

A Study of Depression and Mental Health of Married and Unmarried Women

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ABSTRACT

The Main Purpose of Present Research was to find out the mean difference depression and mental health of married and unmarried women. For this purpose, total 80 Data were selected with simple random Method. For check depression Inventory was Back depression inventory (BDI, 1996) was used which was Gujarati adaptation by Sardar Patel University in Gujrat and mental health inventory which was made by D. J. Bhatt & Miss. Gida. Here t-test was applied to check the significance difference of depression and mental health. Result reveled that there was a significant difference of depression of married and unmarried women and mental health there was a significant difference of married and unmarried women. So according to Research we can say that there was a significant mean difference of depression and mental health of married and unmarried women.

Keywords: Depression and Mental Health

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often comes with symptoms of anxiety. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide. Almost 1 million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day. For every person who completes a suicide, 20 or more may attempt to end his or her life (WHO, 2012) While depression is the leading cause of disability for both males and females, the burden of depression is 50% higher for females than males. In fact, depression is the leading cause of disease burden for women in both high-income and low- and middle-income countries (WHO, 2008) Research in developing countries suggests that maternal depression may be a risk factor for poor growth in young children (Rahman et al, 2008) While the global burden of depression poses a substantial public health challenge, both at the social and economic levels as well as the clinical level, there are a number of well-defined and evidence based strategies that can effectively address or combat this burden. For common mental disorders such as depression being managed in primary care settings, the key interventions are

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treatment with generic antidepressant drugs and brief psychotherapy. Economic analysis has indicated that treating depression in primary care is feasible, affordable and cost-effective. In conclusion it can be said that Depression is a mental disorder that is pervasive in the world and affects us all. Unlike many large scale interactional problems, a solution for depression is at hand. Efficacious and cost-effective treatments are available to improve the health and the lives of the millions of people around the world suffering from depression. On an individual, community and national level, it is time to educate ourselves about depression and support those who are suffering from this mental disorder. There are several forms of depressive disorders. The most common are major depressive disorder and dysthymic disorder.

Depression is a state of low mood and aversion to activity that can affect a human relation, thoughts, behavior, feeling and sense of well-being. Depressed person can feel lonely, sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, hurt, or restless. She may lose interest in activities that were once pleasurable, experience loss of appetite or overeating, has problems concentrating, details, or making decisions, and may contemplate, or commit suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains or digestive problems may also be present.

Mental health is a term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder. From perspectives of the discipline of positive psychology or holism, mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience. On the other hand, a mental disorder or mental illness is an involuntary psychological or behavioral pattern that occurs in an individual and is thought to cause distress or disability that is not expected as part of normal development or culture. Analysis of mental health indices and data reveals that the patterns of psychiatric disorder and psychological distress among women are different from those seen among men. Symptoms of depression, anxiety, and unspecified psychological distress are 2-3 times more common among women than among men; whereas addictions, substance use disorders and psychopathic personality disorders are more common among men. The World Health Organization report lays out these facts effectively. It has further been suggested that observed gender differences in the prevalence rates originate from women and men's different average standings on latent internalizing and externalizing liability dimensions with women having a higher mean level of internalizing while men showing a higher mean level of externalizing.

Mental health is one of the most important public health issues as it is a major contributor (14%) to the global burden of disease worldwide. It means the ability to respond to diverse experiences of life with flexibility and a sense of purpose. It can be described as a state of balance between an individual and his surrounding world, a state of harmony between oneself and others. Mental health is the foundation for well-being and effective functioning for an individual and for a community and that of women is important both for their own health and for the well-being of their children and families. Women are more likely than men to be adversely affected by mental disorders, the most common being anxiety and depressive disorders.

Mental health is a level of psychological well-being or an absence of a disorder, it is the psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment. From the perspective of positive or holism, mental health may include an individual's ability to enjoy life and to enjoy life and create a balance between life

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activities and efforts to achieve psychological resilience. according to world health organization mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of ones intellectual and emotional potential, among others." WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stressors of life, productive work and contribution to their community? However, culture differences, subjective assessments, and competing professional theories all affect how mental health is defined.

Women with depression do not all experience the same symptoms. However, women with depression typically have symptoms of sadness, worthlessness, and guilt. Depression is more common among women than among men. Biological, lifecycle, hormonal, and psychosocial factors that are unique to women may be linked to their higher depression rate. For example, women are especially vulnerable to developing postpartum depression after giving birth, when hormonal and physical changes and the new responsibility of caring for a newborn can be overwhelming.

REVIEW OF THE LITERATURE

Ruchi Sundriyall, Dr. Ravindra Kumar, Depression and Life Satisfaction among Married & Unmarried Women, The results indicate that there is significant difference regarding depression and life satisfaction between married and unmarried woman.

Mishra Garimal, Dr. Kiran U. V.(2014). Impact of Marital Status on Mental Health of Working Women. In addition, Research revealed that marital status has significant impact on the mental health of working women. The multifaceted stress of married working women with responsibilities at various arenas may be the reason for their weaker mental health.

Mayo Clinic. Rural, Unmarried Women At Higher Risk For Depression, Study Suggests. Research suggests unmarried women living in rural areas have lower self-rated health status than their married counterparts. This lower health status often includes greater instances of self-assessed feelings of depression.

Earle JR, Smith MH, Women, marital status, and symptoms of depression in a midlife national sample. Results indicate that married women are less likely to report symptoms of depression than their unmarried counterparts. The mental health benefits of marriage are greater for men than for women.

METHODOLOGY

Objectives

The main objectives of study were as under:

1. To measure the depression of married and unmarried women.
2. To measure the mental health of married and unmarried women.

Hypotheses

1. There is no significant mean difference of depression married and unmarried women.
2. There is no significant mean difference of mental health of married and unmarried women.

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Variables

Independent Variables:

- Married Women
- Unmarried Women

Dependent Variables:

- Beck Depression inventory
- Mental Health Questionnaire

Sample

The sample consisted of 80 (40 married women and 40 unmarried women). Women the sample was selected by random method from Rajkot City (Gujarat).

Tools:

- A. Beck Depression inventory:**(Beck, Ward, Mendesion, Mock and Drbauge, 1961) it is comprised of twenty-one items. Although the inventory was designed as a clinical instrumental but in practice it is frequently used to dichotomies subject in to depressed and non-depressed groups. This inventory has test- retest reliability coefficient from 0.74 to 0.83 on different time interval correlated with Hamilton depression rating scale with a person of 0.71. Gujrati adaptation by sardar patel university in Gujrat (1990). This 4point scale. Reliability and validity of Gujrati adaptation was 0.65 and 0.86.
- B. Mental Health Questionnaire:** The mental health scale was made by D.J. Bhatt and Ms. Geeta R. Gida in 1992. This scale contains 40 statements pertaining to five domains aim of mental health. These five dimensions include perception of reality integration of personality, positive self-evaluation, group-oriented attitude and environmental mastery to be rated on 3-point scale. Reliability of present scale as check by three methods on which 0.81 by logically similarity 0.94 by split-half method and test retest has 0.87.

Statistical Methodology

Statistical analysis of information with a view to the purpose of the research presented t – test will be used.

RESULT AND DISCUSSION

The purpose of the presented research is to conduct a psychology study on the Depression and Mental Health of Married and Unmarried Women. The result of which is discussed below.

Table No. 1 Showing the difference in Depression between Married and Unmarried Women 't' Table

Variable	N	Mean	SD	t	Level of Sig.
Married Women	40	27.70	7.02	2.11	NS
Unmarried Women	40	20.10	3.73		

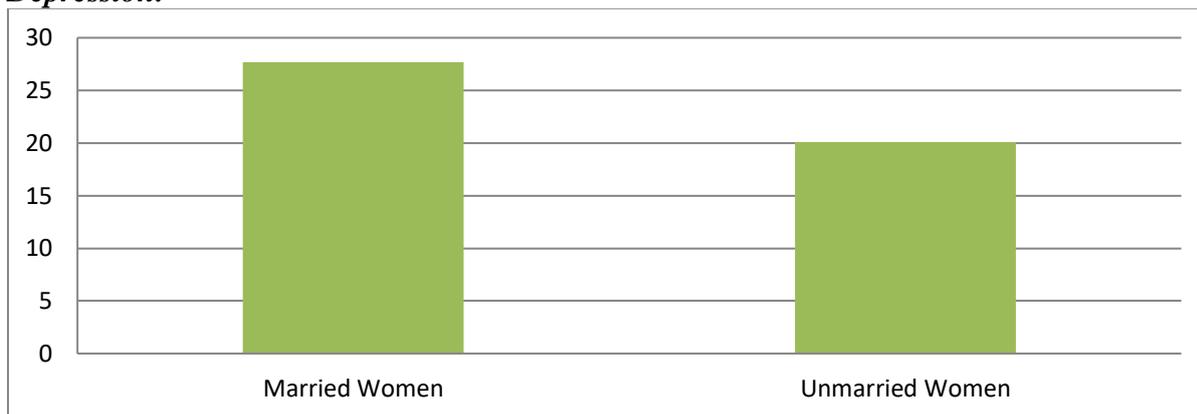
Sign. Level: 0.05=1.97

0.01=2.58

NS=not significant

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Figure 1: Bar Diagram Showing Mean Difference for Married and Unmarried Women in Depression.



According to the table -1 indicates that the mean score of depression of married women are 27.70 and Unmarried women is 20.10. The standard deviation of depression of married women are 7.02 and unmarried women are 3.73. The value of ‘t’ showing the difference between the median of these two groups is 2.11. Which is smaller than the value of the table. So, level 0.01 is not meaningful. Zero hypothesis is therefore accepted. From this it can be said that there is no significant difference between the depression of married and unmarried women.

Table No. 2 Showing the difference in Mental Health between Married and Unmarried Women ‘t’ Table

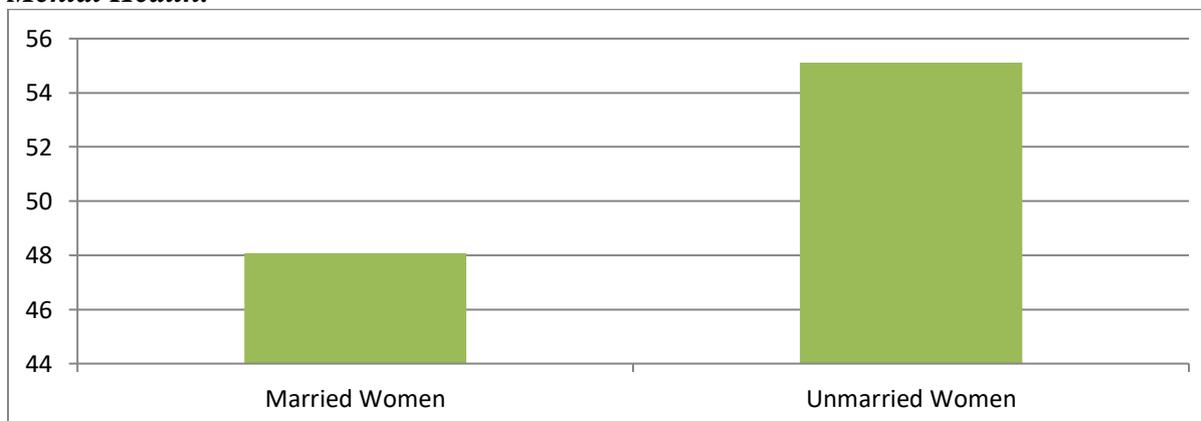
Variable	N	Mean	SD	T	Level of Sig.
Married Women	40	48.08	10.13	3.50	Sig.
Unmarried Women	40	55.12	7.72		

Sign. Level: 0.05=1.97

0.01=2.58

NS=not significant

Figure 2: Bar Diagram Showing Mean Difference for Married and Unmarried Women in Mental Health.



According to the table -2 indicates that the mean score of depression of married women are 48.08 and Unmarried women is 55.12. The standard deviation of depression of married women are 10.13 and unmarried women are 7.72. The value of ‘t’ showing the difference between the median of these two groups is 3.50. Which is smaller than the value of the table.

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So, level 0.01 is not meaningful. So, we can say that second hypothesis was rejected. It means significance mean difference of mental health of married and unmarried women.

CONCLUSION

We can conclude by date analysis as follows. There was significance mean difference of depression of married and unmarried women. So, we can say that first hypothesis was rejected. There was significance mean difference of mental health of married and unmarried women. So, we can say that second hypothesis was rejected.

Limitation of the Research

This study had several limitations that can be addressed by future research. Firsts, the participants consist only married and unmarried women of the different areas in Rajkot City. So, it is not representative of all other city. Hence, and more representative participant might yield different result, for example, a participant from different city of Gujarat might show significance interaction effects of different city.

Suggestions

Endeavour can be executed to analyze more than 80 data of sample with efficacy to attain better results. For the accumulation of information, variegated methods except questionnaire can be adopted. Selection of sample can be accomplished with the intake of different area from different state and district to ascertain in their depression and mental health of married and unmarried women. To crown the research work other method of selecting sample can be appropriated.

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Conflict of Interest

The author(s) declared no conflict of interest.

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