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A Comparative Analysis of Perceived Health, Self-Esteem, and Life Satisfaction According to Leisure Activity Types among Married Women

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Abstract

In contemporary society, married women are often required to navigate multiple roles, including household responsibilities, childcare, and economic participation. This study examined differences in perceived health, self-esteem, and life satisfaction among 222 married Korean women classified into three groups: active leisure, passive leisure, and inactive. Perceived health was assessed using a modified version of Kim (2003) and Kwon (2011)'s scale (14 items; physical, mental, and social health subscales), self-esteem was measured using a revised Rosenberg Self-Esteem Scale (10 items; positive and negative subscales), and life satisfaction was assessed using an instrument adapted from Roach et al. (1981) (5 items). Results indicated that active leisure participants reported the highest levels of perceived physical health (M=3.55), positive self-esteem (M=3.89), and life satisfaction (M=3.87), followed by passive leisure participants, with the inactive group scoring the lowest across all domains. Regarding perceived mental health and positive self-esteem, both leisure groups outperformed the inactive group ($p<0.001$), with no significant difference between them. Perceived social health was significantly higher among active leisure participants than among the other two groups ($p<0.05$). The inactive group exhibited the highest negative self-esteem (M=3.31). These findings highlight the beneficial effects of leisure participation on married women's well-being and suggest that active leisure exerts the most significant impact. Nevertheless, passive leisure also offers meaningful psychological benefits compared with inactivity, underscoring its value as a feasible strategy for enhancing life satisfaction in this population.

Keywords: *well-being, active leisure, passive leisure, quality of life, psychological health, gender and leisure*

Introduction

In modern society, women are increasingly expected to fulfill diverse and overlapping roles. Particularly, married women are often required to manage responsibilities in both the domestic and occupational domains, leading to compounded burdens related to household duties and childcare. Historically, housework and child-rearing have been predominantly viewed as women's responsibilities (Barnett & Baruch, 1985), and many women did not participate in economic activities. However, since 1977, women's participation in the labor force in South Korea has steadily increased (Kim & Kwon, 2009), and in countries such as the United States, the number of working hours of married women has more than doubled over the past five decades (Jones et al., 2015).

Despite this rise in economic participation, traditional and conservative gender norms persist, often assigning women the primary responsibility for roles as mothers and wives

(Dedeoğlu, 2009). Consequently, compared to men, women spend approximately four times more hours on household labor (Choi & Back, 2015). This indicates that women's labor continues unabated both at work and at home. Such excessive role demands can result in physical and mental health deterioration (Lee & Kang, 2023). Even for women who are not formally employed, the disproportionate burden of household management and childcare, which often entails long hours and continuous attention, can lead to sleep disruptions and other negative health outcomes (Gerstel & Clawson, 2018). Offer and Schneider (2011) also reported that the heavy burden of unpaid domestic and caregiving responsibilities restricts women's ability to allocate time to their own health and well-being.

The consequences of these role burdens extend beyond physical strain and significantly affect women's overall health. Perceived health, defined as an individuals' subjective evaluation of their own health status (Kim, 2010), has been recognized as a reliable indicator of actual physical health (Kaleta et al., 2006). However, time-consuming daily tasks may diminish women's perceived health and serve as potential precursors to physical illnesses (Kripke et al., 2002). Moreover, the psychological toll of such lifestyle patterns may lead to diminished self-esteem, a core psychological construct that reflects an individual's attitude toward and emotional appraisal of the self (Hasnain et al., 2011). According to Rosenberg (1979), individuals with high self-esteem tend to view themselves positively and exhibit a strong will to overcome personal shortcomings. High self-esteem is closely associated with life satisfaction and is recognized as a key predictor of subjective well-being (Joshanloo & Afshari, 2011).

Self-esteem in married women is a salient issue in mental health studies. Several studies have indicated that employed married women, who also bear the burden of domestic labor, experience greater levels of stress than full-time homemakers, making them more vulnerable to anxiety and depression (Hasnain et al., 2011). Although income from employment can enhance life satisfaction and promote psychological well-being (Jan & Masood, 2008), economic activities undertaken out of necessity may also lead to heightened role strain, which, in turn, contributes to mental health issues and reduced self-esteem. Contrarily, women who are confined exclusively to domestic roles may also face increased depressive symptoms due to lack of self-actualization or diminished sense of identity following their children's maturation (Lee & Kang, 2023; Trzesniewski et al., 2003). Thus, married women's self-esteem is influenced by multiple factors, such as employment status and identity perception, and is more vulnerable to decline than men's self-esteem. Low self-esteem contributes to decreased life satisfaction (Niveau et al., 2021).

Life satisfaction, which refers to the overall cognitive appraisal of one's life, is a core component of quality of life. It encompasses a broad array of life domains, including physical health, emotional stability, and social relationships (Pourkhaleghi et al., 2017). Individuals with high life satisfaction demonstrate greater resilience to stress and are more likely to find purpose in their lives. In contrast, low life satisfaction is linked to negative emotional states such as anxiety, depression, and loneliness, which can lead to maladaptive coping behaviors including substance use (Çakar, 2012).

In this context, leisure activity has been recognized as an effective strategy for alleviating stress and enhancing perceived health, self-esteem, and life satisfaction among married women. Leisure activity is defined as pleasurable activity undertaken during non-work hours (Bryant, 1990), and plays a significant role in promoting both physical and mental health (Menec, 2003). Prior studies have consistently shown that leisure engagement enhances both self-esteem and life satisfaction (Barnett, 2005; Stubbe et al., 2007), with women who actively participate in leisure reporting higher levels of psychological stability and health than those who do not (Henderson & Ainsworth, 2001).

Several studies have investigated the relationship between leisure participation and well-being among women. For instance, Chung and Song (2011) found that middle-aged women who engaged in active leisure reported higher levels of social support and health satisfaction. Janke et al. (2008) demonstrated that leisure activity was associated with reduced depressive symptoms among married women in later life. Similarly, Passias et al. (2017) highlighted that leisure deficits among married mothers were linked to heightened psychological distress. However, most existing studies have examined either physical or psychological outcomes in isolation, and few have simultaneously investigated perceived health, self-esteem, and life satisfaction as a comprehensive set of well-being indicators. Furthermore, prior research has rarely distinguished between active and passive leisure types when examining their differential effects on married women's well-being. The present study addresses these gaps by simultaneously examining the effects of three leisure activity types (active, passive, and inactive) on multiple dimensions of well-being among married women.

Against this backdrop, the present study investigated whether there were significant differences in perceived health, self-esteem, and life satisfaction among married women according to the types of leisure activities they engaged in. Married women, who often juggle both economic and domestic responsibilities, tend to have limited time and energy for leisure (Borg & Clark, 2007). Understanding how different types of leisure engagement impact their quality of life is therefore crucial in providing empirical support for the value and necessity of leisure. Moreover, examining the differential effects of active and passive leisure on psychological well-being can inform the design of more effective leisure programs tailored to this population. The findings of this study are expected to provide foundational insights for the development of practical interventions aimed at promoting a healthier and more satisfying life for married women.

Materials and methods

Study participants

This study focuses on married women as the target population. A nonprobability sampling method, specifically convenience sampling, was employed to recruit participants. Given the specificity of the research population, namely married

women, this sampling method was considered appropriate for efficiently and practically identifying and accessing individuals who met the inclusion criteria. Data were collected both online and offline over a two-month period from January to March 2025. While convenience sampling inherently limits the generalizability of the findings compared to probability sampling techniques, its use is justified by the study's focus on a defined subpopulation. Moreover, an adequate response rate and sample size were achieved, which enhanced the reliability of the findings and mitigated the limitations associated with non-probability sampling. A total of 238 questionnaire responses were collected. After excluding 16 responses because of incomplete or insincere answers, 222 valid questionnaire responses were retained for the final analysis.

This study involved human participants; however, it was exempt from mandatory Institutional Review Board (IRB) approval under applicable Korean research ethics regulations, as no personally identifiable or sensitive information was collected. All data were obtained solely through anonymous questionnaires, and no intervention or treatment was administered to participants. Prior to participation, all individuals were fully informed of the study's purpose, the voluntary nature of their involvement, and their right to withdraw at any time without penalty. Verbal informed consent was obtained from all participants before data collection commenced, and all responses were anonymized to ensure confidentiality. The detailed demographic characteristics of the participants are presented in Table 1.

Table 1. Study participants' socio-demographic information by types of leisure activities

		Group 1	Group 2	Group 3
		n (%)	n (%)	n (%)
Married women		80 (36.0%)	77 (34.7%)	65 (29.3%)
Age	20s	1 (16.7%)	4 (66.7%)	1 (16.7%)
	30s	26 (43.3%)	19 (31.7%)	15 (25.0%)
	40s	17 (39.5%)	16 (37.2%)	10 (23.3%)
	50s	31 (34.1%)	30 (33.0%)	30 (30.0%)
	60 or above	5 (22.7%)	8 (36.4%)	9 (40.9%)
Occupation	Clerical	28 (52.8%)	17 (32.1%)	8 (15.1%)
	Service	17 (36.2%)	12 (25.5%)	18 (38.3%)
	Professional	9 (25.0%)	17 (47.2%)	10 (27.8%)
	Sales	5 (25.0%)	7 (35.0%)	8 (40.0%)
	Others	21 (31.8%)	24 (36.4%)	21 (31.8%)
Leisure experience	<1 yr	3 (30.0%)	7 (70.0%)	0 (0.0%)
	1–5 yrs	22 (46.8%)	25 (53.2%)	0 (0.0%)
	5–10 yrs	19 (47.5%)	21 (52.5%)	0 (0.0%)
	10–20 yrs	22 (50.0%)	22 (50.0%)	0 (0.0%)
	20 yrs	14 (87.5%)	2 (12.5%)	0 (0.0%)
	No experience	0 (0.0%)	0 (0.0%)	65 (100.0%)
Total		80 (36.0%)	77 (34.7%)	65 (29.3%)

Note. G1 – Passive leisure; G2 – Active leisure; G3 – Inactive leisure.

Types of leisure activities

Participants were asked to self-report their leisure activity type by selecting one of three options: active leisure (e.g., golf, tennis, swimming, badminton, hiking, cycling, and community club activities), passive leisure (e.g., reading, flower arranging, listening to music, watching television or YouTube, painting, pottery, knitting, and religious activities), or no leisure activity. Based on this self-report, participants were classified into three groups accordingly. This classification was consistent with the leisure activity typologies established in previous research by Hur (2010) and Kim and Cho (2024). Detailed classification outcomes are listed in Table 2.

Table 2. Types of leisure activities

Category	Item Description	Frequency (%)	Total
Passive leisure	Appreciation/Observation (TV/Movies/YouTube, Concerts, SNS, etc.)	38 (47.5%)	80 (100.0%)
	Self-Development (Reading, Certification Study, Cleaning, Religion)	16 (20.0%)	
	Creative/Hobby (Painting, Pottery, Flower Arranging, Crafts, Knitting)	26 (32.5%)	
Active leisure	Sports/Exercise (Golf, Swimming, Badminton, Tennis, Hiking, Cycling)	60 (77.9%)	77 (100.0%)
	Travel/Nature (Travel, Driving, Park Hiking)	11 (14.3%)	
	Social Participation/Relationships (Club Activities, Community)	6 (7.8%)	

Instruments

Perceived health was measured using a modified version of the scale developed by Kim (2003) and Kwon (2011), and adapted to suit the context of this study. Perceived health refers to an individual's subjective evaluation of their health status (Wu et al., 2013), with higher scores indicating better perceived health. This construct consists of 14 items encompassing three sub-dimensions: physical, mental, and social health.

Self-esteem was assessed using a revised version of Rosenberg's Self-Esteem Scale (1965), which was previously used in Korea by Maeng (2023). The self-esteem construct included 10 items across two subdimensions: positive and negative self-esteem.

Life satisfaction was measured using an instrument originally developed by Roach et al. (1981) and later adapted by Hu (2021). In this study, the scale was modified to align with the study objectives. Life satisfaction was treated as a single-factor construct comprising five items. All measurement items across the constructs employed a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree").

Data analysis

All data were analyzed using the SPSS version 29.0 (IBM Corp., 2023). First, cross-tabulation analyses were performed to identify the sociodemographic characteristics associated with different leisure activity types (i.e., passive leisure, active leisure, and inactivity). Second, exploratory factor analysis (EFA) was conducted to assess the construct validity of the questionnaire. The analysis utilized the Kaiser-Meyer-Olkin (KMO) test and Bartlett's test for sphericity, principal component extraction, and varimax orthogonal rotation. Third, internal consistency reliability was verified using Cronbach's alpha coefficients. Finally, to examine the relationships among the study variables and identify differences in perceived health, self-esteem, and life satisfaction based on the types of leisure activity participation among married women, a multivariate analysis of variance (MANOVA) was performed, followed by post hoc analysis, where applicable. Statistical significance was set at $p<0.05$ for all analyses.

Results

Scale validity and reliability

This study performed three EFAs for the six dependent variables: perceived health, including three subfactors: (a) mental (five items), (b) physical (five items), and (c) social (four items) health; self-esteem, including two subfactors: (a) negative (five items) and (b) positive (five items) self-esteem; and life satisfaction (a single factor with five items). The EFA results were tested using the Kaiser–Meyer–Olkin test and Bartlett's test of sphericity. Next, the Cronbach's alpha coefficients of all sub-factors met satisfactory internal consistency (>0.70). In detail, the results of the scale validity (EFAs) and reliability (Cronbach's alpha coefficients) in perceived health were EFA=0.661 to 0.837 and α=0.866 to 0.915 (KMO=0.908, $\chi2=2241.600$, df=91, p=0.001). Both self-esteem (EFA=0.870 to 0.738; α=0.945 to 0.946; KMO=0.951; $\chi2=2352.495$; df=45, p=0.001) and life satisfaction (EFA=0.904 to 0.929; α=0.951; KMO=0.951; $\chi2=2352.495$; df=45, p=0.001) also exhibited strong construct validity and reliability.

Correlation analysis for multicollinearity

A Pearson correlation analysis was conducted to examine the relationships among the study variables and assess the presence of multicollinearity. Although some variables showed relatively high correlations, further verification using the variance inflation factor (VIF) indicated that all the VIF values were below 10. This suggests that multicollinearity was not a concern for this dataset (Table 3).

Table 3. Results of the correlation analysis on dependent variables

Items	1	2	3	4	5	6
Physical health	1					
Mental health	0.668**	1				
Social health	0.547**	0.460**	1			
Positive self-esteem	0.727**	0.740**	0.431**	1		
Negative self-esteem	-0.690**	-0.754**	-0.469**	-0.811**	1	
Life satisfaction	0.791**	0.826**	0.551**	0.805**	-0.803**	1

*Note. **p<0.01*

MANOVA on dependent variables by types of leisure activities

A one-way MANOVA was performed to simultaneously examine differences in six dependent variables (physical health, mental health, social health, positive self-esteem, negative self-esteem, and life satisfaction) across three leisure activity groups (active leisure, passive leisure, and inactive) among married women (Table 4). First, Box's test of the equality of covariance matrices was conducted to assess the assumption of homogeneity of covariance (Box's M=110.593, F=2.529, p<0.001). The results of the MANOVA revealed significant multivariate differences across the three leisure activity groups for the six dependent variables (Wilks' Λ=0.618, F=9.718, p<0.001, partial η^2=0.214). Each dependent variable showed statistically significant differences among the groups, as follows: (a) Physical health (F=40.114, p<0.001), (b) Mental health (F=35.236, p<0.001), (c) Social health (F=7.586, p<0.001), (d) Positive self-esteem (F=28.774, p<0.001), (e) Negative self-esteem (F=28.620, p<0.001), and (f) Life satisfaction (F=4.064, p<0.001).

Given that the analysis involved comparisons among the three leisure activity types, post-hoc analyses were conducted to identify specific group differences. As a result, the results revealed that active leisure participants scored highest in physical, social health, and life satisfaction, followed by passive and inactive groups. Both active and passive leisure groups showed higher mental health and positive self-esteem, and lower negative self-esteem than the inactive group, with no significant differences between the active and passive groups. Detailed descriptive statistics and post-hoc test results for each dependent variable are presented in Tables 4 and 5.

Table 4. Mean scores of the dependent variables by each group

	Perceived health states			Self-esteem		Life satisfaction
	1	2	3	4	5	
Passive leisure	3.017	3.502	2.768	3.656	2.345	3.487
Active leisure	3.548	3.649	3.191	3.886	2.137	3.867
Non-leisure	2.384	2.492	2.657	2.838	3.313	2.520

Note. 1 – Physical health; 2 – Mental health; 3 – Social health; 4 – Positive self-esteem; 5 – Negative self-esteem.

Table 5. Results of the post-hoc analyses from three types of leisure activities

		Perceived health states			Self-esteem		Life satisfaction
		1	2	3	4	5	
Passive leisure	G2	<0.001**	0.581	0.012*	0.242*	0.413*	0.026*
	G3	<0.001**	<0.001**	0.751	<0.001**	<0.001**	<0.001**
Active leisure	G1	<0.001**	0.581	0.012*	0.242*	0.413*	0.026*
	G3	<0.001**	<0.001**	0.002	<0.001**	<0.001**	<0.001**
Non-leisure	G1	<0.001**	<0.001**	0.751	<0.001**	<0.001**	<0.001**
	G2	<0.001**	<0.001**	0.002**	<0.001**	<0.001**	<0.001**

*Note. ***p<0.001, **p<0.01, *p<0.05; G1 = Passive leisure; G2 = Active leisure; G3 = Non-leisure; 1 = Physical health; 2 = Mental health; 3 = Social health; 4 = Positive self-esteem; 5 = Negative self-esteem.*

Discussion

Perceived health status

Significant differences were observed across all sub-dimensions of perceived health. Specifically, the active leisure group reported the highest levels of physical health, followed by the passive group, while the inactive group scored the lowest. This finding is consistent with previous research indicating that leisure activities contribute to improved physical health (Sirven & Debrand, 2008). Active leisure typically involves physical movement, which contributes to health benefits such as weight management, reduced cardiovascular risk, and the prevention of chronic illnesses (Byambasukh et al., 2021). Even though sedentary activities, such as television watching or reading, are associated with increased cardiovascular risk (Allesøe et al., 2015; O'Donovan et al., 2010), the passive group still showed higher physical health scores than the inactive group, likely because of the indirect benefits of reduced stress and emotional regulation associated with relaxed leisure time.

Regarding mental health, both the active and passive leisure groups outperformed the inactive group, with no significant differences between the two groups. Active leisure may promote mental health by fostering bodily awareness and reducing anxiety through sensory and physical engagement (Borovica et al., 2024; Haywood, 2020). Contrarily, passive leisure, such as reading or watching television, has been found to enhance emotional stability and help individuals recover from stress (Borovica et al., 2024). Although previous studies have regarded passive leisure as less beneficial (Roy & Orazem, 2021; Suchert et al., 2015), our findings suggest that passive leisure can serve as an accessible and psychologically restorative form of leisure for married women.

Finally, active leisure participants reported the highest levels of social health, outperforming both the passive and inactive groups. This is likely because of the inherent social nature of active leisure, which often involves group sports or club participation, facilitating interpersonal interactions and communication (Epuran, 2011). For example, Chung and Song (2011) found that middle-aged women who engaged in active leisure activities reported higher levels of social support and satisfaction. In contrast, passive and inactive participants generally engaged in solitary activities and may have lacked such opportunities for social bonding. Some married women may also consciously avoid social interactions because of the perceived burden of additional relational obligations (Janke et al., 2008).

Self-esteem

The results revealed significant differences in self-esteem, particularly positive self-esteem. Both the active and passive leisure groups scored higher than the inactive group, with no significant difference between the two leisure groups. Married women often experience identity disruption because of their dual roles as spouses and mothers, which can lead to diminished self-worth (Trzesniewski et al., 2003). However, leisure activities offer opportunities for personal achievement, self-expression, and social engagement, all of which contribute to diverse psychological factors, such as self-esteem, body image, and psychological stability (Hutchinson et al., 2003; Iwasaki & Schneider, 2003; Kwak & Koo, 2010; Yook, 2005).

The inactive group reported the highest negative self-esteem. This aligns with previous findings suggesting that lack of physical or social activity can deteriorate mental health (Berkman et al., 2004; Park, 2004). Passias et al. (2017) indicated that limited leisure time among married women could exacerbate their psychological distress. Overall, the results highlight that leisure, regardless of the type, plays a crucial role in supporting psychological well-being and mitigating the harmful effects of social role strain.

Life satisfaction

In terms of life satisfaction, active leisure participants reported the highest scores, followed by passive leisure participants; the inactive group scored the lowest. These findings confirm those of previous studies showing that physically engaging leisure enhances both mental and physical health, thereby improving overall life satisfaction (Menec, 2003; Stubbe et al., 2007). Leisure activities, such as outdoor recreation, sports, and travel, are closely tied to subjective well-being and happiness. Additionally, passive leisure activities, although slightly less effective than active leisure activities, still outperformed inactivity. Excessive television or Internet use may reduce life satisfaction because of issues of self-control and diminished engagement (Cuñado & De Gracia, 2012). Nonetheless, engaging in personally satisfying leisure activities, regardless of intensity, contributes to higher life satisfaction than doing nothing at all (Schmiedeberg & Schröder, 2017).

Limitations

Regarding limitations in this study, several factors must be considered when interpreting these findings in future research. Although the study included 222 married women, expanding the sample to include a broader range of regions, age groups, and socioeconomic backgrounds would increase the generalizability of the results. Incorporating more detailed demographic variables, such as the number of children, employment status, and length of marriage, could also provide more nuanced insights into how leisure preferences and benefits vary across subgroups. Lastly, future research could benefit from the development and validation of leisure programs designed specifically to meet the unique needs of married women. Such programs should be informed by their lived experiences and preferences to maximize their engagement and efficacy.

Conclusions

In modern society, married women are often subjected to significant physical and psychological burdens owing to their multiple roles in household management, childrearing, and economic participation. In light of these challenges, this study sought to provide foundational evidence to support the development of effective leisure programs to enhance married women's quality of life.

The findings revealed that active leisure was consistently associated with the most favorable outcomes across all measured domains. Women who engaged in active leisure reported the highest levels of physical, mental, and social health as well as the greatest life satisfaction and positive self-esteem. Passive leisure also yielded beneficial effects compared with inactivity, particularly in terms of mental health, positive self-esteem, and life satisfaction, although it was less impactful than active leisure in the areas of physical and social health. In contrast, inactivity was associated with the least favorable outcomes, including higher negative self-esteem and lower scores for all other variables.

These results highlight the critical role of leisure activities in supporting married women's psychological well-being and subjective quality of life. Notably, both active and passive forms of leisure offer distinct benefits, and their relative effectiveness may vary depending on individual needs, preferences, and life contexts. Given the multifaceted demands that married women face, it is essential to recognize and support both types of leisure as viable means of enhancing well-being.

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Conflict of interest
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