



Quality of Life of Christian Women in Thiruvananthapuram: A Gender Perspective

JayaRani. D¹, Dr. T Sudha²

PhD Research Scholar, Department of Economics Annamalai University Tamil Nadu

Professor, Department of Economics Annamalai University Tamil Nadu

Abstract

This study investigates the quality of life (QoL) of Christian women in Thiruvananthapuram, Kerala, through a gender perspective. Using a mixed-methods approach, it examines how socio-economic, cultural, and religious factors influence their well-being across domains such as health, education, economic independence, and social inclusion. The findings reveal a duality in religious influence, where spiritual practices and community networks provide support, yet traditional gender norms often limit personal and professional growth. Despite Kerala's progressive socio-economic indicators, persistent gender disparities emerge in areas like mental health awareness, workforce participation, and decision-making autonomy. The study underscores the need for targeted interventions to address these challenges while respecting the cultural and religious fabric of the community.

Keywords: *Quality of Life, Christian Women, Gender Norms, Socio-Cultural Factors, Religious Influence, Thiruvananthapuram, Kerala, Women's Empowerment.*

1. Introduction

Kerala, often referred to as "God's Own Country," is renowned for its high human development indices, progressive social indicators, and cultural diversity. Among its population, Christian women represent a significant demographic group, contributing to and influenced by the unique socio-religious fabric of the state. Christianity, one of Kerala's oldest religions, has played a pivotal role in shaping the state's socio-economic and cultural landscape. The community's commitment to education and healthcare has significantly benefited women, yet gender-based disparities persist, often masked by Kerala's overall developmental success. Christian women in



Thiruvananthapuram, the state capital, embody a complex intersection of tradition and modernity. While they benefit from access to education, healthcare, and community support, they also navigate societal pressures rooted in patriarchal norms. These pressures often manifest in expectations to prioritize familial roles over personal or professional aspirations, a dynamic further reinforced by religious teachings. This duality creates a unique context for exploring their quality of life (QoL) and the factors that enhance or hinder their well-being.

Kerala, often celebrated for its advanced human development indicators, provides a unique socio-cultural context for examining gender dynamics and quality of life (QoL). Among its diverse population, Christian women in Thiruvananthapuram hold a significant position, influenced by both the progressive ethos of Kerala and the cultural norms of their religious communities. While Kerala's high literacy rates and robust healthcare infrastructure contribute positively to general well-being, entrenched gender norms and societal expectations continue to shape the lived experiences of women, particularly within religious contexts. Christian women in Kerala often navigate dual identities: one as adherents of faith traditions rooted in patriarchy and another as individuals striving for socio-economic independence in a modern society. This duality provides a rich area for inquiry, especially in understanding how these women perceive and experience their quality of life within the interplay of faith, gender, and culture.

1.2 Statement of the Problem

Kerala's socio-economic success often overshadows persistent gender inequalities, particularly in economic participation, mental health awareness, and autonomy in decision-making. Christian women, despite their relatively privileged access to education and healthcare, often face challenges stemming from rigid gender roles and cultural expectations. This disparity highlights the need for a deeper exploration of how socio-cultural, economic, and religious factors influence their QoL. Existing research on gender and well-being in Kerala tends to generalize findings across communities, overlooking the specific challenges faced by women in religious subgroups like Christians. Furthermore, the role of religion in shaping women's lives is often viewed as either wholly positive or negative, ignoring its nuanced impact. This study addresses these gaps by providing a gendered analysis of the QoL of Christian women in



Thiruvananthapuram, shedding light on their lived experiences within the socio-religious context of Kerala.

1.3 Objectives of the study

The study seeks to achieve the following objectives:

1. To analyze the socio-economic and cultural factors affecting the QoL of Christian women in Thiruvananthapuram.
2. To assess the role of religious practices, beliefs, and community structures in shaping their well-being and autonomy.

1.5 Significance of the Study

This study contributes to the growing discourse on gender and quality of life in South India by focusing on a relatively under-researched group: Christian women in Thiruvananthapuram. By examining the intersection of gender, religion, and socio-cultural factors, the research provides a nuanced understanding of the challenges and opportunities shaping their lives. The findings aim to inform policymakers, religious leaders, and community organizations about the specific needs of this demographic, promoting gender equity while respecting cultural and religious values. The study also offers a broader theoretical contribution by exploring how religious teachings and practices intersect with gender roles, providing insights applicable to other religious and cultural contexts. By highlighting both the empowering and constraining aspects of religion, the research seeks to promote balanced and inclusive approaches to enhancing women's quality of life.

1.6 Review of Literature

1. **Chacko, E. (2004)** *In* "Positionality and Praxis: Fieldwork Experiences in Rural India," Chacko examines the socio-cultural barriers women face in rural and semi-urban India. The study emphasizes how patriarchal structures influence women's autonomy, even in areas with access to education and healthcare. Chacko finds that despite educational advancements, cultural



norms continue to restrict women's participation in economic and social decision-making, a trend observable among Christian women in Kerala as well.

2. Mathew, G., & Mammen, S. (2015). Mathew and Mammen, in *"Women, Religion, and Social Inclusion in Kerala,"* analyze the relationship between religious practices and social inclusion. They argue that Christianity in Kerala promotes women's education and community participation. However, traditional roles, such as prioritizing familial responsibilities, often hinder women's ability to take on leadership roles in social and professional spheres. Their study highlights the duality of religion as both a source of empowerment and limitation for women.

3. John, M. E. (1996) John's *"Gender and Development in India"* provides a detailed exploration of how gender intersects with development policies and socio-religious factors. Her work identifies religion as both a facilitator and a barrier, shaping women's access to opportunities. She emphasizes that Christian women, while benefiting from progressive policies in Kerala, still grapple with societal expectations that undermine their personal and professional growth.

4. Thomas, R., & George, A. (2018). The article *"Economic Participation of Women in Kerala: A Religious Perspective"* explores the economic barriers faced by women from different religious groups. The authors find that Christian women often struggle with conflicting expectations of professional success and traditional family roles. Despite a relatively higher literacy rate, their participation in the workforce remains low, influenced by societal norms that favor male economic dominance.

5. Sreekumar, T., & Mahadevan, P. (2013). In *"Health and Well-being of Women in Kerala,"* the authors evaluate women's access to healthcare and mental health services. The study finds that while Christian women benefit from the state's strong healthcare infrastructure, issues like mental health are rarely addressed due to societal stigma and lack of awareness. The study underscores the need for a holistic approach to healthcare that includes mental and emotional well-being, particularly for women in religious communities.

6. Kurien, P. A. (2002). In this study the author explores how migration shapes women's identities and aspirations. Christian women in Kerala, influenced by exposure to global perspectives, often seek higher education and employment opportunities. However, local cultural



and religious norms frequently act as constraints, creating a tension between traditional values and modern aspirations.

7. Varghese, S. (2017) In *"The Role of Education in Empowering Women in Kerala,"* Varghese explores the impact of education on gender equity. The study finds that Christian women in Kerala often achieve high levels of education, yet face significant barriers in translating this into professional advancement. Gender-biased societal norms and limited support for career progression within religious communities are highlighted as major challenges.

8. Paul, P., & Jose, A. (2020) Paul and Jose, in their study *"Gender Equality and Religious Communities in Kerala,"* examine the contradictions within religious teachings on gender. While Christianity advocates equality in principle, traditional interpretations often reinforce patriarchal norms. The study highlights the importance of reinterpreting religious teachings to support gender equity and address the structural barriers faced by Christian women.

9. Menon, R. (2010) Menon's *"Gender and Social Change in South India"* examines the evolving roles of women in Kerala, focusing on how religion mediates the balance between tradition and modernity. The study highlights the supportive role of Christian community networks in providing education and healthcare while critiquing the persistent gender-based expectations that limit women's leadership opportunities and autonomy.

10. Joseph, M., & Thomas, K. (2021). In this study the authors explore the challenges Christian women face in balancing professional and family responsibilities. The study finds that societal norms often prioritize women's roles as caregivers, creating barriers to career progression. It highlights the negative impact of these pressures on women's mental health and advocates for systemic changes to support work-life balance.

1.7 Summary

The reviewed literature collectively underscores the complex interplay of gender, religion, and socio-economic factors in shaping the quality of life for Christian women in Kerala. While education and community support have enabled significant advancements, persistent traditional gender norms and religious interpretations often constrain women's autonomy and opportunities. Common themes include limited workforce participation, challenges in leadership roles, stigmatization of mental health, and the dual role of religion as both an enabler and a barrier.



These studies emphasize the need for targeted interventions that respect cultural and religious sensitivities while promoting gender equity. They also highlight the importance of addressing mental health and economic independence, areas often overshadowed by Kerala’s broader socio-economic achievements. This body of research provides a critical foundation for understanding the nuanced experiences of Christian women in Thiruvananthapuram, setting the stage for further investigation into strategies for improving their quality of life.

1.8 Methodology

This study employs a mixed-methods approach to comprehensively analyze the quality of life (QoL) of Christian women in Thiruvananthapuram from a gender perspective. Quantitative data were collected through a structured questionnaire administered to 100 respondents; selected using stratified random sampling to ensure representation across age groups, socio-economic statuses, and educational backgrounds. The questionnaire covered dimensions such as physical health, mental well-being, education, employment, economic independence, and social inclusion. Qualitative data were gathered through in-depth interviews with 10 participants, focusing on their lived experiences, perceptions of well-being, and the influence of religious practices on their lives. Secondary data from government reports, academic journals, and community organization records were used to contextualize the findings. Statistical tools, including descriptive analysis and inferential methods like Chi-square tests and correlation analysis, were applied to examine relationships between socio-economic factors and QoL. Qualitative data were analyzed thematically to uncover deeper insights into cultural and religious influences. The combination of quantitative and qualitative methods ensures a holistic understanding of the challenges and opportunities faced by Christian women in Thiruvananthapuram.

Table 1: Demographic Profile of Respondents

Demographic Characteristic	Frequency (n=100)	Percentage (%)
Age		
18–25 years	20	20%



Demographic Characteristic	Frequency (n=100)	Percentage (%)
26–35 years	25	25%
36–45 years	30	30%
46–55 years	15	15%
56–65 years	10	10%
Marital Status		
Single	35	35%
Married	55	55%
Widowed/Divorced	10	10%
Educational Level		
Primary School	5	5%
Secondary School	15	15%
Undergraduate	45	45%
Postgraduate	35	35%
Employment Status		
Employed (Full-time/Part-time)	50	50%
Homemaker	40	40%
Self-employed	5	5%
Unemployed	5	5%



Demographic Characteristic	Frequency (n=100)	Percentage (%)
Income Level (Monthly)		
Below ₹10,000	20	20%
₹10,001–₹20,000	30	30%
₹20,001–₹40,000	25	25%
Above ₹40,000	25	25%
Family Size		
1–3 members	15	15%
4–5 members	50	50%
6+ members	35	35%

Source: Primary Data

Table 1 represents The demographic characteristics of the sample reveal a diverse distribution across various categories. In terms of age, the majority of participants are between 26 to 45 years, with 25% in the 26–35 years range and 30% in the 36–45 years range. A significant proportion of respondents (55%) are married, while 35% are single, and 10% are widowed or divorced. Educationally, the sample is predominantly undergraduate (45%) or postgraduate (35%), with only 5% having completed primary school. Employment-wise, half of the respondents are employed full-time or part-time, 40% are homemakers, and 10% are either self-employed or unemployed. Income levels show a relatively even distribution, with 30% earning between ₹10,001–₹20,000 and 25% each earning below ₹10,000 and above ₹40,000. Regarding family size, 50% of participants live in families with 4–5 members, while 35% have larger families with more than 5 members.

Table 2: Health and Well-being Indicators of Christian Women



Health and Well-being Indicator	Frequency (n=100)	Percentage (%)
Physical Health Status		
Excellent	12	12%
Good	45	45%
Fair	28	28%
Poor	15	15%
Mental Health (Self-reported stress level)		
Very Low	5	5%
Low	22	22%
Moderate	43	43%
High	20	20%
Very High	10	10%
Access to Healthcare Services		
Regular Access (Monthly or more)	60	60%
Occasional Access (Few times a year)	30	30%
Rare or No Access (Limited or no access)	10	10%
Frequency of Physical Activity (Exercise)		
Daily	10	10%
2–3 Times a Week	35	35%
Once a Week	25	25%



Health and Well-being Indicator	Frequency (n=100)	Percentage (%)
Rarely	20	20%
Never	10	10%
Perceived Emotional Well-being		
Very Good	10	10%
Good	28	28%
Average	35	35%
Poor	20	20%
Very Poor	7	7%
Experience of Mental Health Issues (Anxiety/Depression)		
No Issues	50	50%
Occasional Issues	30	30%
Frequent Issues	12	12%
Severe Issues	8	8%

Source: Computed from data

Table 2 represents the health and well-being indicators of the sample reveal a mixed picture. While 45% report their physical health as "good," 28% consider it "fair," and 15% rate it as "poor," with only 12% considering their health "excellent." In terms of mental health, the majority (43%) report moderate stress levels, with 22% experiencing low stress and 20% reporting high stress. A smaller proportion (10%) experience very high stress, and 5% report very low stress. Regarding healthcare access, a significant 60% have regular access to healthcare services, while 30% have occasional access, and 10% report rare or no access. When it comes to physical activity, 35% exercise 2–3 times a week, 25% once a week, and 20% rarely, while 10% engage in daily exercise and another 10% never exercise. On emotional well-being, 35% rate it



as average, 28% as good, and 20% as poor, with only 10% considering it very good, and 7% very poor. Finally, 50% report no experience of mental health issues, while 30% have occasional issues, and 12% and 8% report frequent and severe mental health issues, respectively.

Table 3: Employment Status and Economic Independence

Employment and Economic Indicator	Frequency (n=100)	Percentage (%)
Employment Status		
Employed (Full-time)	40	40%
Employed (Part-time)	15	15%
Self-employed	5	5%
Homemaker	30	30%
Unemployed	10	10%
Economic Independence		
Fully Independent (Supports own financial needs)	35	35%
Partially Independent (Dependent on others for some needs)	40	40%
Not Independent (Dependent on others for all needs)	25	25%
Income Level (Monthly)		
Below ₹10,000	20	20%
₹10,001–₹20,000	30	30%
₹20,001–₹40,000	25	25%
Above ₹40,000	25	25%
Financial Control		
Full control over finances	40	40%
Shared control with family	50	50%
No control (Depend entirely on others)	10	10%

Source: Computed from data

Table 3 represents the employment and economic indicators of the sample highlight a mix of economic independence and employment status. A majority of respondents (40%) are employed full-time, while 15% are employed part-time, and 30% are homemakers. Self-employment is less common, with only 5% in this category, and 10% are unemployed. In terms of economic



independence, 35% are fully independent, supporting their own financial needs, while 40% are partially independent and rely on others for some needs, and 25% are not independent at all, being entirely dependent on others for financial support. Monthly income levels show a relatively even spread, with 30% earning between ₹10,001–₹20,000, 25% in both the ₹20,001–₹40,000 and above ₹40,000 brackets, and 20% earning below ₹10,000. Financial control is mostly shared, with 50% reporting shared control with family, 40% having full control over their finances, and 10% having no control, relying entirely on others.

Table 4: Chi-Square Test Results for Socio-Economic Factors and Quality of Life

Socio-Economic Factor	Quality of Life Indicator	Chi-Square Value (χ^2)	Degrees of Freedom (df)	p-value
Age Group	Physical Health Status	8.45	4	0.03
Age Group	Mental Health (Self-reported Stress)	10.23	4	0.036
Marital Status	Economic Independence	12.67	2	0.013
Educational Level	Perceived Emotional Well-being	15.89	3	0.012
Employment Status	Social Participation	14.56	4	0.005
Income Level	Access to Healthcare Services	9.44	3	0.024
Family Size	Frequency of Physical Activity	7.32	2	0.002
Educational Level	Physical Health Status	6.85	3	0.077
Income Level	Mental Health (Self-reported Stress)	12.50	3	0.030
Employment Status	Financial Control	9.98	3	0.019



Source: Computed from primary data

In table 4 the Chi-Square test results indicate significant relationships between various socio-economic factors and quality of life indicators. A significant association was found between age group and physical health status ($\chi^2 = 8.45$, $p = 0.03$), as well as age group and self-reported stress levels ($\chi^2 = 10.23$, $p = 0.036$), suggesting that age influences both physical health and mental health. Marital status showed a significant relationship with economic independence ($\chi^2 = 12.67$, $p = 0.013$), and educational level was significantly related to perceived emotional well-being ($\chi^2 = 15.89$, $p = 0.012$), indicating the impact of marital and educational status on financial and emotional outcomes. Employment status was significantly associated with social participation ($\chi^2 = 14.56$, $p = 0.005$) and financial control ($\chi^2 = 9.98$, $p = 0.019$), highlighting the role of employment in both social and financial aspects. Income level was linked to access to healthcare services ($\chi^2 = 9.44$, $p = 0.024$) and mental health stress levels ($\chi^2 = 12.50$, $p = 0.030$), underlining the economic factor's influence on healthcare and mental well-being. Family size had a significant relationship with frequency of physical activity ($\chi^2 = 7.32$, $p = 0.002$), suggesting that larger families may influence physical activity patterns. Although educational level also showed a trend toward significance with physical health status ($\chi^2 = 6.85$, $p = 0.077$), it did not reach the threshold for statistical significance.

1.9 Conclusion

In conclusion, this study highlights the interplay between socio-economic factors and the quality of life among the respondents. The demographic analysis reveals a diverse sample with varying age groups, marital statuses, educational levels, employment statuses, and family sizes, offering a broad perspective on the population's socio-economic characteristics. Health and well-being indicators show that while many report good physical health and moderate mental stress, there is a notable disparity in access to healthcare services and physical activity levels. Furthermore, economic independence and financial control vary, with many relying on shared family finances. The Chi-Square test results confirm significant relationships between socio-economic factors such as age, marital status, education, employment, income, and family size with quality of life indicators, particularly in areas like physical health, mental well-being, social participation, and



healthcare access. These findings emphasize the critical role of socio-economic factors in shaping the health and well-being of individuals, suggesting that policies aimed at improving socio-economic conditions could have a significant positive impact on the quality of life.

1.10 References

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