

A Study Of Mental Health Of Working And Homemaker Women With Regards To Demographic Area

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Abstract

The aim of the present study was to estimate the impact of work on the mental health status of working women and homemaker women with regard to their demographic area. For this purpose, the sample consisted of 160 female subjects of the age range 35 to 45 years. There were two Independent variables, the first independent variable was the work status of women; which varied at two levels, i.e. working women and homemaker women. The second Independent variable was demographic residency also varied at two levels i.e. Urban and Rural. The dependent variable is mental health. The mental health of subjects was measured by mental health scale constructed by Dr. Jagdish and Dr. A. K. Srivastav (1983). Obtain data were analyzed by using the Mean value, S.D value and two-way ANOVA.

Keywords

Work status, Demographic Area, Mental Health, Women's.

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In India, there is a very big different perspective to evaluating the women's success and respect. Homemaker women are perfectly managing their houses and taking care of their family members and also paying attention to their personal life (Muntaziret.al., 2014). But nowadays there are very vast changes in Indian society. In today's time, people consider only those women are successful and they involve in any type of job and business. In that condition, homemaker women also face different types of hurdles in their life.

The status of women is an important indicator of development for every nation. The role of women in the society has been changing fast due to so many factors such as modernization, industrialization, increased the level of education and media influence. Women of today are not bounded to take care of their households; they have to step out of their comfort zone to prove themselves. More and more women prefer to be engaged in some kind of employment, so that they can contribute financially to their family members. But the attitude towards women and their role in the family has remained the same, as even today taking care of the family is their first responsibility. It is very difficult for working women to give time to their professional work along with the responsibility of the house (**Sharma & Kaur, 2012**). A working woman had a lot of workloads they should manage housework and also office work. It is difficult to play a lot of responsibility at the same time so this is the big reason the working women face so many physical and psychological problems (**Maqbool et. al., 2014**). Carrying out multiple duties and responsibilities both at home and workplace overstrains for working women, and this is the reason for various types of psychological problems like role conflict, job strain, mental fatigue, anxiety, frustration, stress, anger and other social and emotional distress.

The World Health Organization (WHO) estimated that one in every eight individuals worldwide suffers from a mental disorder. Women's mental health is important for their health and family members. Mental health is important for every person. The world health organization defines "mental health as a state of well-being in which the individual realizes his or her own abilities, cope with the normal stresses of life, works productively, and is able to make a contribution to his or her community" (WHO 2007). Women are more likely than men to be adversely affected by mental disorders, the most common being anxiety and depressive disorders. In 2017, 197.3 million people had mental disorders in India, including 45.7 million with depression disorder. Mental health is very important for every person with a positive mind person handle day-to-day life problems. According to WHO "Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities and contribute to their family and community".

Methodology Statement of Problem

- To study the effect of work status and demographic Residency on the mental health of working and homemaker women.

Objective

- To study the effect of work status between working and homemaker women with regards to their mental health.
- To study the effect of the demographic area between urban and rural women with regard to their mental health.
- To study the interaction effect between women's work status and demographic residency of women with regards to their mental health.

Hypothesis

- There will be no significant difference between working and homemaker women with regard to their mental health.
- There will be no significant difference between urban and rural areas women with regard to their mental health.
- There will be no significant interaction effect between women's work status and demographic area of residence of women with regards to their mental health.

Sample

In the present study random sampling was used for the selection of participants. 160 subjects were selected among which 80 working women (40 Ss Urban and 40 Ss Rural) and 80 homemaker women (40 Ss Urban and 40 Ss Rural).

Variable

In the present study the nature of the variable was given in the following table:

S. No.	Nature of Variable	Name of Variable	Levels of Variable
1	Independent Variable	Work status	Working women Homemaker women
2	Independent Variable	Demographic Residency	Urban area Rural area
3	Dependent Variable	Mental Health	

Design

A 2x2 factorial design was applied in the present research. The first independent variable of the study is work status (A) varied at two levels i.e., Working women (A1) and homemaker women (A2). The second independent variable is demographic residency which is varied at two levels i.e. Urban and ruler.

Measuring Tools

Mental health inventory has been designed to measure the mental health of normal individuals and this Inventory was constructed by the Dr. Jagdish & Dr. A. K. Srivastava. The total numbers of items on this scale are 56. Higher score is the indicative of poor mental health. The reliability of the test was determined by the split-half method. A reliability coefficient overall is .73. The construct validity of the inventory is determined by finding the coefficient of correlation between scores on mental health inventory and general health. It was found to be .54.

Procedure for data collection

Initially, the participants were personally contacted and rapport was established with them. Thereafter the mental health inventory was distributed to the subjects individually. After that they were advised to read out the instructions carefully, which were given on front page, subjects were asked to give details of their bio-data and other essential information. The subjects were instructed to fill out the test. After all administration, the inventories were taken back from all subjects. Data were checked, and scoring was done with the help of the scoring key.

Result and Discussion

The aim of the present study was to find out the effect of work status and demographic residency on the mental of working and homemaker women. For this purpose, two independent variables were selected i.e., Work status and Demographic residency. A two-way analysis of variance has been applied for statistical treatment. The result of this study is summarized in summary of analysis of variance in table no.1.

Table No.1 Showing ANOVA Mental health score of work status and demographic area

Source of Variance	Ss	df	M.S.	F	P value
Work status (A)	138474.063	1	138474.063	337.4**	P<0.001
Demographic residency (B)	138.762	1	138.762	0.34	P>0.005
A*B	18684.005	1	18684.005	45.523**	P<0.001
Within group	64028.02	156	410.44		
Total	221324.85	159			

**denotes significant at 0.01 level of confidence

*denotes significance at 0.05 level of confidence

Table No.2 Shows the Mean score and SD value mental health score of work status(Factor ‘A’ Work Status).

Work Status (A)	N	Total	Mean	SD
Working Women (A1)	80	11231	140.39	10.65
Homemaker women (A2)	80	6524	81.55	3.19

Table No.3 Showing Mean score and SD value mental health score of Demographic residency (Factor ‘B’ Demographic Residency)

Demographic Residency (B)	N	Total	Mean	SD
Urban Area (B1)	80	8952	111.9	6.38
Rural Area (B2)	80	8803	110.03	4.61

The result obtained that work status were significantly affected on the mental health of working women and homemaker women (ANOVA Table No.1). Data reveals that the F value for the first independent variable (Factor ‘A’ Work Status) is 337.4 this value is significant at 0.001 level of confidence [F (159, 1)=138474.063; P< .001]. The Mean value of working women is 140.39 and the Mean value of homemaker women is 81.55 (Table No.2). Mean value also shows that working women suffer from mental health-related issues because the mean value of working women(140.39) is higher than the mean value (81.55) of homemaker women. Similarly, the SD value of working women (10.65) is higher than that of homemaker women (SD value of homemaker women, 3.19). (Jyothi,2016)working women play multiple roles and create so much stress due to workload that it affects their body image as well as mental health.

Table no.1 (ANOVA Summary Table) shows the F value for the Second independent variable is 0.34 (Factor ‘B’ demographic residency) this value is non-significant at 0.005 level of confidence [F = 138.762; P> 0.005]. The f value shows that demographic residency not affected women’s mental health because the ‘F’ value of second variable (factor B Demographic residency) is non-significant at 0.005 levels which means the null hypothesis is accepted. The Mean value of urban women is 111.9 and the Mean value of rural women is 110.03 (Table no. 3). There is a very minor difference between the Mean of urban and rural women which means demographic residency does not affect female mental health. The SD value of urban women is 6.38 and the SD value of rural women is 4.61 this value also shows that very minor difference.

Statistical data reveals that interaction effect between the factor 'A' and factor 'B' (ANOVA Summary Table No.1). The F value of the interaction effect is 45.523 this value is significant at 0.001 level of confidence [F (159, 1) = 18684.005; P < 0.001]. Data show that the Work status and Demographic residency is significantly affected female mental health which shows that the third hypothesis is rejected. (Machchhar, 2017) Working women have a lot of responsibility for their house works and professional work. It is a very big challenge to handle both situations at the same time so there is negative relationship between workload and the mental health of women. (Zhu et al, 2013) the mental health of rural women is also not better due to the lack of needed facilities and mental health is also related to a person's quality of life so bad mental health affects a person's life. Data also revealed that (18684.005; P < 0.001) work status and demographic residency significantly affect women's mental health.

Conclusion

The result can be summarized that the work status has a significant effect on women's mental health and demographic residency does not significantly affect women's mental health. The interaction effect between the work status and demographic residency are significantly effect mental health.

References

1. Chavda, M.H. (2018). Emotional maturity and mental health among working and non-working women. *International journal of research and analytical*. 5(1). **Pg. 234-513.**
2. Machchhar, D.I. (2017). Mental health and depression among working and non-working women. *International Journal of Indian psychology*. 4(3). **Pg. 2349-3429.**
3. Jyothi, A. (2016). A comparative study of mental health and depression among working and non-working women. *Indian journal of research*. 5(2). **Pg. 199-225.**
4. Zhu, C., Geng, Q., Yang, H., Chen, Li. Fux., Jiang, W. (2013). Quality of life in china rural-urban female migrant factory worker: A before and after study. *Health and quality of life outcomes*. 11(123). **Pg. 1-9.**
5. Maqbool, M., Shrivastava, N., Pandey, M. (2015). A comparative study of mental health of working women and housewives. *Indian journal of health and wellbeing*. 5(11). **Pg. 1398-1400.**
6. Sharma, N., Kaur, S. (2012). A descriptive study to assess the quality of life among non-working females residing in the selected village of Punjab. *Nursing and midwifery research journal*. 8(2). **Pg. 172-187.**

Website

1. <https://www.statista.com>
2. <https://nhm.gov.in>
3. <https://www.who.int>
4. <https://www.mentalhealth.gov>
5. <https://www.statista.com>
6. [researchgate.net/publication](https://www.researchgate.net/publication)