

MENTAL HEALTH OF MARRIED WORKING WOMEN

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Research on women's roles has centered around two competing ideas. One idea refers to the role enhancement theory, which argues that employment provides psychological and social benefits to women, through increased contact and social interaction with other adults and increased sense of self esteem and mastery of a job or skill. On the other hand, the role strain theory proposes that because each person has limited time and energy, women with multiple roles often experience role conflict, which results in harmful effects on their mental and physical health. Women form one-half of the population and have always played a specific and crucial role, whether visible or not, in society and history. Unfortunately, however, women have not been treated equal with men. In middle age the socio-religious reformation movements were started by Ram Mohan Ray (1772-1833) as a protest against the barbaric custom of Sati and by Iswarchandra Vidyasagar (1820-91) along with Ranade, Phule, Vishnu Shastri, Dayananda Saraswari and others advocating the cause of widow remarriage. "Mental health describes a level of psychological well-being, or an absence of a mental disorder. From the perspective of 'positive psychology' or 'holism', mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. Mental health can also be defined as an expression of emotions, and as signifying a successful adaptation to a range of demands." The World Health Organization (2013) defines mental health as "a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". It was previously stated that there was no one "official" definition of mental health. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. Singh (2002) studied Mental Health Status of Working Middle-Aged Women : A Study of School Teachers of Varanasi City. This study relates to working women who are in their middle age of life. The objectives of the present work were to assess the mental health of working middle aged women; to find out the psychosocial stress in this age group; to know about the general physical problems of women; evaluate the reasons of family tension of these lady teachers; compare the mental health status of women who were in menopausal phase with those who were in post-menopausal phase; and to study whether being a woman these teachers are satisfied with their life or lead a so called —happy life. Joshi (1990) pointed out that family and work environment are the two factors that contribute to the enhancement of problems for employed women, and between the two, the non-job factors or family

related factors weigh more importantly for women. Sekaran (1992) revealed that as compared to their counterparts of the world, Indian working women face a lot of difficulties in managing their work and life. For most of the working women, instrumental support is in the form of hired domestic help or female members of extended families. Although hired domestic help in urban areas have been noted to be expensive and unreliable, they still continue to be major source of support for the growing number of nuclear families who live far from their relatives. Sandhu (2010) in his article titled, "Working Women in a Trap" published in 'The Tribune' pointed out that marriage and job bring in more problems for the women. While going to work there is the daily tension of driving safely on the killing roads. She has to work at office, fighting off unwanted male attention and leering, and compete with the male colleagues in a desperate effort to prove that she is doing an equally good, if not better job. On way back home, she buys groceries, then cooks food, cleans the house, helps the children with homework and makes the beds. At the end of the day, she might think: why is it so though being a woman? Ms. Hina Ahmed Hashmi , Ms. Maryam Khurshid and Dr. Ishtiaq Hassan (2006) found that working married women have to face more problems in their married life as compared to non-working married women. The results further show that highly educated working and non-working married women can perform well in their married life and they are free from depression as compared to educated working and non-working married women. Kausar (2003) studied the effect of personality traits and socio-economic status on marital adjustment in working women and found no difference between marital adjustment of working women of low, middle and high socio-economic background and attributed that personality trait could be the factor liable for the marital adjustment in working and non-working female rather being the socio-economic factor. Similar non-significant marital differences in working and non working women of Port Harcourt metropolis was reported by Nigeria- Tamunoimama Jamabo and Ordu (2012). Sahu and Rath (2003) studies self-efficacy and wellbeing in working and non-working women in urban areas and found positive correlation between self-efficacy and wellbeing and added that marriage employment and parenthood are associated with good mental and physical health. Rastogi and Kashyap (2001) reported better mental health of employed woman. Bharti and Mathur (2000), conducted a study to found out the impact of employment of women on different values. 65 females (35 working and 30 non-working) were administered the Value test of Ojha (1997). Significance of mean difference was tested by applying 't' test. Findings reveal that –

- There is no significant difference in various values of employed or unemployed women.
- Employed had no impact upon various values of women, suggesting that values being a personality traits do not interplay with situational variables.

I. OBJECTIVES

Main objectives of the present research were as under,

- To study and compare of mental health between women teachers and administrators.
- To study and compare of mental health between urban and rural working women.
- To study interaction effect between occupational status and area of residence of mental health.

Hypothesis:

Main hypothesis of the present research were as under,

- There will be no significant difference between women teachers and administrators with regards to mental health.
- There will be no significant difference between urban and rural working women with regards to mental health.
- There will be no significant interaction effect between occupational status and area of residence of married working women with regards to mental health.

Sample:

For the present research total 120 married working women were selected randomly from Ahmedabad city. Total sample was categorized such as 30 Urban Women Teachers, 30 rural Women Teachers, 30 Urban Women Administrators, and 30 rural Women Administrators

Variables:

In present research occupational status and area of residence of married working women were considered as independent variables and scores of mental health was taken as dependent variables.

Tools:

For the present research following tool was used for data collection,

Mental Health check list by Dr. Pramod kumar:

Mental Health check list by Dr. Pramod kumar was used for data collection. Mental health Check list consists of 11 items- 6 mental and 5 somatic, presented in a 4-point rating format e.g. 'rarely', 'at times', 'often' and 'always'. A numerical value of 1,2,3 and 4 is assigned to the 4- response categories, i.e. for 'rarely', 'often' and 'always', respectively. The total score varies from 11 to 44, showing the highest to the lowest (poorest) mental health status of the person.

Reliability:

The split-half reliability, correlating the odd-even items (applying the spearman-brown formula for daubing the

length) has been found to be 70 (N=30) with an index of reliability of .83 (garrett, 1961). The test –retest reliability of .81. The retest was given with a time interval of two weeks. The r-value of .70 and .64, reliability have been found to be significant at .01 level of confidence, showing that the test is reliable both in term of its internal consistency and stability of scores.

Validity

The face validity of the MHC appears to be fairly high as item were prepared by asking teachers of psychology to list all such symptoms which according to them showed poor mental health. The content validity was adequately assured as only those symptoms which showed 100 percent agreement among the judges regarding their relevance to study of mental health were selected.

Procedure:

After established the rapport with participants Mental health Inventory for working women were administered to each participants of the present research. All the instructions were strictly followed which have been given in the manual of each tools. Responses of each respondents of the research were scored by scoring key which have given in the manual of tool.

Statistical Analysis:

To analyzed the data two way analysis of variance (ANOVA) was used in order to study the main and interaction effect of two independent variables such as Occupational Status and area of residence of women. Null Hypotheses were tested at 0.01 and 0.05 level of significant.

II. RESULT AND DISCUSSION

Table: 1

Showing Results of ANOVA on Mental health of Various Groups

Source of Variation	Sum of Square	df	Mean sum of Square	F	Level of Sig.
Ass	11.408	1	11.408	1.87	NS
Bss	279.074	1	279.074	45.82	0.1
A-Bss	7.009	1	7.009	1.15	NS
Error	707.301	116	6.09		
Tss	1004.792	116			

Table: 2

Showing Means Scores of Mental health of Variable-A (Occupational status)

	A1 (Women Teachers)	A2 (Women Administrators)
Mean	11.65	12.26
N	60	60

F ratio for Mental Health on Occupational status (Ass) is 1.87 which is not significant. It means women teachers is not significantly differ on Mental Health as compared to women administrators. Table 2. Shows the mean scores of women

teachers is 11.65 and mean scores of women administrators is 12.26 on mental health. It is clearly said that significant difference is not exist between women teachers and women administrators on Mental Health.

Table: 3

Showing Means Scores of Mental health of Variable-B (Area of residence)

	B1 (Urban)	B2 (Rural)
Mean	13.48	10.43
N	60	60

F ratio for Mental Health on Area of residence (Bss) is 45.82 which is significant at .01 level. It means urban women is significantly differ on Mental Health as compared to rural women. Table 3 shows the mean scores of urban women is 13.48 and mean scores of rural women is 10.43 on Mental health. It is clearly said that significant difference is exist between urban and rural women on Mental Health. Urban women have better Mental Health than rural women.

Table: 4

Showing Means Scores of Mental health of Variable - A x B (Occupational status x Area of residence)

		A1 (Women Teachers)	A2 (Women Administrators)
B1 (Urban)	Means	24	20.96
	N	30	30
B2 (Rural)	Means	20.26	21.4
	N	30	30

F ratio for Mental Health on Occupational status and Area of residence (A x Bss) is 1.15 which is not significant. It means significant interaction effect is not exists between Occupational status and Area of residence on mental health. Table 4 shows the mean scores of urban women teachers is 24, rural women teachers is 20.26, urban women administrators is 20.96 and rural women administrator is 21.4 on Mental Health. It is clearly said that significant difference is not exist between Occupational status and area of residence of women on Mental Health.

III. CONCLUSIONS

1. Significant difference is not exists between women teachers and women administrators on Mental Health.
2. Urban women have better Mental Health than rural women.
3. Significant difference is not exists between Occupational status and area of residence of women on Mental Health.

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