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Comparing the Mental Health Status of Working Women and Housewives: Considering Positive Self- Evaluation and Perception of Reality

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A B S T R A C T

For a woman worker, physical and mental health are crucial for her personal life as well as for the industry's production and the overall well-being of the community (Russo, 2011). According to emerging data (Ferguson, 2013), work-related stress negatively affects working women's mental health. Married working women's mental health was significantly influenced by their home and work environments. It was discovered that a positive work environment, positive attitudes among coworkers, and positive attitudes among husbands and in-laws at home were protective factors for general mental health. In their study, Kopp et al. found that social support from family members and job-related characteristics were significant determinants of mental health (Goldberg, 2016). Studying the mental health of housewives and working women is the goal of this undertaking. In total, 336 working women and stay-at-home mothers were taken into account in the study, distributed equally. An inventory of mental health was used to gather data. The t-test and descriptive statistics were used to assess the data. At the conclusion, results are provided.

Keywords: Mental Health, Working women and Housewives, Positive Self- Evaluation and Perception of Reality

Introduction

According to the Union Budget 2022, the overall workforce participation rate in India is 20.3%, of which 18.2% is in Urban India presently. In 2022, Women's employability is at 51.44 per cent for 2022, compared to 41.25 per cent in 2021. "Between 2010 and 2020, the number of working women in India dropped from 26% to 19%," World Bank data showed, and as the infections surged, a bad situation turned dire. More than 100 million jobs were also lost due to the coronavirus-linked lockdown. Since the pandemic, increased domestic duties, lack of childcare options after school shutdowns might have contributed to the decline further, the report pointed out. Gender roles have been culturally prescribed through the prehistoric cultures to the more civilized societies. In hunter-gatherer societies, women were generally the gatherers of plant foods, small animal foods, fish, and learned to use dairy products while men hunted meat from large animals. In more recent history, the gender roles of women have changed greatly. Traditionally, middle-class women are typically involved in domestic tasks emphasizing child care. For poorer women, economic necessity compels them to seek employment outside the home. The occupations that are available to them are; however, lower in pay than those available to men leading to exploitation. Gradually, there has been a change in the availability of employment to more respectable office jobs where more education is demanded. Thus, although, larger sections of women from all socioeconomic classes are employed outside the home; this neither relieves them from their domestic duties nor does this change their social position significantly. For centuries, the differences between men and women have been socially defined and distorted through a lens of sexism in which men assumed superiority over women and maintained it through domination. This has led to underestimating the role a woman plays in the dyad of human existence.

The working women are required to perform multiple conflicting roles at a time. Being simultaneously confronted with the multiple demands of home and outside, women have to face the problems of role conflicts. At home in addition to biological functions, there are other duties, which they have to perform because of the prevailing cultural norms and values .they are required at the same time to undertake responsibilities, duties and certain commitment connected with their employment. Difficulty arises because often divergent and conflicting roles make demands on the women without taking into consideration their physical capability, energy, endurance, and time, which are certainly finite. Dealing with family issues as well as work issues has resulted in women dealing with an increasing amount of stress. Physical and mental health is very important for a woman worker, not only for her personal life but also for the productivity of the industry and the general welfare of the community (Russo, 2011). There is growing evidence to substantiate that work-related stress is a causal factor in mental health of working women (Fergusson, 2013). Home and workplace atmosphere played a major role in deciding the mental health status of married working women. Conducive workplace atmosphere, favourable attitude of colleagues at workplace, and favourable attitudes of husbands/in-laws at home were found to be protective of overall mental health. Kopp et al. established in their study that job related factors and social support from family were important predictors of mental health (Goldberg, 2016). Women who were sharing their

own problems with their husbands had maintained good mental health. In addition, we found that some family/social issues like those women who experienced job-family conflict or did not participate in decision making process of family were at increased risk of developing poor mental health whereas spending time to attend social obligations and devoting some time for yoga/meditation/exercise had good mental health outcome. Chandola et al. observed that both work-to-family and family-to-work conflict affected the mental health of men and women in three different countries (Byrant andVeroff,2016). A woman's mental health and psychological wellbeing is deeply affected and influenced by her society and the roles she plays in her society. Whether it is the role of a daughter, a wife, a mother, a sister, a homemaker, a manager, a teacher, etc., all influence her quality of life. Women as a whole tend to be twice as likely as men to suffer from depression and anxiety, and not surprisingly, the problem is even more prevalent among working women. Not only do career-driven women report feeling like they have to work twice as hard as men to move up the corporate ladder, but they're also shouldering the majority of caregiving for their children. These burdens lead to increased levels of stress that translates to feeling overwhelmed, anxious, and/or depressed.

Related studies: Suji, P. (2020) conducted a study entitled "Intimate Partner Violence Causative Factors Self Esteem and Mental Health of Women" To carry out this study the researcher has used census method. The researcher has been able to gather different opinions of the respondents in the process of collection of the data. The study being highly sensitive as well as confidential, it has been quite difficult for the researcher to gather data from extended sample sizes. After having a brief discussion with the individuals about pre-determined topics such as factors responsible for violence among partners, different types of abuses women were subjected to, the self-esteem of the women, the status pertaining to the mental health of the women and the expectations of the relief measures women expect for the wellbeing of their future life, the researcher has adopted a survey method. The findings of the researcher has revealed that the ingredients that control the violence among partners are bad mouthing, excessive drinking of alcohol, torture of in laws, illicit relationships, dominant behavior and egoistic attitude. The demographic constraints such as Residential locality, respondents income slab, age at marriage, education level of partner, their occupation, age gap among partners, marriage duration, type of marriage were found to be having remarkable correlation with the frequency of abuse, partners mental health and their self-esteem. Nazan Savas (2011) explored the correlation between the disorders linked to the emotional health of the women with that of those who were the victims of the domestic abuse in the Turkey. The findings of the researcher projected an elevated rate of generality of disorders linked to emotional health of those women and also among those women who were subjected to domestic violence in Turkey. The finding of the researcher also revealed an elevated occurrence of disorders linked to the emotional health of the abused women and disorders such as anxiety and somatoform disorders were observed. NaimNur (2012) also divulged there to be a close link among IPV and the mental health across women in their reproductive ages. The researcher is also of the opinion that the ill effects on the mental health of the women can be observed for a long span of time due to the effects of IPV.

Objective of the paper

1.   To study mental health among working women and housewives

Hypothesis

1.   There will be significant difference in stress of working women and housewives

Methodology adopted

Population: Working and non-working women

Table 1 shows the sample under study

SAMPLING						
DISTRICT GHAZIPUR (UTTAR PARDESH)						
RESPONDENTS (SAMPLE)		**WORKING WOMEN**		**HOUSEWIVES**		
RURAL (84)	Government	42		**RURAL (84)**	Government	42	
	Private	42			Private	42	
URBAN (84)	Government	42		**URBAN (84)**	Government	42	
	Private	42			Private	42	
TOTAL		168		**TOTAL**		168	
TOTAL SAMPLE		**336**				

Approach and Method: Quantitative approach was followed in the study

Data collection tool: Mental health inventory: Mental health status of the working women and housewives will be assessed by using the mental health inventory developed by Jagdish and Srivastava (1983). It measures the mental health of the individual in six dimensions namely positive self-evaluation,

perception of reality, integration of personality, autonomy, and group oriented attitude and environmental mastery. This scale consists of 54 statements with four alternative answers like always, most of the times and never rated on four point scale.

Analysis done: Through Descriptive statistics and t-test.

Result and Interpretation

Table 2 shows the results of Positive Self- Evaluation

Positive Self-Evaluation(PSE)				
Level	Housewives	Percentage	Working women	Percentage
Very Good	0	0	8	4.761904762
Good	6	3.571428571	121	72.02380952
Average	25	14.88095238	26	15.47619048
Poor	91	54.16666667	13	7.738095238
Very Poor	46	27.38095238	0	0
	168	100	168	100

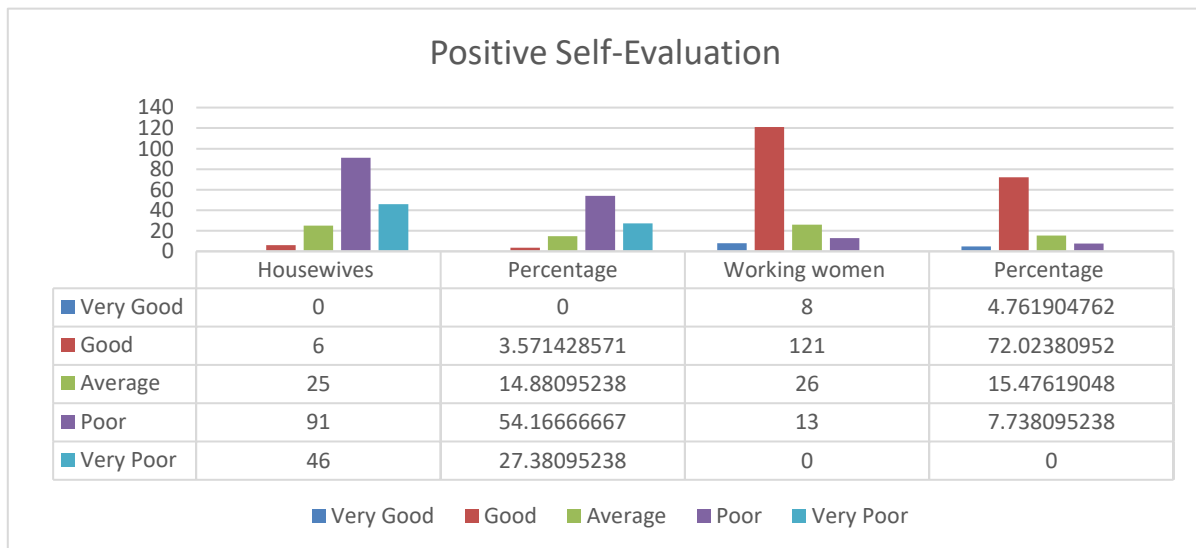|	Housewives	Percentage	Working women	Percentage
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Poor	91	54.16666667	13	7.738095238
Very Poor	46	27.38095238	0	0

Figure 1 shows the results of Positive Self- Evaluation

Interpretation: Above table and figure shows the results regarding positive self-evaluation (Mental Health) among the housewives and working women. It can be interpreted from the above table and figure that 46% of the housewives were found very poor in positive self-evaluation, 54.17% of the housewives were found poor and 7.73% of the working women were found poor in the same. Along with this only 14% of the housewives were reported average and 15.48% of the working women were reported average in the positive self-evaluation. Only 3.58% of the housewives were reported good in the positive self-evaluation, if we compare this data with the working women it was found that 72.02% of them are good. At last no housewives were very good in positive self-evaluation but 4.77% of the working women were reported very good in the positive self-evaluation. Overall it was found that majority of the housewives and the working women were found very poor in the positive self-evaluation. Again it was found that no housewives were very good in positive self-evaluation but 4.77% of the working women were reported very good in the positive self-evaluation.

Table 3 shows the results of Perception of reality

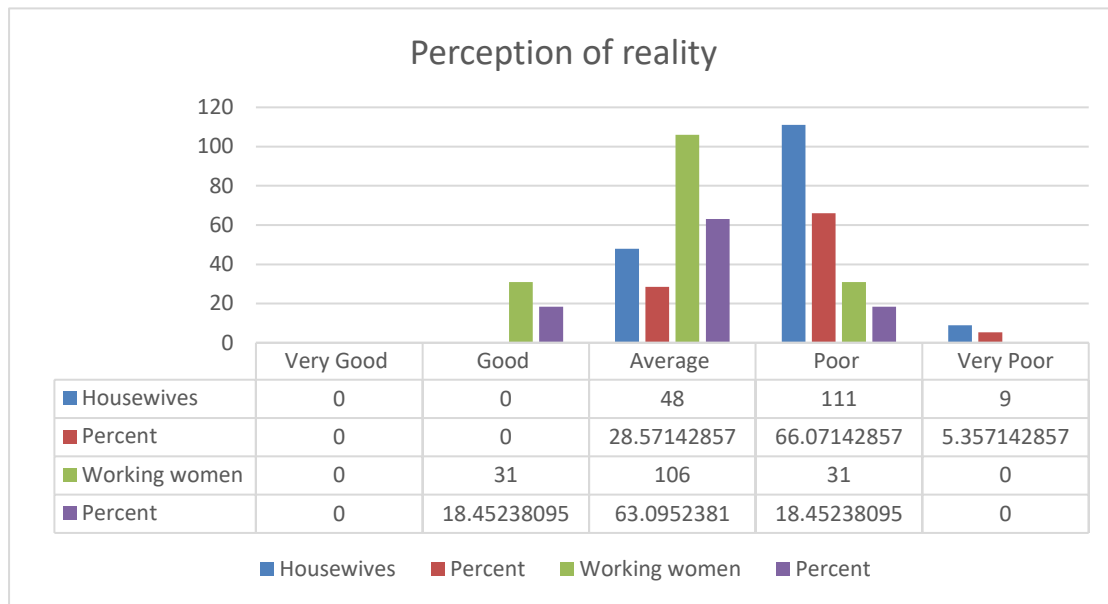| Perception of Reality				
Level	Housewives	Percent	Working women	Percent
Very Good	0	0	0	0
Good	0	0	31	18.45238095
Average	48	28.57142857	106	63.0952381
Poor	111	66.07142857	31	18.45238095
Very Poor	9	5.357142857	0	0
	168	100	168	100

Figure 2 shows the results of Perception of reality

Interpretation: Above table and figure shows the results regarding perception of reality (Mental Health) among the housewives and working women. It can be interpreted from the above table and figure that 5.35 % of the housewives were found very poor in perception of reality, 66.07% of the housewives were found poor and 18.45 % of the working women were found poor in the same. Along with this only 28.58 % of the housewives were reported average and 63.09% of the working women were reported average in the perception of reality. No housewives were reported good in the positive self-evaluation, if we compare this data with the working women it was found that 18.45% of them are good. At last no housewives as well as working women were reported very good in perception of reality. Overall it was found that majority of the housewives were reported poor in the perception of reality and majority of the working women were found average in the perception of reality. Again it was found that no housewives as well as working women were reported very good in perception of reality.

Compare the mean through t-test

The below tables are given for the comparison done between the mental health of the housewives and working women. Here again the comparison between housewives and working women based on the different dimensions and overall is done such as:

Comparison of mental health between housewives and the working women.

Group Statistics

	GROUP	N	Mean	Std. Deviation	Std. Error Mean
SCORES	1	168	159.9821	7.63107	.58875
	2	168	182.1726	11.87005	.91579

Interpretation: above table 4 shows the sample, mean SD and standard error mean of the housewives (score assigned 1) and working women (score assigned 2).

F	Sig	t	df	Sig (two-tailed)	Mean Difference	Std. Error Difference	95% confidence interval of the difference	
							Lower	Upper
31	.000	-20.382	384	.000	-22.19048	1.08872	-24.33208	-20.04887
		-20.382	284.902	.000	-22.19048	1.08872	-24.33343	-20.04753
				.000				

Interpretation: The above table 5 shows the t-value significance value, mean difference, standard error difference and confidence interval. As for as the t-value and level of significance is used for the interpretation of the results. It can be reflected here that sig. (two tailed) value is .000 and it is less than the .05 level of significance. It means that the hypothesis is rejected. Thus it can be revealed that there is a significant difference of mental health among the housewives and the working women of the district.

Findings

1. It can be reflected here that sig. (two tailed) value is .000 and it is less than the .05 level of significance. It means that the hypothesis is rejected. Thus it can be revealed that there is a significance difference of mental health among the housewives and the working women of the district.

2. It was found that majority of the housewives and the working women were found very poor in the positive self-evaluation. Again it was found that no housewives were very good in positive self-evaluation but 4.77% of the working women were reported very good in the positive self-evaluation. It can be reflected here that sig. (two tailed) value is .000 and it is less than the .05 level of significance. It means that the hypothesis is rejected. Thus it can be revealed that there is a significance difference of mental health with respect to positive self-evaluation among the housewives and the working women of the district

3. It was found that majority of the housewives were reported poor in the perception of reality and majority of the working women were found average in the perception of reality. Again it was found that no housewives as well as working women were reported very good in perception of reality. It can be reflected here that sig. (two tailed) value is .000 and it is less than the .05 level of significance. It means that the hypothesis is rejected. Thus it can be revealed that there is a significance difference of mental health with respect to Perception of reality among the housewives and the working women of the district.

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