



## Mental health status and anxiety: A comparative study of working and non-working married women

Dr. Khurshida Orooj\*

Aryabhatta Knowledge University, Patna, Bihar, India

### Abstract

The present study aims to find out the mental health status and anxiety among working and non-working married women. For this, 50 working and 50 non-working married women aged 25 years and above from various government and private organizations in the PMC area of Patna district, Bihar (India) were purposively selected as a sample. The “Mental Health Battery (MHB)” constructed and standardized by Singh and Sengupta (2000) was used to measure the mental health status of married working women, while “Datta's Anxiety Scale” constructed and standardized by Dutta (1987) [2] was used to measure anxiety. The data obtained were analyzed with appropriate statistical techniques such as correlation, t-test, etc. The results indicate that (i) there is a strong negative correlation between mental health status and level of anxiety among working and non-working married women, and (ii) non-working married women have lower levels of anxiety and better mental health status than working married women.

**Keywords:** Mental health, anxiety, working women, non-working women, married women, comparative study

### Introduction

In the past two decades or so, not only the Indian families have undergone significant structural and functional changes, but gender role is also relatively changing. Still, it is the woman who is expected to accommodate their careers to fit their families (Karambayya & Reilly, 1992) [7]. As Bharat (2003) has noted “regardless of wives’ employed status, domestic responsibilities continue to be shouldered by women and perceived as their primary duty in life Full time employment thus, is an added responsibility for women”. Contemporary developments pose a great challenge to the dual career men and women and balancing work and family demands become arduous (Muchinsky, 2000). Combining full time employment within the role of a housewife and a mother presents a serious problem for women since their varied roles as home makers, and as providers working outside their homes. They are not getting recognition and the argument is that the place of women is the home. The lives of women of current era are much different than the older days (Hoffman 1986) [4]. They are going to expand their lives to include a career while maintaining their traditional roles. Mothers may work in an office for six to eight hours, but their work does not end there, after finishing office, a mother comes home and takes care of her children, husband, and house.

Her office as well as home responsibilities make a very demanding schedule (Rapaport & Rapaport 1972). The decision to be a house wife or working lady may depend on factors such as financial situation, work availability, children's age, partner support, work passion, education and health (Kessler & MacRae 1982) [8]. The rapidly increasing number of women in the workforce has given rise to a surge of research aimed at measuring such an assessment is especially important at their juncture when demographic trends suggest that the number of employed women is increasing. Regarding work-family issues, there is ongoing evidence suggesting that a lack of work and family balance lead to work-family conflict (Grzywacz and Bass, 2003; Major, Klein & Ehrhart, 2002) [3]. Hence, researchers have

focused on the negative aspects of simultaneously participating in work and family roles. In contrast, researchers like Carlson, Kacmar, Wayne & Grzywacz, 2006 [1]; Greenhaus & Powell, 2006 are beginning to shift the focus from these negative aspects to discover the positive potential available to those individuals who enjoying a full joyful life. By becoming work and family role an emerging body of research is now showing the benefits derived from multiple role participation. It is evident that work- lives can either enhance or detract family lives.

In the same manner, family lives can have positive or negative influences on work attitudes, behaviors, and outcomes. For instance, long working hours, over-involvement in work and job stress may produce distress within the family domain, withdrawal from family responsibilities and adversely affect one's overall quality of life. Similarly, extensive care-giving responsibilities and intensive involvement with family activities can limit individual's career choices and aspirations and negatively affect their work involvement, job-satisfaction and intention to continue their employment. In contrast, there are several resources derived from one's work-role, such as income, job autonomy and social support that can positively influence one's experiences and well-being, because both work and family lives have a profound influence on one another, understanding the linkage between work and family roles has important implications.

Working women can utilize their abilities and skills not only for them but for their family and society as well. Rich experiences out of the home may consist of intellectual stimulation, problem solving, and handling challenge. These experiences are the source to enhance their self-esteem, self-confidence and sense of satisfaction. They have their own income, which offers independence, security and freedom. Working women can meet the financial needs of their family in case of husband's health or marriage failure and feelings of unimportance.

## Mental Health of Working Women

World Health Organization (WHO) estimates, depression is expected to be the second largest contributor to disease burden by 2020, and with one in every three women worldwide being afflicted by common mental disorders including depression, the mental health of women is a serious issue indeed. While studying the psychological construct of mental health, we come to understand that it is deeply embedded within an individual's social and socioeconomic relationships. Working women are more subject to mental disorders due to rapid social change, gender-based discrimination, social exclusion, gender disadvantage like marriage at young age, concern about husband's bad habits and domestic violence.

Working women are more likely to suffer from adverse life events, to-live in crowded or stressful conditions, and have a very few occupational opportunities. Mental health is an attitudinal concept toward us and others and it presents a humanistic approach towards the understanding and assessment of the self, positive feeling, attitudes towards self and others. After reviewing literature in this field, (Jahoda, 1959; Maslow & Mittleman, 1951; Rogers, 1961, Whittaker, 1970) [5, 9, 11], six indices of mental health were highlighted (Singh & Sen Gupta, 1961) [12]:

1. **Emotional Stability:** experiencing subjective stable feelings which have positive or negative values for the individual.
2. **Adjustment:** individual's achieving an overall harmonious balance between the demands of various aspects of environment, such as home, health, social, emotional and school on the one hand and cognition on the other.
3. **Autonomy:** a stage of independence and self-determination in thinking.
4. **Security: Insecurity:** a high or low sense of safety, confidence, freedom from fear, apprehension or anxiety particularly with respect to fulfilling the person's present or future needs.
5. **Self/Concept:** the sum of the person's attitudes and knowledge towards himself and evaluation of his achievements, and
6. **Intelligence:** the general mental ability which helps a person in thinking rationally and in behaving purposefully in his environment.

In connection to the above-mentioned perspective, it is understood that mental health of individual is in danger. The effective resolution of mental health leads to improved familial interactions; obtain healthy coping styles, mental fitness and sufficient social development, Self-confidence and personal achievements. The mental health of an individual's life serves as a platform to influence him into the world, family, peers, school authorities, and in personal life style.

Mental pressure is a vital cause of the mental health problems which arise due to various conditions. If the mental condition is good, women can take various responsibilities of a family and her, understand the complications, and try to solve them, plan for future and

adjustment with others by becoming mentally strong. The interface between the work place and the family life is more stressful for the women who work outside the home and they must perform both familial as well as professional roles. This in turn, leads to stress of a person and affects mental health.

## Rational of Study

In recent years the role and status of the women have been changed tremendously. With increasing female education and liberty for their rights and privileges, women's attitude towards their stereotyped role is changing. Their participation in education and work place has also led to their increased socio-familial roles. Women exist under cultural norms and values, so the working women have to make an adjustment with the family members. There are same evidences suggesting that the load of work and family related works lead to work-family conflict (Grzywacz & Bass, 2003; Major, Klein & Ehrhart, 2002) [3]. Dual participation in work and family of an individual's life leads to stress and starts depleting.

## Objective of the study

The main objective of this study was to find out the level of mental health and anxiety among working and non-working married women.

## Hypothesis

1. There will be a significant mean difference in mental health status between working and non-working married women, and
2. There will be a negative correlation between mental health status and level of anxiety among working and non-working married women.

## Methodology

### Universe and Sample

The geographical area of this study was Patna Municipal area in Patna district (Bihar). The universe of the study is all the working and non-working women which age from 25 years and above. The sample size of the study was 100 in which 50 working and 50 non-working married women purposively selected from different government and private organizations with houses with situated in Patna Municipal area in Patna District of Bihar.

## Design of the present study

This study was completed by adopting a descriptive research design.

## Tools Used for the Study

For measuring the level of mental health of working and non-working married women, the "Mental Health Battery (MHB)" constructed and standardized by Singh and Sengupta (2000) was used. This scale consists of 130 items having six groups such as emotional stability, overall adjustment, autonomy, security and insecurity, self-concept, and intelligence (Table-21). A low score indicated "very poor mental health", and a high score indicated "excellent mental health". It is found very appropriate, suitable, valid, and reliable for measuring the level of mental health in the Indian-cultural context.

**Table 1:** Dimension Wise Total Items of Mental Health Battery

Part	Dimension of MHB	Total No. of Items
I	Emotional Stability	15
II	Overall Adjustment	40
III	Autonomy	15
IV	Security and Insecurity	15
V	Self-Concept	15
VI	Intelligence	30
Total		130

To measure the anxiety level of subjects “Dutta’s Anxiety Scale” constructed and standardized by Dutta (1987) [2] was used in this study. This scale is in Hindi version and it has total 90 items related to different components of Anxiety. This scale is found very appropriate, suitable, valid and reliable for measuring the anxiety level of subjects in Indian context, and

**Technique of data collection**

The data were collected from the respondents through establishing a comfortable rapport and face-to-face interaction. The researcher was contact the subjects at their homes or place of work as per their convenience. Prior to administration of tools to the subjects, the purpose of the study was explained, and a verbal consent was taken from the respondents. Only after their consents and giving proper instructions the tools was administered upon them. Those who were not are willing to participate in this research they were excluded from the sample and according new respondents was included. Subjects were assured that their responses were kept strictly confidential and used only for research purposes. It is expected that the subjects generally were take 1-hour time for the both tools. It could be possible that all the information cannot be gathered in one sitting in that case one or more sessions was taken on same respondent.

**Analysis of Data**

The collected data was cleaned and managed before analysis. After cleaning and managing the data, a codebook was prepared. After preparing the codebook, the cleaned data was analyzed with suitable statistical techniques like mean, SD, correlation, t-test, etc.

**Results and Discussions**

It was found that the non-working married women received higher mean and SD score (67.13, and 7.34 respectively) as compared to the working married women (61.39 and 6.74 respectively) with t-value of mental health is 2.53 found significant (<.03) at <.05 level of confidence (Table-1). So, we can say that non-working married women have a better mental health than the working married women and significant difference between working and non-working married women. It means that first hypothesis was accepted where the 1<sup>st</sup> hypothesis was “there will be a significant mean difference in mental health status between working and non-working married women”.

**Table 2:** Showing the Mean, SD and t-value of Mental Health Among Working and Non-working Married Women

Groups	N	Mean	SD	t-value	p-value
Working Married Women	50	61.39	6.74	2.53	<.03
Non-Working Married Women	50	67.31	7.34		

Further, in terms of the relationship between mental health status and the level of anxiety of working and non-working married women, it was found that there was a statistically significant (p <.001) strong negative correlation (r = -.575) between mental health status and level of anxiety of working and non-working married women (Table-2). It means that working or non-working married women having higher levels of anxiety will have lower levels of mental health status and women having higher levels of mental health status will have lower levels of anxiety. Thus, the 2<sup>nd</sup> hypothesis was also accepted, the 2<sup>nd</sup> hypothesis was “There will be a negative correlation between mental health status and level of anxiety among working and non-working married women”.

**Table 3:** Relationship between Anxiety Level & Mental Health Status among Working and Non-Working Married Women

Responses		Mental Health Level	Anxiety Level
Mental Health Level	Pearson Correlation	1	-.575**
	Sig. (2-tailed)		.000
	N	100	100
Anxiety Level	Pearson Correlation	-.575**	1
	Sig. (2-tailed)	.000	
	N	100	100
**. Correlation is significant at the 0.01 level (2-tailed).			

**Conclusion**

Based on the above results it can be concluded that there was a significant difference in mental health status between working and non-working married women, where non-working married women had better mental health levels than working married women. Moreover, there was a strong negative correlation between mental health status and anxiety levels among working and non-working married women. Thus, anxiety is a mental health condition that can affect people in many ways, including their ability to live their lives. Anxiety can become a problem when it is intense, persistent, or difficult to control. It can also lead to or worsen other mental health conditions, such as depression.

**References**

- Carlson D, Kacmar KM, Wayne JH, Grzywacz JG. “Measuring the positive side of the work-family interface: Development and validation of a work family enrichment scale”. *Journal of Vocational Behaviour*,2006;68:131-164.
- Dutta. “Dutta’s Anxiety Scale”, Agra, 1987.
- Grzywacz JG, Bass BL. “Work, family, and mental health: Testing different models of work-family fit”. *Journal of Marriage and Family*,2003;65(1):248-262.
- Hoffman LW. “Work family the children.” In *Psychology & Work*, edited by MS. Pallak & RO. Perloss, Washington D.C: American Psychological Assn. (Ch 9, 15, 17), 1986, 169-220.
- Jahoda G. “Development of the perception of social differences in children from 6 to 10”, *British Journal of Psychology*,1959;50:159–175. doi: 10.1111/j.2044-8295.1959.tb00693.
- Jagdish. “Employee’s Mental Health Inventory”, Agra, 2001.

7. Karambayya R, Raily AH. "Dual career couples: Attitudes and actions restructuring work for family". *Journal of Organizational Behaviour*, 1992;13:585-601.
8. Kessler RC, MacRae JA. "The asset of Wives' employment on the mental health of married men and women." *American Journal of Sociology*, 1982;47:216-226.
9. Maslow AH, Mittelman. "Principles of Abnormal Psychology, rev. ed., ed., New York: Harper & Row. New York: Harper & Row, 1951.
10. Rapaport R, Rapaport RN. "The duellarier family: A variant pattern & social change." Inc. Safilios-Rothschild (Ed.). *Toward a sociology of women*. Lexington, Mass: Xerox, 1972.
11. Rogers C. *On Becoming A Person: A Therapist's View of Psychotherapy*, Boston: Houghton Mifflin, 1961.
12. Singh AK, Sen Gupta A. "Manual for Mental Health Battery", Lucknow: Ankur Psychological Agency, 1961.
13. World Health Organization. *Constitution*, Geneva: WHO, 1946.
14. World Health Organization. "Promoting Mental Health: Concepts, Emerging evidence, Practice": A report of the World Health Organization, Department of - Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. World Health Organization. Geneva, 2007.