56	3.71	.546	Higher education	<	Diploma	(.006)	
Higher education degree	223	3.44	.466					
Total	318	3.50	.494					
Career							6.019	.001
On a job	241	3.47	.468	No job/ not studying	<	Studying	(.049)	
Studying	19	3.76	.653	No job/ not Studying	<	On a job and studying	(.007)	
On a job and studying	29	3.74	.581					
No job /not studying	29	3.31	.341					
Total	318	3.50	.494					

	Total N=318		Working mothers n=270 (84.9%)		Non-working mothers n=48 (15.1%)		P-value*
Higher education degree	223	70.1%	200	74.1%	23	47.9%	
Current Schooling Status							.000
Out of school	270	84.9%	241	89.3%	29	60.4%	
Students	48	15.1%	29	10.7%	19	39.6%	
Assistance in Raising the Child							.089
Non	46	14.5%	34	12.6%	12	25.0%	
Family member	90	28.3%	81	30.0%	9	18.8%	
Housemaid	180	56.6%	153	56.7%	27	56.3%	
others	2	0.6%	2	0.7%	0	0.0%	

* Chi square tests

Table (2) presents the results of independent samples' t-tests that were conducted to examine whether there were significant differences between working and non-working mothers in relation to their quality of life. Overall, the quality of life among study participants was high to some extent (overall mean reached 3.50 out of 5), with no significant differences related to the mothers' work status.

Independence was relatively high among the

participants; of the five dimensions of quality of life, it scored the third highest. Out of its six measurement items, *making one's decisions independently* received the highest response ($M=3.8$, $SD=0.892$), whereas the lowest response was reported for *living a life full of opportunities* ($M=3.4$, $SD=1.042$). Working mothers did not differ from non-working mothers in their level of independence (Table 2).

Table (2). Comparing Working and non-working mothers in relation to their quality of life

Quality of life dimensions	Total N=318		Working mothers n=270		Non-working mothers n=48		t	P-value
	Mean	SD	Mean	SD	Mean	SD		
Independence	3.58	.685	3.60	.693	3.46	.632	1.308	.192
Social Relations	3.33	.632	3.33	.626	3.30	.671	.288	.774
Emotional Wellbeing	3.59	.573	3.60	.573	3.56	.577	.380	.704
Physical Wellbeing	3.35	.502	3.34	.501	3.41	.507	-.898-	.370
Material Wellbeing	3.63	.699	3.62	.680	3.70	.798	-.763-	.446
Overall Quality of Life	3.50	.494	3.50	.480	3.49	.531	.126	.900

Social relations was found to be of a moderate level among the participants; it scored the lowest among the five dimensions of quality of life. Out of its six measurement items, *being present in family's gatherings* received the highest response ($M=3.8$, $SD=.919$), whereas the lowest response was reported for *volunteerism* ($M=2.5$, $SD=1.097$). Working mothers did not differ from non-working mothers in their social relations (Table 2).

Emotional well-being was somewhat high among study participants; it scored the second among quality of life's five dimensions. Out of its seven

measurement items, *being supported by religious principles* received the highest response ($M=4.1$, $SD=.941$), whereas the lowest response was reported for the reversed item, *having negative feelings such as being blue, in despair, anxious and depressed* ($M=3.2$, $SD=.911$). Working mothers did not differ emotionally from non-working mothers (Table 2).

Physical well-being was found to be of a moderate level among mothers who participated in the study; it scored slightly above the lowest dimension of quality of life's five dimensions. Out of the eight items measuring physical well-being,

Data analysis

Data analysis was performed using the Statistical Package for the Social Sciences (IBM SPSS Statistics for Windows, Version 22.0. Armonk, NY: IBM Corp.). Demographic correlates among study participants were explored using descriptive statistics. Pearson's chi-square test was conducted to test for significant differences between working and non-working mothers in relation to their demographic characteristics. Independent samples' t-test was conducted to determine whether statistically significant differences exist between working and non-working mothers in relation to their quality of life. Finally, one-way ANOVA was conducted to test for significant associations between demographic characteristics and the quality of life among the participating mothers. Significance associations were then followed by post-hoc tests to determine the significance between the groups for each significant variable. The significance level was set at ≤ 0.05 .

Research design

To satisfy the purpose of this study, a comparative cross-sectional design was built to measure the quality of life of mothers of young children 5-years-old or younger. Public schools for girls in a conventional region in the capital city, Riyadh, were used as the study setting. The schools were accessed by submitting the research approval from the researcher-affiliated university specifying the study purpose and significance. As no direct contact was allowed between the researcher and the

study sample, study criteria were explained to school principals by the researcher assistants and then to target eligible individuals after emphasizing voluntary participation.

Results

Table (1) shows the characteristics of the participating mothers who were tested based on their career status: working versus non-working mothers. Pearson's chi-square test was conducted to find out whether working mothers differ from non-working mothers in relation to their demographic characteristics. The tests revealed statistically significant differences among the two groups in terms of their education and current schooling status. Of the total participants, 70% had higher education degree: about three-fourths of the working mothers (74.1%) in contrast to about one half of the non-working mothers (47.9%) were in this category. Regarding the current schooling status, significantly higher percent of the non-working participants (39.6%) were currently students compared to only 10.7% of the working group. Knowing that, about 2% of the working participants had no schooling compared with about 13% of the non-working ones.

No significant differences were detected between working and non-working mothers in regard to source of assistance. Overall, it was found to be mainly housemaids as about 57% of the participating mothers reported relying on them when caring for their young children. (Table 1).

Table (1). Characteristics of mothers of young children (N = 318)

	Total N=318		Working mothers n=270 (84.9%)		Non-working mothers n=48 (15.1%)		P-value*
Age							.057
< 20	2	0.6%	2	0.7%	0	0%	
20-29	68	21.4%	52	19.3%	16	33.3%	
30-39	172	54.1%	147	54.4%	25	52.1%	
40-49	70	22.0%	65	24.1%	5	10.4%	
50>	6	1.9%	4	1.5%	2	4.2%	
Marital Status							.223
Married	269	84.6%	225	83.3%	44	91.7%	
Widowed	12	3.8%	12	4.4%	0	0.0%	
Divorced/Separated	37	11.6%	33	12.2%	4	8.3%	
Living Arrangement							.239
Living alone	15	4.7%	14	5.2%	1	2.1%	
Living with parent(s)	27	8.5%	20	7.4%	7	14.6%	
Living with a husband	271	85.2%	231	85.6%	40	83.3%	
Other	5	1.6%	5	1.9%	0	0.0%	
Education							.000
Have no schooling	11	3.5%	5	1.9%	6	12.5%	
High school or less	28	8.8%	24	8.9%	4	8.3%	
Diploma	56	17.6%	41	15.2%	15	31.3%	

conditions such as working hours and vacation systems. The setting for working mothers was educational institutions under the justification that in Saudi Arabia, a great percentage of the female workforce is employed in the field of education (65.1%) (MCS, 2013).

Three hundred and eighteen eligible mothers participated in the current study where most of them were in their thirties, with the majority being married and accordingly living with their husbands. Of the participants, 85% was holding a job while 15% was without a formal job. Of the total participants, more than two-thirds had higher-education degree and 15% enrolled in education programs. (Table 1)

Sampling procedure

A convenient non-random sample was selected to participate in this survey as it was the most appropriate sampling method. That was due to unavailability of a list of the study population, Saudi mothers working in the field of education, to draw a random sample from. Data were collected in the month of May, 2015 from selected educational institutions in the eastern part of Riyadh, the capital city of Saudi Arabia. Three hundred and fifty questionnaires were distributed through the institutions' principals or their vices. Additional 100 copies were handed in to each participant who was willing to suggest a non-working mother from her social surrounding to also participate in the current study. Residents in Eastern Riyadh are mainly middle-class citizens and characterized by a strong family bond representing traditional Saudi communities. Four-hundred- twenty-two filled questionnaires were returned, out of which, 318 were eligible for inclusion, representing a 75% response rate.

Principles of research ethics were emphasized throughout data collection. Voluntary participation was the approach used for this study; a written statement informed participants about their total freedom to withdraw at any point without any further obligations. Their confidentiality was assured as no identity point or signature was requested and their responses were for the purpose of research only. The primary motive for this study was to enhance work environment for working mothers.

Measurement

The current study was designed to measure the quality of mothers' life as the dependent variable that is composed of five dimensions: independence; social relations; emotional well-being; physical well-

being and material well-being. Work status as the independent variable was assumed to be associated with the quality of mothers' life.

The design of the study instrument was generated from related literature, mainly WHOQOL-BREF (WHO, 1997) and My Life: Personal Outcomes Index (Community Living British Columbia, 2011) apart from referring to additional studies with domains measuring individuals' quality of life (Chou et al., 2010; Hadi et al., 2013; Khabiri et al., 2013; Morrell et al., 2013; Symon et al., 2013; Jennifer Jelsma & Maart, 2015; Polinder et al., 2015). The selected items were organized into five dimensions that were translated into the Arabic language and reviewed by a professional for translation accuracy, and then three academicians reviewed their content validity. A pilot study with 24 participants was conducted to measure the instrument's reliability, which came out with Cronbach's Alpha = 88%. The detailed recorded reliability for each of the study's five dimensions, independence, social relations, emotional well-being, physical well-being and material well-being were as follows: 93%, 85%, 77%, 76% and 86%, respectively.

The final instrument version has two parts: The first part has five demographic items in addition to one question asking about whether assistance is used throughout the caring process of young children, and if so, by whom (Table 1). The second part includes five dimensions to measure mothers' quality of life, the dependent variable of the current study. The first dimension, "*independence*", was measured by six items such as the availability of information needed on day-to-day life and the ability to make one's own decisions. "*Social relations*", the second dimension, was measured by six items such as the support from family members and the satisfying personal relationships. The third dimension, "*emotional well-being*", was measured by seven items; one reversed item, specifically having negative feelings such as being blue, anxious, among others. The other six items were upright ones such as the confident feeling when around others and the safe feeling in daily life. "*Physical well-being*", the fourth dimension, was measured by eight items; six upright items such as the quality of sleep and the level of energy for everyday life. The remaining were two reversed items: relying on medications to function on daily life and having physical pain preventing from regular activities. Finally, the fifth dimension, "*material well-being*", was measured by five items such as the healthy living environment and the adequacy of financial resources.

such as late marriage, economic factors and health and lifestyle issues.

A third issue worth considering when evaluating the rate of women's participation in the workforce is family-friendly work regulations. Saudi woman working in a government position can enjoy a maternity leave of up to a maximum of three years throughout her career life (MCS, 2005). Other than that, working women experience work-life conflicts that they have to resolve on their own. One of the challenges is the shortages in daycares and nurseries that would support working mothers. Another challenge is inflexible work regulations; such as part time jobs, taking times off to meet family needs, and flexible working hours. Lack of formal mothering support alternatives has led to a dependency trend on housemaids in the process of raising a child in Saudi society (Alrashed, 2016).

Until 1960, girls were not receiving formal education due to the society's resistance towards schooling for girls (Yizraeli, 2012). Five decades later, women represented 63% of total higher-education students and 20% of total overseas-scholarship beneficiaries (Onsman, 2011). The majority of Saudi female work-force (65.1%) is concentrated in the field of education, whereas 9.5% occupies positions in healthcare, 3.8% is higher-education staff, and the remaining is distributed within other governmental positions (MCS, 2013). Career positions in education, specifically in the public sector, are the most preferred by women in Saudi society. Those positions ensure secured financial resources apart from offering a work environment that is totally reserved for females only. Most of all, working hours do not extend during the day which suit family obligations the best. The nursing profession, because of its demanding nature, for example, is one of the fields confronted with rejection from the society.

Worldwide, working mothers experience work-life conflicts while satisfying both job obligations and mothering responsibilities (Levy, 2012; Kulik & Liberman, 2013; Cooklin et al., 2015). The dual role in mothers' life is not only imposing a challenge in balancing the two roles, but also creating heavy burden on mothers' shoulders. Given this duality of roles, mothers might not find time for themselves and the quality of the life they live will definitely be affected. The World Health Organization defines Quality of Life as *an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns* (WHO, 1997). Quality of life (QOL) is a multidimensional

concept utilized to indicate how much an individual is living and enjoying life. It is usually measured as separate dimensions selected based on the purpose behind measuring and on the target group considered for the study (Fallowfield, 2009; Eurostat, 2015).

Saudi Arabia is going through a transitional phase that developed countries have experienced previously. One can anticipate that similar challenges are expected to be faced by Saudi women from their accelerated participation in the workforce; hence, society should be prepared to deal with that. Serious efforts have to be taken to enhance the ability of mothers to balance work and family, and at the same time, ensure their own quality of life. Women's participation in the workforce should generate a substantial concern not only to families but also to policy makers. They ought to address work-life conflicts and their impact on working mothers, their children and other dependent individuals, and overall, the well-being of the society (Davis et al., 2015). Thus, this study assumed that within the current work regulations in Saudi Arabia, mothers' participation in the work-force would be an additional burden on their shoulders in case they are caring for young children. Accordingly, the purpose of conducting the study was to investigate the quality of life in relation to work status among Saudi mothers of children aged five and younger. The measurement was carried out by comparing working with non-working mothers with regard to five dimensions of quality of life: independence; social relations; emotional well-being; physical well-being and material well-being.

Methodology

Participant characteristics

Individuals eligible to participate in this study were females, of a Saudi nationality, and are mothering at least one young child. The age of young children in this study was up to five years under the rationalization that a child dependency on a caregiver is at a descending manner till this age. Children depend on caregivers in performing their activities of daily living (ADL); bathing, dressing, toileting, moving around, managing incontinence and feeding. Eligibility criteria also included non-working mothers, mothers working in the field of education, in case of employment, and mothers studying, whether employed or not.

Non-Saudi mothers were excluded to control for social factors given that non-Saudi residents are not living within their complete family relations. On the other hand, mothers working in fields other than education were excluded to standardize the working

Quality of Life among Saudi Mothers of Children Aged Five and Younger: Working Mothers Compared with Non-Working Mothers in Riyadh City, KSA

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Abstract. In modern societies, great efforts have been exerted to facilitate participation of mothers in the workforce without jeopardizing their personal responsibilities. To date, little is known about the experience of Saudi mothers in an on-a-job status. Accordingly, the aim of this cross-sectional study was to investigate the quality of life of mothers of young children in relation to the mother's job status. A convenient sample of 270 working mothers and 48 non-working mothers participated by filling a questionnaire that been designed to serve the purpose of the current study. The findings revealed no significant differences between the two groups with regard to their quality of life. Overall, increasing education proved to be associated with better quality of life among the participating mothers. Of the five dimensions of quality of life, social relations was at the lowest level of quality. Additionally, more than half of the participants reported being assisted by their housemaid compared with less than one-third assisted by a family member in raising a child. In conclusion, the current findings shed light on unexpectedly less satisfying aspects in Saudi mothers' life that require immediate and serious interventions..

Introduction

Women's participation in the workforce has affected societies in many ways. Families have been affected directly by the new role of mothers. On the formal side, health care systems are overwhelmed by the accelerating demands resulting from diminishing informal caregiving, provided mostly by women. As well as policy makers have been facing challenges to create flexible regulations. Whereas, social scientists have been working with tremendous efforts to solve this dilemma of how to balance the dual role of mothers (Levy, 2012; Kulik & Liberman, 2013; Wyrobková & Okrajek, 2014; Cooklin et al., 2015). In developed countries, several public policies have been created to regulate family-friendly work environment (Herman, 1999). Flexible working hours is one of the most consumed methods to cope with child-caring responsibilities. Taking time off to meet family's needs, such as a child's serious illness, is another way to cope besides the ability to work at home, which is helpful in many cases. However, the real challenge was to provide flexibility at work without jeopardizing an individual's compensation and opportunities for advancement (Herman, 1999).

In the Kingdom of Saudi Arabia, women's participation in the workforce is on the rise and 2013 statistics indicated that female workers represented

37.58% of Saudi's work-force (Saudis represent 93.96% of the total work-force in Saudi Arabia) (Ministry of Civil Services [MCS], 2013). The greater proportion of women's participation in the workforce indicates better women's position in modern societies. However, the effects of this participation on the well-being of both society and women themselves must be considered (Lim, 2002; ILO&ADB, 2011). Women's participation in the workforce requires initiating substitutes that can fulfill their foremost role in caregiving; specifically nurturing babies and young children. Child-care system in Saudi Arabia is in the early stages, with limited pre-school service points that are mostly privately owned (Alrashed, 2016).

Another issue of great importance is fertility rate (number of births per woman). Global indicators present a planned negative association between women's participation in the workforce and fertility rate in developed societies. Saudi society does not relate family planning to a mother's career status and even though fertility rate might be declining, some found it as a disturbing indicator that needs to be fixed. In Saudi Arabia, the total fertility rate has reached 2.4 child/woman (Ministry of Health [MOH], 2016). That level was due to several factors other than women's participation in the workforce