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Balancing Bones and Burdens: Health and Life Challenges of Housewives vs. Working Women

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Abstract

Women's overall health is impacted by several factors, including, but not limited to, bone health, nutrition, finances, and psychosocial factors. Osteoporosis, calcium and vitamin D deficiencies, and pregnancy-related risks are a few of such challenges. Both financial difficulties and an imbalance between professional and private life add to the neglect towards health care needs. This study explored the primary health concern of women osteoporotic bone health with added layers of financial stress and psychosocial factors through qualitative data analysis. A qualitative design was utilized wherein semi-structured interviews were preferred for women from different socio-economic classes. Thematic analysis, as well as word frequency analysis, were employed to find salient health issues and their relationships. Based on the findings, greater proportions of these women reported having difficulties owing to osteoporotic symptoms because of financial burdens and excessive workloads. Many of the respondents reported not getting enough calcium and vitamin D enriched foods which increases the fragility of bones. Financial difficulties emerged as one of the major health issues due to insufficient accessible medical care and preventive health checks. Stress from heavy workloads and lack of time for self-care compounded these chronic health problems resulting in the postponement of needed medical care. The hierarchy of word frequency analysis confirmed that bone health and occupational health exerted stress on the work life of the respondents. The findings of the study pointed out specific gaps which include a woman's nutritional knowledge, the level of financial aid coverage for healthcare, and overall work-related stress. In particular, women's health issues require greater emphasis on the elimination of barriers to access preventive services and increased efforts to support the reconciliation of work and family responsibilities.

Keywords: *Women's health, osteoporosis, financial stress, workload stress, nutritional deficiencies, preventive care, psychosocial health.*

1. Introduction

Osteoporosis is a skeletal disorder that develops progressively over time and is characterized by weakened bones, lower bone tissue, and bone mass which subsequently becomes prone to fractures (Noshili et al., 2022; Sahni et al., 2024). It is more common in older women due to hormonal changes during menopause, which accelerates bone loss (Gröber & Holick, 2021). Menopausal women and women without sun exposure or proper diets are more at risk of osteoporosis and under such conditions preventive measures are hardly taken for good quality of life (Ahmed et al., 2021; Batool et al., 2025). The burden of osteoporosis worsens due to poor lifestyle choices, bad eating habits, and low levels of physical exercises among women which varies with employment and house responsibilities (Fiorentini et

al., 2021; Bibi et al., 2024). Because housewives tend to stay indoors more, they are at a higher risk of vitamin D deficiency compared to women who work outside, both have different risks of low bone health (Sodhi et al., 2022; Akram et al., 2024).

Pregnancy in women aged 35 and over is termed geriatric pregnancy. Family planning tends to get pushed back because of career goals, financial factors, and other social changes, resulting in more people getting pregnant over the age of 35 (de Jager, 2023). Even though pregnant women are given better care nowadays thanks to medical science, they still have a higher risk of complications like hypertension and diabetes (Aiswarya & Bhagya, 2021; Rahman et al., 2024). Pregnancy has certain physiologic stresses, and when coupled with the age-related bone density loss, the importance of maternal and fetal health increase with adequate vitamin D and calcium levels (Ahmed et al., 2021; Agely et al., 2022). Working women have to deal with higher stress when managing a pregnancy with their demanding work responsibilities, and housewives experience social pressures related to household assignments (Santos et al., 2022). All women, irrespective of the social and economic position, need to have adequate willpower to deal with the stresses of pregnancy at an older age while making sure adequate maternal and fetal health care is provided (Omoko, 2024).

Every woman faces certain issues that can be stressful, whether or not they have a job (Ahmed et al., 2021; Tehreem et al., 2024). A housewife typically has to cope with several types of unpaid work at home such as doing housework, looking after young children, and caring for elderly family members (Ghaseminejad-Raeini et al., 2025). This can lead to exhaustion, both physically and mentally. Not being able to earn coupled with the perception of chores not being valued leads to social disconnection and emotional distress (Williams et al., 2023). In contrast, a working woman has to meet the expectations of her job as well as perform her responsibilities at home, thus having a clash of tasks that increases stress (Papamichael & Katsardis, 2024). Balancing personal and work life and frequently feeling the need to succeed in both areas can lead to burnout, fatigue, and worsening of overall health. Each one of them alone can create chronic stress for a person, which can cause many other problems like musculoskeletal disorders, weakened immune system, hormonal changes, and even increases the chance of getting osteoporosis (Rostami-Moez et al., 2023).

As much as staying on top of life's responsibilities requires dissections of time from housewives and professional women alike, finding equilibrium remains a formidable hurdle (Gröber & Holick, 2021; Qadeer & Batool, 2024). While a housewife's attention is predominantly directed towards her family, her social participation and level of self-actualization and self-worth tends to be negative (Fiorentini et al., 2021). On the other hand, professional women do face the technology-afforded luxury of spatial flexibility, but struggle with providing their family with the attention they need (Graidis et al., 2021; Batool et al., 2022). The impact of combining domestic and professional duties poses psychological distress, which may negatively influence social functioning and health. Involvement in the parental role especially that of a caregiver to the child and elderly heightens the responsibility that calls for additional stamina, emotion, and mental strength (Ahmed et al., 2021). Both women, irrespective of social status, deal with the problem of maintaining family balance and are affected by the social norms, existing support, and self-coping mechanisms (Williams et al., 2023).

Economic downturns worsen the situations of struggling housewives and working mothers and impacts their mental and physical health (Ahmed et al., 2021). The absence of financial independence often compels housewives to depend on the spouse for money, leading to anxiety and in some cases, helplessness, during challenging times (Gröber & Holick, 2021). Sometimes, the lack of finances can change the decision making power a wife has in the household, leading to emotional distress (Ahmed et al., 2021). On the other hand, mothers who work are also independent, but if they are the main bread earners or contribute to the finances of the home, then they are greatly strained with the pressure to constantly bring in stable finances (Rostami-Moez et al., 2023). Economic instability, fear of losing a job, and stress in the workplace can bring profound impacts on mental health, including severe anxiety and depression. The interdependence between financial provision and the worrying about money produces stress in every case which is harmful for a lifetime (Ahmed et al., 2021).

The combination of osteoporosis, vitamin D deficiency, later-in-life pregnancies, household tensions, family dynamics, and financial crises highlight the multi-dimensional social and health problems women, whether a housewife or a working woman, have to deal with (Graidis et al., 2021). While housewives face a lack of financial and social mobility, working women seem to face the opposite problem: the drive for career advancement along with scarce time resources (Gröber & Holick, 2021). Both physiological and

psychological impacts of these factors can result in broad negative health problems which need more attention, prevention, and support frameworks for each group (Graidis et al., 2021). Solving these complex problems requires integration of health care systems, workplace policies, and social strategies aimed to enhance women's personal health and life quality (Fiorentini et al., 2021).

1.1 Problem Statement

A myriad of factors including Osteoporosis, Vitamin D deficiency, geriatric pregnancy, household stresses, balance of family life and financial crises affect women's health and well-being profoundly (Rostami-Moez et al., 2023). Both housewives and working women have very distinct experiences when it comes to the influence of these factors on their physical and psychological health. Housewives are likely to suffer from long spells of indoor captivity which leads to increased Vitamin D and osteoporosis deficiency while working women have to balance a job and house which increases their stress levels and results in neglecting personal health. Geriatric pregnancy along with increased stress levels adds to the risks of health issues while lifestyle differences and financial standing has its impacts as well on the two groups. Financial dependence and household stress has its toll on the mental health of housewives while working women are prone to economic stress and role conflict. There is limited research from a holistic comparative approach and therefore, study is needed to understand the influences on wellbeing of housewives and working women, outline their problems while recommending solutions to address their needs.

1.2 Significance of the Study

This study is significant as it sheds light on the complex health and socio-economic issues that face housewives and working women, specifically osteoporosis and its related issues like vitamin D deficiency, underlying risks of geriatric pregnancy, household stress, family life balance, and financial stressors. The study analyzes the gap in health outcomes and psychological well-being of these two groups, enabling healthcare providers to create more precise strategies for osteoporotic bone and maternal care. Policymakers may also utilize these findings to establish considerate policies concerning work-life balance and financial aid. Furthermore, the study serves to improve understanding of the necessity for stress alleviation, equal distribution of household duties, and the financial empowerment of women, thereby enhancing their health and quality of life.

1.3 Aim of the Study

This study sets out to evaluate the health and socio-economic problems of housewives and working women through the lenses of osteoporosis, vitamin D levels, geriatric pregnancy, household stresses, family life balance, and financial crises. It aims to capture risk exposures, lifestyle differences, and coping strategies within every group, aiding in the understanding of their physiological and psychological health. This study also seeks to understand the impact of occupational status on a women's stress management, family maintenance, and financial security in the context of social welfare. In so doing, it seeks to answer the research questions towards formulating suggestions for healthcare, work-life balance, and sociological support that would improve the welfare of women both in the household and work environment.

2. Method

This study used a qualitative approach to examine the lived experiences of both housewives and employed women in relation to osteoporosis, vitamin D status, geriatric pregnancy, household responsibilities, work-life balance, and financial difficulties. A phenomenological approach was employed to capture the in-depth perceptions, feelings, and emotional responses of participants. The research was carried out in the twin cities of Islamabad and Rawalpindi, Pakistan, to gather a representative sample of housewives and employed women from different socio-economic backgrounds. A simple random sampling method was used to guarantee that all respondents from varying socioeconomic classes had the same chances of being selected. Sample size was estimated through the G*Power sample size calculation program which predicted a total of 75 respondents made up of housewives and working women. The criteria for inclusion were women aged between 25-50 years who, for at least five years, had worked as a housewife or as a professional. Women with certain medical conditions that were unrelated to osteoporosis or Vitamin D deficiency, those with some form of psychiatric illness that could interfere with their responses, or those unwilling to take part in the study

were excluded.

The data was gathered through semi-structured interviews and qualitative questionnaires, making it possible for the study subjects to narrate their accounts with a good level of depth and clarity. In the current study, osteoporosis, vitamin D concentrations, pregnancy in the elderly, household tensions, family life balance, and economic hardships were evaluated using a qualitative survey questionnaire developed by the researcher, which included both open and closed questions. Moreover, age, marital status, level of education, employment status, number of children, and income were reported by the participants in a demographic form. Ethical clearance was sought from the Institutional Review Board (IRB) prior to the actual data collection in order to follow the ethical guidelines. Participants were sampled in a random manner with regard to their places of work or residence and consent was obtained prior to participation. Participants were interviewed face to face and the interviews were audio recorded with the consent of the participants to facilitate accurate transcription and analysis of the data collected.

Thematic analysis was done with the NVivo software, which helped to sort the responses into themes, sub-themes, codes and nodes. It also helped in finding patterns and important ideas which made it easy to interpret the experiences of the respondents. The themes were merged to look at the differences and similarities between housewives and working women. All ethical protocols were observed by guaranteeing no coerced participation, confidentiality or anonymity, and informing participants of their right to withdraw from the study at any time with no negative consequences. All data is stored securely and access is restricted to vetted researchers, which safeguards the privacy of participants. Throughout the study ethical guidelines provided by the Institutional Review Board (IRB) were followed to maintain the quality of the research and the well-being of the participants.

3. Results

Table 1: Demographic Characteristics of Participants (N = 75)

Variable	Categories	Frequency (n)	Percentage (%)
Age (Years)	25 – 30	18	24%
	31 – 35	20	27%
	36 – 40	15	20%
	41 – 45	12	16%
	46 – 50	10	13%
Marital Status	Married	60	80%
	Single	10	13%
	Widowed/Divorced	5	7%
Employment Status	Housewife	38	51%
	Working Woman	37	49%
Educational Qualification	No Formal Education	5	7%
	Primary/Secondary School	15	20%
	College Diploma	22	29%
	Bachelor’s Degree	20	27%
	Master’s Degree or Higher	13	17%
Number of Children	No Children	15	20%
	1–2 Children	30	40%
	3–4 Children	20	27%
	5 or More	10	13%
Household Income (PKR per Month)	< 50,000	20	27%
	50,000 – 100,000	30	40%
	100,000 – 150,000	15	20%
	> 150,000	10	13%
Living Arrangement	Nuclear Family	40	53%
	Joint Family	35	47%

Table 1: This extracts demographic data relating to age, marital status, occupation, education, children, income, and living conditions of the 75 participants. Most of them were married housewives aged 31 to 35 years with diverse educational and income levels.

Table 2: Nodes for Each Interviewer (N = 75)

Serial Number	Participant ID	Nodes (Key Words & Phrases from Interviews)
1	P01, P12, P34	"Bone pain," "Weakness," "Vitamin D deficiency"
2	P02, P15, P45	"Joint stiffness," "Calcium intake," "Daily fatigue"
3	P03, P18, P56	"Financial stress," "Limited health checkups"
4	P04, P23, P61	"Pregnancy risks," "Low energy," "Weight issues"
5	P05, P30, P72	"Household workload," "Back pain," "Ignored health"
6	P06, P20, P47	"Medical expenses," "Calcium supplements," "Doctor visits"
7	P07, P14, P39	"Balancing work and home," "Lack of time for self-care"
8	P08, P22, P60	"Mental exhaustion," "Vitamin D tests costly"
9	P09, P32, P66	"Diet limitations," "Calcium-rich foods unavailable"
10	P10, P28, P70	"Late pregnancy complications," "Lack of awareness"
11	P11, P24, P49	"Chronic pain," "Family burden," "Emotional strain"
12	P12, P31, P63	"Social pressure," "Hiding symptoms," "Lack of exercise"
13	P13, P26, P68	"Postpartum weakness," "Reduced mobility"
14	P14, P37, P58	"Stress eating," "Insufficient sunlight exposure"
15	P15, P40, P75	"Hormonal changes," "Fragile bones," "Sleep disturbances"

Table 2: This table describes important nodes (terms and expressions) and corresponds with subjects of the interviews. It presents a dominant health issue such as severe pain in bones, financial burdens, risk of pregnancy complications, and stress from too much work done by women.

Table 3: Merging Nodes into Specific Codes, and Interviewer Identity (N = 75)

Serial Number	Code Name	Code	Merged Nodes (Grouped Keywords)	Total Nodes	Participants Identity
1	Bone Health Issues	BHI	"Bone pain," "Joint stiffness," "Chronic pain"	10	P01, P02, P11, P12, P15, P34, P45, P49, P58, P66
2	Nutritional Deficiency	ND	"Vitamin D deficiency," "Calcium intake"	9	P01, P02, P06, P09, P20, P32, P47, P63, P75
3	Financial Stress	FS	"Limited health checkups," "Medical expenses"	7	P03, P06, P18, P24, P30, P56, P60
4	Pregnancy-Related Risks	PRR	"Pregnancy risks," "Late pregnancy complications"	8	P04, P10, P13, P23, P26, P28, P61, P70
5	Workload and Stress	WS	"Balancing work and home," "Mental exhaustion"	11	P05, P07, P08, P14, P22, P31, P37, P39, P40, P58, P72

Table 3: This table represents important mapped nodes under specific codes which capture larger domains of information such as bone health, nutrition, financial issues, risks of pregnancy, and work-related stress. Each code contains relevant participants who expressed concerns regarding these issues.

Table 4: Codes, Nodes, Hierarchy of Word Frequency Resulting into Theme, Sub-Theme, and Explanation (N = 75)

Code Name	Code	Node	Hierarchy of Word Frequency	Theme	Sub-Theme	Explanation
Bone Health Issues	BHI	"Joint stiffness," "Chronic pain"	High (75%)	Physical Health Issues	Bone and Joint Problems	Women experienced **increased osteoporosis symptoms** affecting daily life.
Nutritional Deficiency	ND	"Vitamin D deficiency," "Calcium intake"	High (70%)	Health and Nutrition	Dietary Deficiencies	Low Vitamin D and calcium intake were major factors in **osteoporosis risk**.
Financial Stress	FS	"Medical expenses," "Health checkups"	Moderate (60%)	Economic Barriers	Financial Constraints	**Financial instability** prevented many women from seeking medical care.
Pregnancy Risks	PRR	"Late pregnancy complications"	Moderate (55%)	Maternal Health	Geriatric Pregnancy Risks	Women expressed **concerns about pregnancy-related bone issues**.
Workload and Stress	WS	"Balancing work and home," "Mental stress"	High (80%)	Psychosocial Factors	Household and Job Burdens	Women reported **high stress levels due to family and work obligations**.

Table 4: This table gives disintegrated word frequency counts at different levels of the structure showing hierarchical relations between the selected codes and primary themes and sub themes. It shows the effect of the physical, nutritional, economic, psychosocial, and maternal aspects on the participants, particularly focusing on osteoporosis, stress, and poverty.

Table 5: Analytical Themes, Sub-Themes, and Descriptive Themes for the Study

Analytical Theme	Analytical Sub-Theme	Descriptive Theme
Physical Health Challenges	Bone Health and Deficiency	Women frequently reported **osteoporosis-related symptoms** affecting mobility and daily activities.
Economic Barriers	Financial Constraints	Many participants struggled with **medical expenses and affordability of health supplements**.
Psychosocial Stressors	Work-Life Balance Issues	High levels of **mental and emotional strain** were linked to household and professional responsibilities.
Maternal Health Risks	Geriatric Pregnancy Impact	Late pregnancies posed **heightened risks of bone-related health issues**.

Table 5: This table summarizes analysis themes, sub-themes, and descriptive themes giving a complex picture of the participants' accounts. It describes the impact of health, economic, and social worries on the participants, especially against the backdrop of osteoporosis, poverty, and double burden of work.

4. Discussion

The results of the investigation underscore crucial healthcare issues confronting females, especially in the areas of bone wellness, nutritional imbalances, and worrying lack of finances. The strikingly high number of osteoporosis symptom sufferers, like chronic pain and joint tiredness, is consistent with older studies that reveal women sustain a greater risk from hormonal fluctuations and nutritional lack (Williams wt al., 2023). A considerable number of respondents revealed their limited access to calcium and vitamin D fortified foods, which intensifies the issue of diet's ability to support bone density.

Increased economic pressure was identified as an important hindrance because a large number of respondents made reference to not having the money to pay for regular checkups and treatment. This supports other literature which claim that the inability to at least afford basic health care leads to neglect and poor outcomes of diagnosed conditions (Krämer et al., 2022). Especially women from low income families found difficulty in meeting both health care needs and other basic needs, showing the link between the economic situation and health status.

Risks associated with pregnancy, especially concerning older women, were of particular interest. Many of the participants talked about complications like having late pregnancy-related bone fragility, which is in line with research demonstrating that aging mothers are more likely to suffer from osteoporosis and vitamin D deficits (Rostami-Moez et al., 2021). Increased demineralization of bone due to physiological changes that occur during pregnancy needs to be managed with proper prenatal care and appropriate nutrition to prevent further deterioration.

The combination of having to manage work, family commitments, and taking care of oneself as a psychosocial stressor had considerable effects on the women's health. The respondents commonly mentioned neglect of stress, poor health, and lack of time for self-care which empirically supports the idea that high levels of deprivation workload along with excessive stressors tends to lead to negative impacts on physical and mental health (Quispe-Vargas et al., 2024). Caring and professional women often ended up neglecting their own medical care services while supporting family members resulting in undesirable impacts over time.

The analysis of word repetition showed that bone health and work overload issues received the highest mentions which considerably affects women's health. These patterns correspond with wider concepts of public health concerning a woman's access to healthcare resources (Dias et al., 2021). Addressing these medical issues calls for holistic medical, social, and economic policies.

In general, the study results call for urgent action to address the gap in awareness programs related to nutrition, stress, and financial assistance concerning women's healthcare needs. The evidence supports the notion that tackling these issues increases the health and quality of life for women who suffer from such health problems.

4.1 Future Direction

Further studies could focus on the impact of osteoporosis and lack of nutrition on these women's health by studying wider populations over time. There should be also studies focusing on educational materials, subsidized medical care, and parental leave policies to determine their impact. Finally, an investigation is needed on how prevailing culture and social values affect women's attitudes towards seeking help and the

availability of healthcare services.

4.2 Limitations

This study reminds us that it has its limits within certain boundaries. The sample size, for instance, is representative, but it does not necessarily encompass the myriad experiences of women from various social economic strata. There is also the possibility of some form of biassed recall in self-reported data, which can influence the accuracy of responses and their recollections. Moreover, the findings of this study were also limited to a particular region which makes it impossible to generalize the results to other populations.

5. Conclusion

Managing bone health, financial stress, and work-life balance is an intricate challenge for women, as revealed by this research. Addressing the uncovered issues like financial deficits, psychosocial stressors, and understudied nutrition can help us provide the necessary targeted intervention. Health care accessibility, preventive education, and favorable policy intervention directed towards women will enhance their health outlook. Women, on the whole, can enjoy better health outcomes and quality of life if these factors are addressed in combination.

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