

DEPRESSION AMONG WORKING AND HOME MAKING WOMEN

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Abstract: The present study aimed to assess the level of depression among working and home making women. It was hypothesized that working women have significantly higher level of depression than home making women. In order to verify the hypothesis a sample of 120 working and non- working women were collected which consisted 60 working women and 60 non-working women. The depression inventory developed by Bech's. (1998) was used for the purpose of data collection. The collected data were subjected to 't' analyses and the major findings of the study revealed that the non-working women are significantly more depressed compared to working women.

Key Words: Depression, Working women, Non-working women.

INTRODUCTION

The term woman is usually reserved for an adult, with the term girl being the usual term for a female child or adolescent. Womanhood is the period in a female's life after her transition from childhood to adolescence, generally after crossing the age of 18 years. But the motherhood determines as a manifestation of human form the cosmic wonder of creation. The role of women in the society is constantly questioned and for centuries. Women have struggled to find their place in a world that is predominantly male oriented. Literature provides a porthole into the lives, thoughts and actions of women during certain periods of time in a fictitious form, yet often truthful in many ways. Woman has a great part to play in the progress of our country, as the mental and physical contact of women with life is much more lasting and comprehensive than that of men (Bernard, J., 1971).

Now a day's most of mothers are working outside the house to support the family financially. They are expanding their lives to include a career; they must also maintain their traditional roles at home. This combination of housework and career-work is the reason why working mothers today have more stress than working fathers (Hoffman, L.W. 1986).

Mothers may work in an office from nine to five or whatever may be, but their work does not end at the office. After working an eight-hour or more a day, a mother will come home to take care of her children, husband, and house. Women remain the primary caretaker and housekeeper of a family, and are also the primary caregiver for the elderly at home. All of this makes for a very demanding schedule. (Rapaport and Rapaport, 1972).

Anxiety and stress is increasing among women on a day and especially more among working mother's day by day. An increasing number of women are faced with the task of juggling the roles of mother-wife-employee. Working mother experienced high level of stress as compared to un-employed moms (Arieti. S., 1974). Work-family spill over' may also occur due to having juggle multiple roles, and may result when the pressures from work have an effect on one's attitude and behaviour within the family.

The working mothers had better mental health and reported less depression than the only home making mothers. The most frequently reported source of stress for working mothers was not having enough time to do everything, whereas for only home making mothers lack of social life which will be the stressor for them (Beck, Ward, Mendelson, and et.al (1961).

On the other part, depression is one of the most prevalent psychological disorders caused by several factors, including interpersonal relationships between individuals and the reactions and emotions of each individual expressed directly and discreetly to each other. An overwhelming 91% of working moms suffered some symptoms of depression (Mittelmark, 2009).

There are so many benefits of working mothers that it seems to be a mistake to be a stay at home mom. But every woman must weigh her own pros and cons of getting a job outside the home. The factors such as financial situation, children's age, work availability, partner support, work passion and health all play a role in the decision to be working mom or stay-at-home moth (Kessler, and Mac Rae, 1982). Many simply feel that being a homemaker fails to utilize the full range of their capabilities. Working moms feel like they're using all their gifts, talents, and abilities in a more useful capacity than stay at home moms. Intellectual stimulation, problem solving, and handling challenges increase feelings of self-esteem and self-confidence. Working moms have their own income, which offers independence, freedom, and security. Moms with careers can make their own decisions about money and purchases; they know how their money is spent. There's a sense of satisfaction in being a working mom, as well as the economic ability to take care of them if the marriage or husband's health fails. Furthermore the employment has positive or neutral effects on women's health. Comparing working mothers with home making mothers on measures of mental health, self-esteem, and mother role satisfaction have positive effects (Field, S. (1964)). The working mothers had better mental health and reported less depression than the home makers. The most frequently reported source of stress for working mothers was not having enough time to do task related to their personal life, whereas for non-working mothers lack of social life was a major stressor (Anderson, 2009).

According to Beck (2006) depression is because of faulty or maladaptive cognitive processes. The physical and emotional symptoms are a consequence of the thinking patterns that Beck assumes to be the contributor of the disorder. Beck suggests that depressed people have unrealistically negative ways of thinking about themselves, their future and their experiences. He suggests that the inner life of depressed people is dominated by a set of assumptions that shape conscious cognitions.

Working moms have been found to promote more independence in their children. A working mom is not able to solve every problem or issue due to their absence, so their children tend to become more autonomous and better problem solvers. Encouraging this independence has been found to have a more negative impact on boys than girls. For boys, this independence tends to increase the influence of their peer groups. In girls it has a more positive effect because traditionally girls are given less encouragement to be independent. It is also found that working moms spend less time with their preschoolers than nonworking moms. Conversely, research has also found that the quality of time spent can sometimes be higher with working moms since they feel they need to compensate for the missed hours during the day, even though the activities chosen by working moms for their children were found to be less educational (Hoffman, 1986).

Surprisingly, however, the opposite turns out to be the case. Studies show that working women have lower blood pressure, lower cholesterol levels, and lower weight -- health benefits that prove long-lasting. A longitudinal survey conducted over 28 years found that by age 54, women who combine multiple roles as employees, parents, and partners were significantly less likely to report ill health than women whose lives did not include all three roles. Homemakers were the most likely to say that their health was poor.

Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. Today, depression is estimated to affect 350 million people. The World Mental Health Survey conducted in 17 countries found that on average about 1 in 20 people reported having an episode of depression in the previous year. Depressive disorders often start at a young age; they reduce people's functioning and often are recurring. For these reasons, depression is the leading cause of disability worldwide in terms of total years lost due to disability. The demand for curbing depression and other mental health conditions is on the rise globally. A recent World Health Assembly called on the World Health Organization and its member states to take action in this direction (WHO, 2012).

Depression is one of the many psychological problems that have plagued mankind throughout recorded history. It has long been considered to be the leading mental health problem with high economic and emotional costs. It has been implicated as a precipitating factor in the most suicides. In the twentieth century, depression has become so widespread that it has been called "the common cold of mental illness" (Miller & Seligman, 1973).

MEANING OF DEPRESSION

Depression is a serious mental illness with a wide variety of mood variations of melancholy, sadness, disappointment and despair. It is a combination of emotional, cognitive and behavioural symptoms. Broadly speaking, a person faces an uncomprehending situation either courageously or succumbs to emotions that would precipitate into various types of depressive illnesses. According to Secunda et al. (1973) "depression may constitute the most prevalent form of psychopathology". Woodruff et al. (1974) summarized cross-cultural data that suggests at least five percent of men and nine percent of women will suffer from clinically significant episodes of primary depression. Primary depression is depression in persons with no previous psychiatric history other than affective disorder. Depressive mood also occurs throughout the entire spectrum of psychopathology and especially associated with anxiety neurosis, hypochondria, a number of organic brain syndromes, marital adjustment (Cdeman & Millar, 1975) and possibly alcoholisms. A survey by the National Institute of Mental Health (NIMH, 1973) found that 17.5 percent of 4, 45,115 people receiving psychological treatment had been diagnosed as suffering from some type of depression.

LITERATURE REVIEW

Hashim, Kurashid and Hassan, (2007) conducted a research aimed at exploring the relationship between marital adjustment, stress and depression. Sample of the study consisted of 150 non-working and working married women. Their age ranged lie between 18 to 50 years. Dyadic Adjustment Scale (2000), Stress Scale (1991) and Beck Depression Inventory (1996) were used. Results illustrated significant high relationship between marital adjustment, stress and depression. The findings of the investigation also showed that working married women have to face more problems in their married life as compared to non-working married women. The results further indicated 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 non-working and less educated working married women. Women are playing a vital role in the economic and social development of the nations all over the world. On the basis of above findings of different researches, the significance of the current study is evident in Pakistan where women make almost 52% of the population.

Soomro, Riaz, Naveed and Somro, (2012) conducted a research to compare the level of depression of the non-working women and the working women. This research hypothesized that there is a significant difference in the level of depression of the non -working women and working women of Bilal Colony Karachi. The purposive sampling procedure was used for data collection. The results indicate the houses hold average income of the non -working women was more as compared to working women but the level of depression was much more in the non- working women. The non- working women were found to have higher number of children as compared to working women. Having more average number of children was one of the factors of depressions among non- working women because they have the burden of handling babies. The working women were found to have a supporting hand for this. The non- working women were less educated as compared to working women, which was another cause for being depressed because education gives better understanding of life and vision. Similarly Dudhatra and Jogsan's (2012) objective of his research was to find out the mean difference between non-working and working women in mental health and depression. The total sample consisted of 80 women. Results showed significant difference in mental health and depression with respect to both non-working women and working on mental health and depression.

Dudhatra, and Jogsan, (2012) the main purpose of this research was to find out the mean difference between working and non-working women in mental health and depression. The total sample consisted 80 women were taken and found the significant difference in mental health and depression with respect to both working and non-working women on mental health and depression. While the correlation between mental health and depression reveals high positive correlation.

Harasankar and Adhikari, (2012) done a study to find out the differences in degree of felt depression and anxiety of both working and non-working mothers. A total of 60 mothers (30 working mothers, 30 nonworking mothers) were studied. The result showed that there were significant differences in degree of depression and anxiety among working and non-working mothers' group and non-working mothers where more depressed. **Gurudatt, (2014)** a comparative analyses on susceptibility of postpartum depression in working women and non-working women. The researcher found that non-working women are more depressed after delivery compared to working women.

Reeta Kumari, (2014) the present study is aimed at exploring the relation between marital adjustment, stress, and depression. Sample of the study consisted of 240 working and non-working women (working married women=120, non -working married women=120) between the age group of 20 to 50. Dyadic Adjustment Scale (2000), Beck Depression scale (1996) and Stress Scale were used. The findings of the result revealed that working married women have more problems in their married life as compared to non- working married women can perform well in their married life and they free from depression as compared to educated working women and non –working married women.

Dolly, (2012) the primary purpose of this descriptive study was to examine depression in the groups of working and non-working middle-aged women in Pala Municipality and different Panchayats in the Kottayam district of Kerala. Using convenience sampling of 200 (100 middle aged working women from small scale factories and 100 middle aged non-working women from Kudumbashree). Results indicated highly significant relationship between marital relationship, depression and family support involved with working and non-working middle-aged women. Also this study assesses the depression experienced by these working and non-working middle-aged women and examines the coping strategies used by them. The working middle aged women had better mental health and reported less depression than the non-working middle aged women. The findings of these results show that non -working married women have to face more problems in their married life as compared to working married women. The results further show that highly educated working women can perform well in their married life and they are comparatively free from depression as compared to non-working married women.

Fatima, and Parvez, (2016) did a study to explore the level of depression among working and non- working women. Sample of the study consisted of 28 working and 32 non-working married women who were recruited through purposive sampling technique. The working women were various post holders in different private and government organizations. Non-working women were only housewives/house makers. Beck Depression Inventory (BDI) was used to assess the level of their depression. The result showed that non -working women have more depression tendencies as compared to their working women counterparts.

RESEARCH METHOD

Problem: Problem of the present study is to study the depression among working and non -working women.

Objectives: To the study depression level among working and non- working women.

Hypothesis: Non-working women have significantly higher level of depression compared to working women.

Sample: The sample of the present study consist total 120 working (n=60) and non- working women (n=60) of Dharwad district, Karnataka state.

Psychological test used:

1. Beck's Major depression Inventory: In this scale there are 6 response categories such as all the time, most of the time, slightly more than half the time, slightly less than half the time, some of the time, at no time. A scoring method of 5, 4, 3, 2, 1, 0 was followed for the above responses. As a severity measure, the MDI score ranges from 0-50, since each of the 10 items can be scored from 0 (at no time) to 5 (all the time). **Norms**

Range of Scores	Interpretation
20-24	Mild depression
25-29	Moderate depression score
30 or more.	Severe depression score

Statistical Analysis:

Independent sample 't' test was done to find the difference between the two groups

RESULTS ANALYSIS AND DISCUSSION

Table No 1: The mean and standard deviation scores 't' values of working and non- working women on depression.

Variables	Working women		Non- working women		't' value
	Mean	SD	Mean	SD	
Depression	46.78	8.33	53.32	10.58	3.79***

*** =Significant < 0.001 level.

The above table depicts the result of working and non-working women on depression. In depression variable, working women have scored higher (Mean=46.78, SD=8.13) compared to non- working women (Mean=53.32, SD=10.58). The obtained 't' value is 3.79 which shows that there is significance difference between the two groups. The result reveals that non-working women are significantly more depressed compared to working women.

CONCLUSION

The non-working women have significantly higher level of depression than working women. The monotonous life style is the cause for bored life among non-working women. The routine life style among non-working women does not provide any chance for them to expose their talent or extra abilities. The lack of social life is the main cause for depression among non-working women. They spend maximum time by doing house work and not using their intellectual ability to do some productive for which they get social appreciation. The financial dependency will be high among non-working women and this pushes them to depression.

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