

Depression among married working women vs homemakers: a comparative study

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ABSTRACT

Introduction: Globally Mental health is one of the most important issue of public health causing mortality and morbidity in the world. Depression is known to be its major element affecting more than 264 million people of which 50% of them are women. Objective: To assess depression among working and nonworking married women and to determine its associated socio-demographic. **Methodology:** A comparative study was conducted on 102 working (51) and nonworking (51) married women of Belagavi city. Proportionate sampling technique was used to recruit the participants in North & South Belagavi, Beck depression inventory scale was used to assess depression. **Results:** Borderline (21.6%) and moderate (17.6%) depression was higher among nonworking women than working women, whereas normal mood (58.8%) and mild (25.5%) depression was seen to be more in working women. Association of age, no of children and type of family was seen in married women with depression. **Conclusion:** The nonworking women showed higher borderline and moderate depression levels compared to working married women. There is a need to improve the mental health status of women by community awareness, programmes, strategies, early diagnosis and treatment.

Keywords: *Depression, Working Women, Housewives, Married, Multiple Roles*

Burden of diseases in the 21st century has increased rapidly, hampering the quality of life. Especially mental health has been emerged as the most important cause of disability and mortality in the world.¹14% of the global disease burden worldwide is estimated to be due to mental health.²

“Mental health is 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

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make a contribution to his or her community.” As defined by WHO. Hence it is an important public health issue to be addressed.^{1,3}

Globally 4.4% of the proportion of the population is estimated to be depressed. Nearly 5.1% of women face it in contrast to 3.6% men. In women it peaks in 55-74 years of age.⁴

Depression is one of the elements of mental health. It is a common mental disorder which is present with a depressed mood, loss of interest and pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite and poor concentration. A person is said to be depressed if they are present with the following signs and symptoms for a minimum period of atleast 2 weeks.²

A female after age of 18 years is generally referred to have entered womanhood. A woman is usually expressive and emotional in nature. She is bound with lot of responsibilities individually and socially before and after marriage, while working or just being a housewife. If they have a sound mind, they will be able to work more efficiently and lead a productive life.^{5,6}

Assessing depression at early levels, providing better awareness and making efforts to reduce the stigma through education and media can help to minimize the mortality and morbidity rates. There are many factors contributing to depression in women which is the 4th largest disease in the world.

Modernity brought education, media influence, awareness of rights to wake and hence more and more women started entering similar workforce like men. They started getting engaged in some or the other employment work to support their families but their attitude towards a married women still remains unchanged as they are expected to perform dual responsibilities at workplace as well as home leading to problems like job strain, fatigue, conflicts, frustration, anxiety, anger, phobia, depression and other emotional and social distresses.⁵

The objective of this study was to assess the depression among working and nonworking married women and to compare the depression levels between them and to know if there is any differences.

METHODOLOGY

An observational comparative study was conducted on 51 working and 51 nonworking married women of urban setting in 2019.

Sampling Technique

Belagavi city has two political constituencies North and South Belagavi. Randomly North Belagavi was selected for working married women and South Belagavi for nonworking married women. From each constituency 5wards were selected randomly using the lottery method and house to house survey was done using the proportionate sampling technique.

Inclusion criteria

The working and nonworking married women in age group of 25-40 years were included for the study.

Exclusion criteria

The working and nonworking married women of age not <25 &>40 years and nonworking married women who carried out work from home which augmented them with income were excluded from the study.

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Ethical Consideration

Every participant was explained about the study procedure and a written informed consent was obtained. All those willing to participate after obtaining their consent were included. Ethical clearance was obtained from Institutional Ethics Committee.

Tool

Beck depression inventory scale was used to assess depression levels between working and nonworking married women. It is a validated 21- item scale developed to measure the depression symptoms.

Screening procedure

BDI takes around 15 minutes for its completion. The scoring of depression was done by adding the scores at the end. If the scores were between 1-10 these ups and downs were considered normal, 11-16 mild mood disturbance, 17-20 borderline clinical depression, 21-30 moderate depression, 31-40 severe depression and over 40 extreme depression. Baseline data was collected using the pretested socio-demographic questionnaire. Variables considered for the study were age, family income, no of children, family members, family type, education status, depression levels and working status.

Privacy and confidentiality

The identity of the participants was protected by using appropriate codes for each participant during data collection period.

Statistical analysis

Data was analyzed by using SPSS version (20.0). Percentages and proportions were calculated for the variables. Chi square test and independents 't' test was used to find the association between socio-demographic factors and depression between working and nonworking married women.

RESULTS

Independent 't' test was used to know the mean difference of the working status between the groups and the association of socio-demographic factors with depression in working and nonworking married women was done by performing the χ^2 test.

Table 1: Distribution of subjects by levels of depression

Level of depression	Working Women	Non-Working Women
	Percent%(n)	Percent%(n)
1-10 (normal)	58.8(30)	31.4(16)
11-16 (mild)	25.5(13)	23.5(12)
17-20 (borderline)	9.8(5)	21.6(11)
21-30 (moderate)	3.9(2)	17.6(9)
31-40 (severe)	2.0(1)	2.0(1)
>40 (extreme)	0(0)	3.9(2)
Total	100(51)	100.0(51)

Table 1 shows that majority of the working women had normal mood in 30-33 years of age compared to borderline depression in age group of 26-29 years. Hence age and levels of depression were significantly associated ($p=0.01$) with each other.

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Table 2: Difference in level of depression

Particular	Group	Mean	SD	SE	p- value	t- value
Level of depression	Working	1.65	.955	.134	0.001	3.536
	Nonworking	2.47	1.362	.191		

Table 2 shows that depression level is more in nonworking women compared to working women and this was statistically significant at (p=0.001).

Table 3: Association between age and level of depression in working women

Age in years	Level of depression in working group						Chi square	p-value
	df=1 significant							
	1-10	11-16	17-20	21-30	31-40	n		
<=25	0.0%	100%	0.0%	0.0%	0.0%	1	3.086	p< 0.01
26 - 29	41%	3%	25%	8.3%	8.3%	12		
30 - 33	75%	16.6%	8.3%	0.0%	0.0%	12		
34 - 37	50%	40%	10%	0.0%	0.0%	10		
38+	64.7%	17.6%	5.8%	5.8%	5.8	16		

Table 3 shows that majority of the working women had normal mood in 30-33 years of age compared to borderline depression in age group of 26-29 years. Hence age and levels of depression were significantly associated (p=0.01) with each other.

Table 4: Association between type of family and level of depression in nonworking women

Type of family	Level of depression in nonworking women							Chi square	p-value
	df=1 (significant)								
	1-10	11-16	17-20	21-30	31-40	>40	n		
Nuclear	19.35%	29%	29%	19.35%	3.22%	0.0%	31	5.302	p< 0.01
Joint	50%	15%	10%	15%	0.0%	10%	20		

Table 4 revealed that normal mood was higher in subjects who lived in joint families compared to nuclear. Hence a significant association at (p=0.01) was seen between depression level and family type.

Table 5: Association between no of children and depression levels in working women

No of children	Level of depression in working women						Chi square	p- value
	df=1(significant)							
	1-10	11-16	17-20	21-30	31-40	n		
<=1	62%	17.24%	10.34%	6.89%	3.44%	29	8.599	p<0.01
2-3	57.14%	33.33%	9.52%	0.0%	0.0%	21		
4+	0.0%	100%	0.0%	0.0%	0.0%	1		

Table 5 shows that majority of the working women who had <=1 child had normal mood. This difference was statistically significant at (p=0.01), therefore no of children and depression levels were associated with each other.

DISCUSSION

In our study it was shown that there is a significant higher level of depression in nonworking women than working women. Similar results have been reported in the other studies indicating that working women are involved in various activities simultaneously and they also have some time to make friends and enjoy their free time, whereas nonworking women

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have the responsibility of handling children, performing household chores which brings in feelings of boredom and self-worthlessness which ultimately leads to stress and depression.^{6,8,9,18,10,19,12,13}

Our study showed moderate depression and borderline depression was higher in the nonworking compared to working women. Higher depressive levels were seen as majority of the nonworking women lived in nuclear families and had the burden to handle more children and perform household duties as there was no support from other family members. Previous studies have shown borderline depression to be higher in working women due to problems in their work atmosphere, relationship problems and no personal satisfaction of life, whereas moderate depression was found to be similar to our study.^{6,14}

In our study normal mood was seen to be more in working women in comparison to nonworking women also the working women who had 2 or more children were found to be more depressed than those who had 1 child. More children meant more responsibility to take care of them and more financial burden is imposed upon them. Past studies have shown that majority of nonworking women had normal mood symptoms in contrast to working women who performed multiple roles at workplace as well as household work, whereas housewives had more no of children to manage leading to more depression.^{6,14,15}

In our study age was associated with depression in working women wherein majority of them were in the age group of 38 and above. Similar findings were also found in other past studies depicting attainment of higher depression with increasing age. However, in the present study nonworking women had highest attainment of depression at 30-33 years of age, while other studies have shown when it reaches around 40 years.^{6,14,16}

Our study showed the nonworking women who lived in nuclear families reported higher depression than those who lived in joint families. Whereas past studies have shown higher depression in working women who lived in joint families, because within joint family system family members don't help them in raising their children and in their household chores and they have to manage their in-laws and partners along with their kids, however there is significant difference in the depression levels of working women and family type because either ways they have the dual responsibility of performing household as well as workplace work as compared to the housewives.^{5,14,17}

Overall, the prevalence of depression in our study was found to be higher in nonworking women as compared to working women. Depression levels were significantly associated more with age, type of family and no of children compared to the other factors.

Recommendations

Programmes to motivate housewives to indulge in other activities other than housework to boost their self-esteem and reduce their boredom need to be started at the community level. Increase the screening camps for early detection of depression. Cultivate the practice of yoga and exercise specially in the housewives.

CONCLUSION

The present study concluded that, borderline and moderate depression was higher in nonworking married women compared to working women. Normal mood was found to be more in the working women in contrast to nonworking. Important risk factors which were associated with depression in working married women were age and no of children and in

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nonworking type of family. Hence, we need to implement better programmes and strategies, carry out IEC activities in the community to tackle stigma issues among women and carry out early diagnosis and treatment for its prevention.

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Conflict of Interest

The author declared no conflict of interest.

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