

DEPRESSION, ANXIETY AND STRESS AMONG MARRIED WOMEN IN PULIYAMPATTI PANCHAYAT

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Abstract: 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. More and more women prefer to be engaged in some kind of employment, so that they can contribute financially to their family. Thus, carrying out duties and responsibilities both at home and work place overstrains a married working woman, thereby leading to various psychological problems like role conflict, job strain, mental fatigue, stress, anxiety, frustration, depression, anger, phobias, and other social and emotional distress. All of these problems can interactively affect the mental well-being of working women and more so in married working women. Studies have shown that working women have poor mental health and higher level of depression compared to nonworking women. The purpose of this study is to find out the causative factors of depression, anxiety and stress among married women and to analyze the effects of depressive behavior of the respondents (married women) on their families.

Key Words: Depression, Anxiety, Stress, Mental Disorder, Marital dissatisfaction, Domestic Violence

I. INTRODUCTION

The Woman performs the role of wife, partner, organizer, administrator, director, re-creator, disburser, economist, mother, teacher, health officer, artist and queen in the family at the same time. Apart from it, woman plays a key role in the socio-economic development of the society. Woman is man's helpmate, partner and comrade. She sacrifices her personal pleasure and ambitions, sets standard of morality, relieves stress and strain, tension of husband, and maintains peace and order in the household. Thereby she creates necessary environment for her male partner to think more about the economic upliftment of family. She is the source of inspiration to man for high endeavor and worth achievements in life.

A well-ordered disciplined household is essential to normal family life. The woman in the family assumes this function. She is the chief executive of an enterprise. She assigns duties among family members according to their interest and abilities and provides resources in-term of equipment and materials to accomplish the job.

Woman acts as the humble manager of the family income. It is her responsibility to secure maximum return from every pie spent. She always prefers to prepare a surplus budget instead of a deficit budget. The whole burden of child bearing and greater part of child rearing task are carried out by the woman in the family. She is primarily responsible for the child's habit of self-control, orderliness, industriousness, theft or honesty. Her contacts with the child during the most formative period of his development sets up his behavior pattern. She is thus responsible for the maintenance of utmost discipline in the family.

Depression, Anxiety and Stress among Married 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. More and more women prefer 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. Thus carrying out duties and responsibilities both at home and workplace overstrains a married working woman, thereby leading to various psychological problems like role conflict, job strain, mental fatigue, stress, anxiety, frustration, depression, anger, phobias, and other social and emotional distress. All of these problems can interactively affect the mental well-being of working women and more so in married working women. Studies have shown that working women have poor mental health and higher level of depression compared to nonworking women.

Depression: An act of depressing or a state of being depressed: such as

- 1) A state of feeling sad
- 2) a mood disorder marked especially by sadness, inactivity, difficulty in thinking and concentration, a significant increase or decrease in appetite and time spent sleeping, feelings of dejection and hopelessness, and sometimes suicidal tendencies.

Anxiety: An abnormal and overwhelming sense of apprehension and fear often marked by physical signs (such as tension, sweating, and increased pulse rate), by doubt concerning the reality and nature of the threat, and by self-doubt about one's capacity to cope with it.

Stress: A force exerted when one body or body part presses on, pulls on, pushes against, or tends to compress or twist another body or body part especially, the intensity of this mutual force commonly expressed in pounds per square inch.

II. REVIEW OF LITERATURE

Anna L Damone, Anju Joham, Deborah Loxton, Arul Earnest, Helena J Teede and Lisa J Moran (August 2018), performed a study on Depression, anxiety and perceived stress in women with and without PCOS: a community-based study. Aimed to assess depression, anxiety and perceived stress in women with and without PCOS in a large community-based sample and investigate the role of stress in contributing to and mediating the relationship between PCOS, depression and anxiety. A cross-sectional analysis was performed from the Australian Longitudinal Study of Women's Health (ALWSH) comparing women with ($n = 478$) or without ($n = 8134$) a self-reported diagnosis of PCOS. Main outcome measures were depression, anxiety and perceived stress measured using validated scales. The χ^2 and t tests were used to assess differences between groups. Invariable and multivariable regressions were performed to determine factors contributing to each outcome.

Women reporting PCOS, compared with women not reporting PCOS, reported higher prevalence of depression (27.3% v. 18.8%), anxiety symptoms (50% v. 39.2%) and greater score for perceived stress (1.01 ± 0.03 v. 0.88 ± 0.01). After adjusting for body mass index, infertility and socio-demographic factors, women with PCOS were still more likely to be depressed, anxious and to have a higher level of perceived stress. There was a high-level mediation effect of stress between PCOS and both depression and anxiety. Compared with women not reporting PCOS, women reporting PCOS have increased depression, anxiety and perceived stress. Stress may play a role in the association between PCOS, depression and anxiety.

Mrs. Hina Ahmed Hashmi, Dr. Maryam Khurshid and Dr. Ishtiaq Hassan (2006), performed a study on Marital Adjustment, Stress and Depression among Working and Non-Working Married Women. The main objective of this study was to exploring the relationship between marital adjustment, stress and depression. To examine the stress and depression faced by working and non-working married women. Sample of the study consisted of 150 working and non-working married women (working women=75, non-working women=75) was taken for this research from Multan, Islamabad and Bawalpur.

Their age ranged between 18 to 50 years. Urdu Translation of Dyadic Adjustment Scale (2000), Beck Depression Inventory (1996) and Stress Scale (1991) were used. BDI and MDA (Marital Adjustment) for total sample have also been calculated to see the relationships between the measures of study. The findings of this research indicate that educated working women have to face more depression than those working women who are highly educated. But results further indicate that both have marital adjustment problems in their married life.

Rema M.K. Parneet Kaur, August (2020), performed a study on Depression, Anxiety, Stress and Marital Adjustment among Women. The present study was undertaken with the following objectives, to assess stress, anxiety, depression and marital adjustment among women. To identify the relationship among depression, stress, anxiety and marital adjustment. Null hypothesis H_0 = There will be no significant relationship among stress, anxiety, depression and marital adjustment.4 Journal of International Women's Studies Vol. 21, No. 5 August 2020. Alternate hypothesis H_1 : There will be a significant relationship among stress, anxiety, depression and marital adjustment. The present research studied the vast population of married women in India.

This study involves checking depression, anxiety, stress and adjustment level of married women. Researchers decided to study the representative sample selected randomly. The sample size of approximately 80 married Indian women (40 working and 40 non-working) were considered for this research study. The Revised Dyadic Adjustment Scale, or RDAS and Depression Anxiety Stress Scales (DASS) were used to assess the variables. The following statistical tools were used for analyzing the data procured from the respondents selected for the study. Descriptive statistics used to compute Mean and SD of the depression, anxiety, stress and marital adjustment. Pearson's product moment correlation was done to test the hypothesis. The findings of this study - There is no significant correlation between given variables.

The alternative hypothesis is accepted. There was correlation found among stress, anxiety depression and marital adjustment issues

Umi Aazlin S, Marhani M, Salina AA, Ruzanna ZamZam, Rosdinom Razali, Rozhan Sharif MR, Azrul Rozaiman A (2011), performed a study on prevalence of psychological distress and depressive disorders among married working women in Malaysia. The main objective of this two-phase study examined the prevalence of depressive disorders among married working women in a sub-urban area in Malaysia. The Malay version of the General Health Questionnaire-12 (GHQ-12) was used for initial screening. Using multistage cluster sampling, there were 700 subjects from 25 workplaces that were approached, of which 307 filled out GHQ-12 in the initial place.

In the second phase, all 49 consenting patients who were screened positive for severe psychological distress (GHQ 3/4 cut off point) were telephone-interviewed by a trained psychiatrist with the Malay version of Mini International Neuropsychiatric Interview (M.I.N.I) to diagnose depressive disorders. The prevalence of depressive disorders is comparable to those found in the working population worldwide. This is a two-phase cross-sectional study of working women in Bandar Baru Bangi, a suburban area near Kuala Lumpur, conducted from October to December 2007. Validity and reliability of GHQ-12 had been studied in a Malaysian population showing a high degree of internal consistency for each of the 12 items with Cronbach's alpha value of 0.37-0.79, while total scores were 0.79. This study provides preliminary data on the magnitude of problems related to psychological wellbeing of working women who are combining work and family.

Psychological distress is highly prevalent (22.8%) among working women, and among them they were a concerning data on those reaching clinical depression (5.5%) but under diagnosed and not treated. The younger age group of below 30 years old is significantly having higher prevalence of psychological distress and depressive disorders.

STATEMENT OF THE PROBLEM:

- Depression, Anxiety and stress have been documented as a major mental disorder globally evinced by its fourth position among other diseases. A number of married women face stresses due to over burden of responsibilities both at work and home.
- Numerous women are also particularly susceptible to postpartum depression after the birth of a baby due to the added responsibility of a new life. Married women are reported to be more depressed usually because of her multiple roles as a mother, as a wife, as a daughter-in-law etc and its associated responsibilities.
- Marital dissatisfaction, family size, occupation, domestic violence, education, cultural setups etc were also reported to be the contributing factors causing depression, anxiety and stress among married women.
- The purpose of this study is to find out the causative factors of depression, anxiety and stress among married women and to analyze the effects of depressive behavior of the respondents (married women) on their families.

RESEARCH GAP:

Mrs. Hina Ahmed Hashmi, Dr. Maryam Khurshid and Dr. Ishtiaq Hassan (2006), performed a study on Marital Adjustment, Stress and Depression among Working and Non-Working Married Women.

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IMPORTANCE OF THE STUDY

This research study would be useful to know about Depression, Anxiety and Stress among married working and non-working women in Puliampatti Panchayat. And also provide them with suitable social work interventions.

NEED OF THE STUDY The need of research is to gather knowledge about the causes, symptoms and risk factors about depression, anxiety and stress and psychological problems faced by married working and non-working women.

III. METHODOLOGY**Aim:**

The aim of this present study was conducted to assess the depression, anxiety and stress among married working and non-working women.

Objectives:

- To understand the Socio Demographic background of married women.
- To find out the causative factors of depression, anxiety and stress among married working and non-working women.
- To analyze the effects of depression anxiety and stress, among married working and non-working women.
- To measure the depression, anxiety and stress level of the married working and non-working women.
- To find out the differences of depression, Anxiety and stress level between working and non-working women.
- To provide suitable suggestions based on the findings of the study.

Hypothesis:

- There is a significant difference between level of depression, anxiety and stress and married working and non-working women.
- There is a significant difference between age of the respondents and level of depression, anxiety and stress among married working and non-working women

Research Design:

In this study the researcher used to conduct this study is descriptive design. Descriptive research involves collecting data in order to answer question concerning the current status of the subject study. It is concerned with conditions or relationships that exist, opinions that are held, processes that are going on, effects that are evident or trends that are developing. The researcher has planned to use Descriptive Research Design because this study describes the depression, anxiety and stress among married women in puliyampatti panchayat.

Universe:

Universe consists of the married women living in Meenampalayam, Periyalumarapalayam and Kanuvkkarai villages in Puliampatti Panchayat. The total population of this study includes 60 married women. i.e. 30 working women and 30 non-working women in puliyampatti panchayat.

Sample size:

The samples of 20 respondents were selected from each area of the village (Meenanpalayam, Periyakumarapalayam and kanuvkkarai) in puliyampatti panchayat. Totally 60 married women were selected for sample size

Sampling:

The researcher uses convenience sampling a form of non-probability sampling. The researcher chooses to sample 60(30=working women and 30=non-working women) in three villages (Meenanpalayam, Periyakumarapalayam and kanuvkkarai) of puliyampatti panchayat.

Tools of Data collection:

The researcher has planned to use a Questionnaire as a tool for data collection which includes

- ❖ Schedule to measure socio demographic profile
- ❖ Depression, Anxiety and Stress Scale (DASS-21)(Lovibond, S.H. (March 1995)).

Socio-Demographic Details and Depression, Anxiety and Stress Scale (DASS-21). Depression, Anxiety and Stress Scale (DASS-21) is a classic stress assessment instrument. The tool, while originally developed in 1995, remains a popular choice for helping us understand how different situations affect our feelings and our mental health. The questions in this scale ask about ones feelings and thoughts during the last week. Individual scores on the DASS can range from 0 to 21 with higher scores indicating higher level of Depression, Anxiety and Stress.

Depression scoring

- ❖ Scores ranging from 0-4 would be considered as normal level of depression
- ❖ Scores ranging from 5-6 would be considered as mild level of depression

- ❖ Scores ranging from 7-10 would be considered as moderate level of depression
- ❖ Scores ranging from 11-13 would be considered as severe level of depression
- ❖ Scores ranging from 14+ would be considered as extremely severe level of depression

Anxiety scoring

- ❖ Scores ranging from 0-3 would be considered as normal level of anxiety
- ❖ Scores ranging from 4-5 would be considered as mild level of anxiety
- ❖ Scores ranging from 6-7 would be considered as moderate level of anxiety
- ❖ Scores ranging from 8-9 would be considered as severe level of anxiety
- ❖ Scores ranging from 10+ would be considered as extremely severe level of anxiety

Stress scoring

- ❖ Scores ranging from 0-7 would be considered as normal level of stress
- ❖ Scores ranging from 8-9 would be considered as mild level of stress
- ❖ Scores ranging from 10-12 would be considered as moderate level of stress
- ❖ Scores ranging from 13-16 would be considered as severe level of stress
- ❖ Scores ranging from 17+ would be considered as extremely severe level of stress

IV. ANALYSIS AND INTERPRETATION**1. Age of the Respondents:**

The following table describes the age group of the respondents.

**TABLE:1
DISTRIBUTION OF THE RESPONDENTS BASED ON THEIR AGE**

S.NO	Age(in years)	No.of Respondents (n=60)	Percentage (%)
1.	25 – 35years	13	21.7
2.	36 – 45years	10	16.7
3.	46 – 55years	20	33.3
4.	Above – 56years	17	28.3
TOTAL		60	100.0

INTERPRETATION

The above table indicates that (33.3%) of the respondents are in the age group between 46-55years, (28.3%) of the respondents are in the age group between Above-56years, (21.7%) of the respondents are in the age group between 25-35years and (16.7%) of the respondents are in the group between 36-45years.

It is concluded that majority of respondents (33.3%) belong to the age group of 46-55years.

2.The Religion of the Respondents:

The following table describes the Religion of the Respondents.

**TABLE: 2
DISTRIBUTION OF RESPONDENTS BASED ON RELIGION**

S.NO	Religion	No.of Respondents (n=60)	Percentage (%)
1.	Hindu	60	100.0
Total		60	100.0

INTERPRETATION:

The above table indicates that (100%) of the respondents are only Hindu.

It is concluded that (100%) of Respondents are Hindu.

3.Educational Qualifications of the Respondents:

The following table describes the Educational Qualification of the Respondents.

**TABLE: 3
DISTRIBUTION OF THE RESPONDENTS BASED ON THEIR EDUCATIONAL QUALIFICATION**

S.NO	Educational Qualification	No.of Respondents (n=60)	Percentage (%)
1.	Illiterate	26	43.3
2.	Completed 5 th	10	16.7
3.	Completed 8 th	12	20.0
4.	Completed 10 th	04	6.7
5.	UG	08	13.3
Total		60	100.0

INTERPRETATION:

The above table shows that (43.3%) of the respondents are illiterate, (20.0%) of the respondents are completed upto 8th standard, (16.7%) of the respondents are completed upto 5th standard, (13.3%) of the respondents are completed upto UG and (6.7%) of the respondents are completed upto 10th standard.

It is concluded that majority of respondents (43.3%) are illiterate.

4.Job of the Respondents:

The following table describes the job of the respondents.

**TABLE: 4
DISTRIBUTION OF THE RESPONDENTS BASED ON THEIR JOB**

S.NO	Job	No.of Participants (n=60)	Percentage (%)
1.	Working women	41	68.3
2.	Non-working women	19	31.7
Total		60	100.0

INTERPRETATION:

The above table indicates that (68.3%) of the respondents are working women and (31.7%) of the respondents are Non-working women.

It concluded that majority of respondents (68.3%) are working women.

5.Types of living of the Respondents

The following table describes the types of living of the respondents.

**TABLE:5
DISTRIBUTION OF THE RESPONDENTS BASED ON THEIR TYPES OF LIVING:**

S.NO	Types of living	No.of Participants (n=60)	Percentage (%)
1.	Living with Family	53	88.3
2.	Widow	7	11.7
Total		60	100.0

INTERPRETATION:

The above table indicates that (88.3%) of the respondents are Living with Family and (11.7%) of the respondents are Widow. It concluded that majority of the respondents (88.3%) are Living with Family.

6. Annual Income of Family of the Respondents

The following table describes the annual income of family of the respondents.

**TABLE: 6
DISTRIBUTION OF THE RESPONDENTS BASED ON THEIR ANNUAL INCOME OF FAMILY**

S.NO	Annual Income of Family	No.of Participants (n=60)	Percentage (%)
1.	30,000 to 60,000	35	58.3
2.	60,000 to 1,00,000	4	6.7
3.	1,00,000 to 2,00,000	4	6.7
4.	2,00,000 & Above	17	28.3
Total		60	100.0

INTERPRETATION:

The above table shows that (58.3%) of the respondents belong to the annual income 30,000 to 60,000, (28.3%) of the respondents belong to the annual income 2,00,000 & Above, (6.7%) of the respondents belong to the annual income 60,000 to 1,00,000 and 1,00,000 to 2,00,000.

It concluded that majority of the respondents (58.3%) are belong to the annual income 30,000 to 60,000.

7.Type of Family of the Respondents

The following table describes the type of family of the respondents.

TABLE: 7
DISTRIBUTION OF THE RESPONDENTS BASED ON THEIR TYPE OF FAMILY

S.NO	Type of Family	No.of Participants (n=60)	Percentage (%)
1.	Nuclear Family	36	60.0
2.	Joint Family	24	40.0
Total		60	100.0

INTERPRETATION:

The above table shows that (60.0%) of the respondents are Nuclear Family and (40.0%) of the respondents are Joint Family.

It concludes that majority of respondents (60.0%) are Nuclear Family.

MAJOR FINDINGS

- ❖ Majority of the respondents (33.3%) belong to the age group of 46-55years.
- ❖ (100%) of the respondents are only Hindu.
- ❖ Majority of the respondents (68.3%) are working women.
- ❖ Majority of the respondents (43.3%) are illiterate.
- ❖ Majority of the respondents (88.3%) are living with family.
- ❖ Majority of the respondents (58.3%) are belongs to the annual income 30,000 to 60,000.
- ❖ Majority of the respondents (88.3%) are living with family.
- ❖ Majority of the respondents (60.0%) are Nuclear Family.
- ❖ There is a significant difference between level of depression and married working and non-working women.
- ❖ There is no significant difference between level of anxiety and married working and non-working women.
- ❖ There is a significant difference between level of stress and married working and non-working women.
- ❖ There is a significant difference between age of the respondents and level of depression among married working and non-working women.
- ❖ There is no significant difference between age of the respondents and level of anxiety among married working and non-working women.
- ❖ There is a significant difference between age of the respondents and level of stress among married working and non-working women

SUGGESTIONS:

- ❖ To create awareness about mental health among married women.
- ❖ The government can implement counselling sessions in government hospital to improve the mental health of married women.
- ❖ The government should appoint counselors in government hospitals to guide the mental health issues of married women.
- ❖ A lot of self-awareness programme should give in sub-rural area.

Counselling services:

Counseling for depression can also help to make permanent and lasting changes in brain so we can ward off depression, anxiety and stress in the future. Benefits of Counseling for Depression, anxiety and stress in Women **regain hope** and create a positive outlook on life.

Benefits of Counseling for Depression, anxiety and stress in Women

- ❖ Regain hope and create a positive outlook on life
- ❖ Identify and deal with stressors that may contribute to feeling blue
- ❖ Feel better and enjoy your life again
- ❖ Develop effective ways of coping

- ❖ Gain control over your sad and heavy emotions
- ❖ Enjoy being with your baby or your young child again
- ❖ Improve the way you interact with your partner
- ❖ Improve patterns of interacting with other people that may be contributing to depression
- ❖ Regain a sense of control and find pleasure in your life
- ❖ Feel good about yourself again
- ❖ Reduce the chances of having another depressive episode

SOCIAL WORK INTERVENTION

- ❖ **Community Organization** - Awareness programme can be conducted to create awareness about the importance of maintaining good health and coping strategies for balancing women's mental health.
- ❖ **Social Work Research** – Many of the people are not aware of the problems. Social work research will be useful to find out the problems related to married women's mental disorders.

V. CONCLUSION

Depression, anxiety and stress are the most common mental illnesses among women, especially married women. Therefore, the first recommendation from this study is that husbands should take greater care of their wives by showing affection, care and love and understanding towards them. The husbands should take the side of their wives in case of any conflict in the family and also give equality to the wife. Psychologists and social workers should be appointed to create awareness among the people so that they come to professionals for help in resolving of their problem.

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