



Marital adjustment and mental health of working women in India

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Abstract

The present research was taken up with broad objective to study the marital adjustment and mental health of nurses of private hospitals, Samastipur District, Bihar. The sample comprised of 100 working nurses of private hospitals. It was seen that nurses of private hospitals, autonomy was positively correlated with family adjustment, positive self-evaluation and financial adjustment. On the other side, perception of reality was negatively correlated with recreational adjustment and role distribution. A significant interactive effect of job, was found on marital adjustment, mental health of nurses of private hospitals. A total of 100 working women were selected from private hospitals. Self-made questionnaire for the assessment of mental health was used in the present research. Research revealed that marital status has significant impact on the mental health of working women. The multifaceted stress of married working women with responsibilities at various arenas may be the reason for their weaker mental health.

Keywords: mental health, marital adjustment, working women, nurses and hospitals

Introduction

Health has been always one of the most important dimensions where we need to pay attention. Concept of health extends beyond the proper functioning of the body. It includes controlled emotions with a sound mind. A mentally healthy Person shows balanced behavior and faces realities of life. (Ramakrishna, 2014) The expression "mental health" consists of two words mental and health. Health generally means a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1948). Health does not just mean the physical well-being of the individual but refers to the social, emotional, spiritual and cultural well-being of the whole community. It includes one's emotional affective states. It is the equilibrium in one's socio cultural context that is reflected by the relationship one establishes with others.

Mental health has been reported as an important factor influencing an individual behaviour. Women who work outside the home are required to make many socio-familial adjustments that may contribute more stress and anxiety. The problem of stress in women, particularly working women, is an important aspect due to the social and emotional changes. As women are bounded around with various cultural norms and values, working women are expected to make lot of adjustments. So this in turn leads to lot of stress and strain among working women. Status of women in the society has been changing fast due to multiple factors such as urbanization, industrialization, increased level of education, awareness of rights, and media influence. Now more number of women prefers to be engaged in some kind of employment, so that they can contribute financially to their family. But the attitude towards women especially married women and their role in family has remained the same, as even today taking care of the family and children is considered as their primary responsibility. A working woman bearing dual responsibility with family and at job cannot discharge her duties equally efficiently; feels tense and continuous tension creates stress which in turn may

affect her mental health status (Panigrahi, *et.al.* 2014) ^[5].

A person who has good mental health is able to realize his or her own abilities, cope with the stress of everyday life, work productively, and contribute to the community. If women have good mental health, they can contribute to the quality of their lives as an individual, as a community, as a society, as a nation in general. A study on working women, family environment and mental health indicated that there were significant differences in the family environment and mental health of working and non-working women. Mental health scores highlight that working women are trapped in a situation where they are getting difficulty in coping strategies to deal with it effectively and get mentally uncomfortable. Less freedom, excess of work, high need for motivation and working situations are powerful source of stress among working women. Therefore, adjustment process, emotional balance, tolerance level and some other personality attributes are under great threat, which affect the mental health negatively. If the condition of mental health is good, a woman can perform various responsibilities of her family and understands the complications, tries to solve problems, 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 have to perform both familial as well as professional roles (Singh *et. al.*, 2005). The work life balance is directly reflected through the practice at workplace. The work place flexibility is an important factor but limited to the high income and position of women, where as for women who are low earner and have children to look after, it becomes very difficult to establish work life balance (Devi & Kiran, 2014) ^[1].

Marital Adjustment

Marital adjustment is a lifelong process; although in the early days of marriage one has to give serious consideration. Sinha and Mukerjee (1990) define marital adjustment as, "the state in which there is an overall feeling between

husband and wife, of happiness and satisfaction with their marriage and with each other." It, therefore, calls experiencing satisfactory relationship between spouses characterized by mutual concern, care, understanding and acceptance. A study was undertaken to investigate the marital adjustment, depression and stress among working and non-working married women. The results revealed that non-working married women are better adjusted in their married life than working married women. Depression and stress in their married life also is less in non-working women as compared to working married women. The study found that working married women who are above graduation; have to face less difficulties and less depression in their life as compared to married working women who are not highly educated. The study also revealed that depressed women cannot perform their job fruitfully and bear responsibilities effectively. Relationship with spouse is also affected (Hashmi, *et.al.*, 2007).

Marital adjustment is a life long process; although in the early days of marriage one has to give serious consideration. As Lasswell (1982) points out, "understanding the individual trait of the spouse is an ongoing process in marriage; because even if two people know each other before or at the time of marriage, there is a possibility that people change during the life cycle. Marital adjustment, therefore, calls for maturity that accepts and understands growth and development in the spouse. If this growth is not experienced and realized fully, death in marital relationship is inevitable. Sinha and Mukerjee (1990) defines marital adjustment as, "the state in which there is an overall feeling between husband and wife, of happiness and satisfaction with their marriage and with each other." It, therefore, calls experiencing satisfactory relationship between spouses characterized by mutual concern, care, understanding and acceptance.

Sexual compatibility and mutual enjoyment is an important factor contributing to the success of most marital relationship, Job of spouse, shape families in a variety of ways. Two major aspects of work directly affect family life: the level of economic rewards associated with work and the conditions associated with performing a job.

Fujihara (1998) did a study on 153 married couples which showed that marital adjustment was significantly correlated with subcategories of social adjustment (1) household adjustment (except the spouse), (2) external family adjustment, (3) work adjustment, (4) social leisure adjustment and (5) general adjustment. Thus, marital adjustment may be a part of social adjustment for women, but the two may be discrete for men. A study, made on 1,609 couples from the Russian Army, found that marital dissatisfaction from husband will cross over to the wife directly, whereas the indirect crossover, when a stressor, such as economic hardship or a negative life event increases the strain of a partner, is mediated the impact of the wife's social undermining behaviour on her husband.

Emotional Well-Being

Emotional wellbeing refers to a positive sense of wellbeing which enables an individual to be able to function in society and meet the demands of everyday life; people in good mental health have the ability to recover effectively from illness, change or misfortune (Mental Health Foundation). Emotional mental disorders are a leading cause of disabilities worldwide. Investigating the degree and severity

of untreated emotional mental disorders throughout the world is a top priority of the *World Mental Health (WMH)* survey initiative, which was created in 1998 by the World Health Organization. Emotions are one aspect of a person's health that often gets neglected. But if the emotional health is suffering, physical and psychological health will too. Emotional health is just a term and is consists overall happiness and well-being of a women. A woman who is working has to perform dual responsibility one at home another at job. Therefore, they sometimes feel stressed, unhappy, unsatisfied, worried and anxious and it indicates that emotional health of women is not up to the mark. Focusing on emotional health is not very hard but it may be an adjustment and at will be more enjoyable. If women are emotionally healthy they can make good adjustment in their family, they can make good balance between leisure time and activity time, feel good about themselves and don't suffer from self-esteem issues, enjoy living and know the value of fun and laughter, have good relations with others and are contended with their lives. Children are affected most if their mother is working. Working mothers are unable to give proper care and attention to their children due to job stress. Children of working mothers are deprived of healthy family care that makes children emotionally weak. Thus, the personality of children of working women remain less developed. In turn, emotional well-being and mental well-being of both children and mother do effected (Singh & Kiran, 2014) ^[1]. In modern era, Job satisfaction is one of the prominent issues as it represents the mental satisfaction of an individual. Job satisfaction represents the degree to which a working person enjoys his job. As far as job satisfaction of nurses across the working sector is concerned, nurses in government hospitals achieve higher job satisfaction than nurses in private hospitals. Job satisfaction is an indicator of work life balance and mental health of working women (Jahan & Kiran, 2013) ^[2]. A study conducted on occupational stress of women workers involved in construction work, chikankari work and sanitary work revealed that sanitary workers are much affected by physical, physiological and biomechanical stress among all the workers. The author suggested that regularized working patterns have to be implemented in unorganized sector to improve the working conditions and minimize the level of stress of 4 women. The author also proposed that ergonomic interventions may be made to improve the quality of life of women involved in unorganized sectors (Aadya & Kiran, 2013) ^[2].

Mental Health

The concept of mental health includes subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential among others. From a cross-cultural perspective it is nearly impossible to define mental health compressively. Mental health is a state of well being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, fruitfully and is able to make a contribution to his/her community. Mental health covers an elusive and diffuse field and the term in itself encompasses a multiplicity of meaning.

Blanofield (1967) defined mental health as a composite of attitude towards oneself, ability to realize once potential through action, degree of independence form social

influence and the ability to perceive realistically the world around. Ferguson (1965) stated that mental health is the ability to cope with one's environment in such a way that one's institutional drives are gratified. They considered that mental illness and mental health, are two opposite ends of the continuum on which any individual can be placed depending on the soundness of his mind. There is a general agreement that two terms mental health and mental illness refer to behaviors which are interpersonal in nature and to mental illness is judged to be dysfunctional according to the norms of an observer.

Rationale of the Study

Mental health can be seen as an unstable, continuum where an individual's mental health may have many different possible values. Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if the person does not have any diagnosed mental health condition. A mentally healthy person is social because he conforms to the laws and customs of the community in which he lives and through which he find the fullest development and satisfaction of his personality and the greatest measure of freedom. Maintaining good mental health is crucial for women to live a long and healthy life. Good mental health can enhance their life, while poor mental health can prevent them from living an enriching life.

Objective

- To Examine the marital adjustment and mental health of working women.

Hypothesis

- Marital adjustment do not have significant impact on the mental health of working women.

Methodology

In the present study self-made questionnaire was used to collect the information regarding the mental health of working women. A total of 100 working women were selected from Samastipur district. The data was collected purposely from two categories; married working women and unmarried working women. Sampling technique adopted in the present study is stratified random sampling. Information was collected using interview method. The sample

comprised of 100 nurses of private hospital within the age range of 25-60 years, selected through convenient sampling technique. The data were collected from Samastipur District, Bihar.

Tools for Measurement

Two tools were used for the measurement of the Marital adjustment and Mental health. The data was coded, tabulated and analyzed using the SPSS (version 20). T test was used for the statistical analysis of the data.

Marital adjustment Questionnaire

Marital Adjustment Questionnaire was developed by the researcher (2004) to assess the marital adjustment of nurses. Pilot study was conducted by researcher on the 10% subjects of total sample (N=20) of the research. Necessary corrections were made to tool after the pilot study. The reliability and validity scores respectively are .96 and .74. Some basic needs of successful marriage during middle age were used as points of references for rating. Those are Family adjustment, financial adjustment, Emotional adjustment, Sexual adjustment, Recreational adjustment, Role distribution, Social adjustment. Marital adjustment questionnaire consisted of 42 items with a five point scale. Items of the scale are in statement form seeking information for each in any of the five options, which are "Very Rare", "Rare", "Sometimes", "Often", and "Very often". The weight given is 1,2,3,4 and 5 respectively. The test is having reverse key also. Higher the score higher is the adjustment, lower the score poor will be the adjustment.

Mental health Inventory

Mental Health Inventory is a self-reporting four point scale and developed by Dr. Jagdish and Dr. A.K. Srivastava (1984). Validity and reliability of Mental Health Inventory is .54 and .73 respectively. The six dimensions have been inculcated in the scale are Positive self - evaluation (PSE), Perception of Reality (PR), Integration of Personality (IP), Autonomy (AUTO), Group Oriented Attitudes (GOA), Environmental Mastery (EM). The items of the scale are in statement form seeking information for each in any of the four options, which are Always, Most of Times, Sometimes, and Never. The weight is 4, 3, 2 and 1 respectively. Therefore, the higher the score on the scale, higher the status / level of mental health or vice versa.

Results and Discussion

Table 1: Consequence of Stress

Marital Adjustment	Married		Unmarried		T	P value
Physical reactions	2.33	1.50	1.00	0.00	4.59**	0.00
Avoid talking with other	3.67	1.29	3.78	1.15	0.38	0.70
Avoid stressful Situations	3.10	1.31	3.78	1.15	2.33*	0.02
Memory Loss	2.24	0.87	1.33	0.48	5.04**	0.00
Loss of interest to enjoy item	2.29	0.63	2.00	0.67	0.91*	0.05
Cut off from others	2.24	1.02	1.67	0.83	2.55*	0.01
Feel emotionally numb.	2.33	1.09	1.89	0.75	1.92*	0.05
Feel as if your future will be cut short	2.29	0.77	2.00	0.67	1.66	0.09
Trouble falling	1.57	0.49	1.56	0.50	0.13	0.89
Feel irritable	2.67	0.71	2.78	0.80	0.65	0.51
Difficulty in concentration	2.38	0.79	2.33	0.48	0.29	0.77
Watchful on guard	2.29	0.88	2.44	0.69	0.82	0.41
Feel jumpy or easily started	2.24	1.42	1.22	0.42	3.63**	0.00
Difficulty on your work	1.76	0.42	1.56	0.50	1.97*	0.05

Difficult to take care of things at home	1.90	0.68	1.89	0.75	0.09	0.92
Difficult to get along with other people	1.38	0.65	1.44	0.69	0.41	0.68
Total	36.68	5.87	33.3	2.48	3.58**	0.00

It was revealed from Table 1 that married working women had more difficulty in managing their work and family as compared to unmarried working women. It was also observed that married working women have stressful job experience because they had to make balance between their family and job. In the other case, unmarried working women have less stressful experience because they were only focused on the job. The result obtained on the consequences of stress revealed significant differences among married and unmarried working women. Married working women had to face a lot of problem like difficulty on their work, taking care of things at home, loss of interest in things, feeling emotionally numb, avoid talking about stressful situation and feeling cut off from others. Whereas, In the case of unmarried working women, consequence of stress was very optimum. Due to job stress married working women were highly affected by physical problems, they were easily startled and they did not want to remember any type of stressful experience from the past. Occupational stress results from the complex interactions between large systems of interrelated variables. A study conducted on "Occupational stress among bank employees" revealed that private bank employees had high occupational stress due to role ambiguity, role conflict, under participation, powerlessness, low status, strenuous working condition than nationalized bank employees. Thus, the nature of job and working conditions are responsible for level of stress that employees faced in various sectors (Niharika & Kiran,

2014) [1]. The mental health of working women is affected by many internal and external factors. The selected demographic variables have impact on mental health status. There was a positive and significant relationship of age with perception of reality, integration of personality, group-oriented attitude and overall mental health of working women (Mankani *et.al.*, 2012).

Table 2: Impact of marital status on mental health of working women

Items	Married		Unmarried		T	P value
	Mean	SD	Mean	SD		
Feeling of stress	6.48	1.51	6.56	1.67	0.22	0.82
Consequences of Stress	36.68	5.87	33.3	2.48	3.58**	0.00
Emotional Problem	22.8	2.34	21.44	3.78	2.08	0.04

This study was intended to find out the impact of marital status on mental health of working women. The data from Table 2 clearly showed the significant effect indicating consequence of stress on mental health of married and unmarried working women. Married women received high mean score than unmarried working women. From the above table, it can be said that unmarried working women were less affected by job stress. The table also revealed significant effect of emotional problem among working women. Unmarried working women had better emotional health than married working women.

Table 3: Inter-correlation (Pearson's 'r') among different dimensions of Marital Adjustment and Mental Health of nurses of private hospitals (n=100)

Variables	PSE	PR	IP	AUTO	GOA	EM
FMY	-.143	.078	.122	.207*	.158	.003
FIN	-.233*	.068	-.015	.092	.096	-.084
EMO	-.077	-.014	.136	.129	.110	.077
SEX	-.163	.007	.121	.160	.138	-.078
REC	-.018	.132	.014	.122	-.115	.148
RD	-.171	.078	.056	.117	.116	-.040
SOC	-.098	.058	.193	.113	.193	-.023

(n=100) FMY-family adjustment, FIN- financial adjustment, EMO- emotional adjustment, SEX- sexual adjustment, REC- recreational adjustment, RD- role distribution, SOC- social adjustment, PSE- positive self-evaluation, PR- perception of reality, IP- integration of personality, AUTO- autonomy, GOA-group oriented attitude, EM- environmental mastery.

* Significant at .05 level.

A glimpse at the table one depicts that family adjustment is positively correlated to the autonomy of nurses of private hospitals (r=. 207). Positive self-evaluation is negatively correlated with financial adjustment (r=-. 233). They trust themselves more than anybody else regarding financial matters. They can be more argumentative and accountable and believe in budget keeping. Autonomy/ independence leads to good family adjustment between the spouses, since

they are free of taking decisions, making developments and not interfering in each other's affairs but are supportive of each other. It can be ended that higher level of adjustment within the family members results in good stable set of internal standards for one's action and dependence for own development on own potentialities rather than dependence on other people.

After marriage individuals have to adjust to each other. Adjustment means literally to move towards what is fitting appropriate or necessary for both parties. It is a blending, marking, an accommodating, and a fitting together of two personalities on every level by sharing the deepest emotions and dreams to the practicalities of life, however, is not submission. It means a full willingness to recognize, accept and promote the unique potential of one partner.

Table 4: Analysis of variance of Marital adjustment (N=100)

Source of variance	S.S.	d.f.	M.S.S.	F	Tabulated F	
					5%	1%
Family adjustment						
Effect of treatment	285.987	11	25.999	1.95 NS	2.00	2.48
Interactive effect of job and age	137.807	2	68.903	5.191**	2.99	4.61
Error	3822.560	288	13.273			
Effect of treatment	205.237	11	18.658	1.846 NS	2.00	2.48
Error	2910.160	288	10.105			
Emotional adjustment						
Effect of treatment	139.317	11	12.665	1.55 NS	2.00	2.48
Error	2346.080	288				
Sexual Adjustment						
Effect of treatment	147.610	11	13.419	1.54 NS	2.00	2.48
Error	2507.760	288	8.707			
Recreational adjustment						
Effect of treatment	274.907	11	24.992	2.97**	2.00	2.48
Effect of age	40.333	1	40.333	4.801*	3.84	6.63
Interactive effect of job and age	79.707	2	39.853	4.744**	2.99	4.61
Error	2419.280	288	8.400			
Role distribution						
Effect of treatment	173.397	11	15.763	1.889 NS	2.00	2.48
Effect of age	34.003	1	34.003	4.075*	3.84	6.63
Error	2403.040	288	8.344			
Social adjustment						
Effect of treatment	171.627	11	15.602	1.911 NS	2.00	2.48
Error	2351.040	288	8.163			

NS = Non significant * Significant (0.05) ** Highly significant (.01)

Table three clearly reveals that interactive effect of job and age, was found highly significant on family adjustment (F=5. 19) (P=<. 01) and recreational adjustment (F=4. 74) (P=<. 01). Recreational adjustment was found significantly affected by age (F=4. 80) (P=<. 05). Other dimensions of

marital adjustment, which are financial adjustment, emotional adjustment, sexual adjustment and role distribution, were found non-significant, they were not found affected by job.

Table 5: Analysis of variance of Mental Health (N=100)

Source of variance	S.S.	d.f.	M.S.S.	F	Tabulated F	
					5%	1%
Positive self-evaluation						
Effect of treatment	204.107	11	18.555	2.302*	2.00	2.48
Effect of job	118.167	2	59.083	7.331**	2.99	4.61
Error	2321.041	288	8.059			
Perception of reality						
Effect of treatment	79.507	11	7.228	1.617NS	2.0	2.48
Error	1287.440	288	4.470			
Integration of Personality						
Effect of treatment	37.907	11	3.446	0.656 NS	2.00	2.48
Error	1517.680	288	5.270			
Autonomy						
Effect of treatment	94.347	11	8.577	2.837**	2.00	2.48
Effect of age	28.213	1	28.213	9.331**	3.84	6.63
Interaction of job and age	22.447	2	11.223	3.712*	2.99	4.61
Error	870.800	288	3.024			
Group oriented attitude						
Effect of treatment	215.147	11	19.559	3.181**	2.00	2.48
Effect of job	74.107	2	37.053	6.026**	2.99	4.61
Interaction of job and age	45.680	2	22.840	3.715*	2.99	4.61
Error	1770.800	288	6.149			
Environmental mastery						
Effect of treatment	16.787	11	14.799	2.237*	2.00	2.48
Effect of job	91.527	2	45.763	6.919**	2.99	4.61
Error	1904.880	288	6.614			

NS = Non significant * Significant (0.05) ** Highly significant (.01)

Table four shows that interactive effect of job and age, was found significant on autonomy (F=3. 712) (p=<. 05) and

group-oriented attitude (F=3. 71) (P=<0.05). Individual effect of job was found highly significant on positive self-

evaluation ($F=7.33$) ($P<0.01$), group-oriented attitude ($F=6.02$) ($P<0.01$) and environmental mastery ($F=6.91$) ($P<0.01$). Effect of age was found highly significant only on autonomy ($F=9.33$) ($P<0.01$).

The marital status has an impact on women's mental health and work conditions. Results indicate that unmarried working women have better mental health than married working women. The findings of the research reveal significant difference of consequence of stress and emotional problem among married working women and unmarried working women. A study on marital adjustment and resource management of working women among different income groups concludes that majority of working women were able to achieve good relationship (highly satisfactory) in their marital life. As income of working women increased, their level of marital adjustment increased. As co-earners they are also capable of managing family finances. However, income level of working women has little to do with their ability to manage money matters in the family. Similarly working women are capable of time management and make it a way of life. There exists positive correlation between handling domestic affairs and income group to which working women belong. This study establishes, beyond doubt, the fact that women are capable of managing both domestic duties and job obligations with aplomb. For a woman, there is no inherent conflict between career and marital bliss (Kumari, 2011).

Conclusion

The status of working women has performed impact on their mental health and significant difference among working and non-working women are apparent due to the dual stress among working women. The findings of this research are very useful to identify various dimensions of mental health of working women.

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