

Research Paper

Understanding The Current Perceived Stress Pattern in Jaipur in Indian Metropolitan Cities and Comparison of Perceived Stress Levels Between Working Women and Homemaker Age Groups 21 To 50 Years Old

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ABSTRACT

A study was conducted to measure and understand the pattern of perceived stress levels in working and non working women of age groups 21-50 years old. This was conducted for understanding the current perceived stress pattern in Jaipur in Indian metropolitan cities and comparison of perceived stress levels in the Covid-19 pandemic. Data was collected using the Perceived Stress Scale (PSS) from 26 number of non working women & 24 number of working women from Jaipur were randomly. The results indicated that in the total sample, the perceived stress is on moderate level. Which possibly could be due to the effects of the pandemic and related stressors such as anxiety, worry, apprehension. When compared there was no significant difference between stress levels of working women & non working women, either indicating that there are common stressors affecting both of them or similar stressors affecting them. The gender/ occupation/ age/ working condition does not differentiate the perceived stress currently.

Keywords: *Perceived Stress Pattern, Indian Metropolitan Cities, Perceived Stress Levels, Working Women and Homemaker*

Stress is the response of the individual to some transition that involves an adaptation or reaction. With physical, mental and emotional responses the body responds to these changes. It's a natural part of life which is stress. Stress from the climate, body and thinking can be encountered. Sometimes positive changes in life, including promotion, mortgage or child birth, are stressful.

The body of humans is engineered to be stressful and reacts to stress. Stress could be healthy, keep us alert, focused and ready for danger avoidance. When a person faces continual pressures without relief or relaxation between stressful events, stress becomes negative. This overwork the individual and raises symptoms-related stress. The autonomic nervous system of the body has an interconnected stress response that induces behavioural

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changes in order to battle traumatic conditions for the body. The whole stress response is triggered in the event of an emergency and is also known as a "fight or flight response" However over long periods of stress, this reaction may be triggered chronically. Long stimulation of tension allows the body to wear and tear, both biologically and mentally. Stress could be a source of motivation, and sometimes even survival can be necessary. The battle or flight system of the body tells the human when and how to answer threat. Although if the system is activated too quickly or there are too many stressors at once, mental and physical wellbeing may be affected and dangerous for a human.

Stress is how people respond to transitions, incidents and circumstances of their life including physically and psychologically. There is tension for people in many situations and for numerous purposes. The response depends on the interpretation of a circumstance or occurrence. You would typically feel distressed—overwhelmed, oppressed, or out of control if you look at a situation negatively. The most familiar type of stress is anxiety. An "positive perception of an incident or circumstance results in the other type of a concoction, "eustress" which is why it is called good stress."

Eustress makes you face a challenge and can be a cure to boredom because it requires concentrated energy. However this energy can quickly turn into anxiety if you think that something is unmanageable or unregulated. Many individuals recognise public speeches or aircraft flights to be rather unpleasant, which triggers physical reaction such as a higher heart rate as well as lack of appetite. It is also a matter of perception: for one person a positive stressor could become a detrimental source of stress for the other.

Symptoms of distress

Stress signs fall into three groups – physical, emotional as well as mental. If you encounter these signs regularly, you are typically distressed:

- fatigue
- headaches
- Gastrointestinal problems
- Heart problems, such as palpitations
- Sweating palms/shaking hands
- Sexual problems.
- Sleep disturbances, whether it's sleeping too much or an inability to sleep
- Inability to focus/lack of concentration
- Hypertension (high blood pressure)
- Anxiety

Stress can also lead to or contribute to extreme physical conditions even though you don't know it. The rise increases hormones similar as adrenaline as well as corticosterone, impacting your study, immune reactions and other stress reactions. This will increase your pulse rate, ventilation, blood pressure and damage the inner organs physically.

Behavioural changes are also expressions of stress. They can include:

- Irritability
- Compulsive shopping.
- Increased smoking or alcohol consumption
- Disruptive eating patterns (overeating or under eating) • Harsh treatment of others

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- Isolation
- It is not a laughing matter to have high levels of sustained stress. It will affect various areas of an individual's life such as increased health risks, productivity in the workplace, and relationships

Causes of Stress

There are three broad categories for the "stressing" most frequently:

1. Change's troubling effect
2. The belief that an external object challenges or threatens you
3. A feeling that You have lost hold of yourself.

The most common sources of stress are life events like marriage, career transition, divorce or the loss of a family or acquaintance. Even though life-threats are rare, these could be the most acute psychologically and physiologically. They are typically affiliated with areas of public service where there are high levels of tension due to potential hazards and a high risk of vulnerability — police, fire and rescue officers, disaster relief staff as well as the military.

Most common **external** causes of stress include:

- Being too busy
- Relationship difficulties
- Financial problems
- Work or school
- Major life changes
- Children and family

Most common **internal** causes of stress include:

- Negative self-talk
- Inability to accept uncertainty
- Pessimism
- All-or-nothing attitude
- Rigid thinking, lack of flexibility
- Unrealistic expectations / perfectionism

Some stressful life events for adults can become a contributing factor to development of illness:

- Divorce
- Job loss
- Death of a spouse
- Marriage separation
- Death of a close family member
- Retirement
- Injury or illness
- Marriage
- Imprisonment
- Marriage reconciliation

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Types of Stress

The management of stress could be difficult and complicated because multiple forms of stress — acute stress, episodic acute stress and chronic stress — have their own features, symptoms, time and care.

The most prevalent cause of stress is acute stress. It emerges from recent demands as well as stresses and expectations of the near future. Acute stress in small doses is fun and exciting, but it is far too exhausting. For eg, a short ride down a rough ski piste is thrilling earlier in the morning. The same run is taxing or wearing later in the evening. Falls and broken limbs can result in skiing outside your limits. In the same way short-term stress overcrowding may lead to psychological discomfort, headache, stomach upheaval as well as other complications.

Luckily, most people are aware of acute stress signs. The car wreck that broke down the car fender, the lack of a big deal, the deadline on which they were willing to fulfil, even their education issues for their children, etc. There's also a laundry list of incidents that have gone awry in their lives.

Since it is brief, acute stress has not enough time to affect the lengthy stress. Acute stress is easily preventable or manageable in everybody's life.

Episodic acute stress

But there are others whose lives are so disturbed that they are experiments of confusion and disaster, who experience acute stress regularly. They are always in a hurry, so they're still late. If something can go wrong, that's right. Those who take too many, have too many iron on the fire and cannot arrange the number of self-inflicted demands and stresses they are asking for. They appear to be in the grip of severe stress forever. It is normal to be hyper emotional, short-tempered, agitated, tense and tense when people have acute stress reactions. They sometimes identify themselves as possessing "many nerve energies." They appear to be abrupt in a rushed era, and often their distress is seen as aggression. When others respond with genuine aggression, interpersonal relationships deteriorate rapidly. The office is now a place of tremendous tension.

The signs of episodic intense stress are symptoms of excessive excitement: chronic anxiety headaches, migraines, elevated blood pressure, heart failure even abdominal pain. Treatment of episodic acute stress needs care at different stages, which normally takes several months of clinical assistance.

Chronic stress

Although acute stress can be thrilling, chronic stress can't be exciting. That's the tension that wears people every day every year. Chronic stress kills body, mind and spirit. The long-term turnover creates mayhem. It is also the pressure of deprivation, dysfunctional households, stuck in miserable marriage, disdainful employment or job. It is the stress of poverty. An individual never sees chronic stress as a way out of a horrible situation. It is the tension of constant expectations and strains for almost infinite times. The person does not want to look at answers with little hope. Children's stressful early childhood experiences contribute to some persistent pressures, which are internalised and debilitating and present for ever.

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Certain interactions influence personality deeply. A world view or a belief system, which causes the person endless tension, is formed (e.g., the world is a threatening place, people will find out you are a pretender, you might be perfect at all times). (e.g., the world is a threatening place, people will find out you are a pretender, you must be perfect at all times). If personality or deep-seated values and principles have to be changed, rehabilitation involves active self-examination, and also clinical assistance. The worst side is that people become used to chronic discomfort. It's there, they forget. People are instantly aware of acute strain because it is new; because it is old, common, and even almost relaxed, they disregard chronic pressure.

The use of suicide, abuse, cardiac attack, stroke and maybe even cancer kills chronic stress. People wear themselves to a final, fatal fall. Owing to the loss of physical and mind capital by long-term erosion, persistent stress problems are difficult to address and may entail widespread medical, mental and stress control.

Covid-19 stress and how it has impacted mental health

Fear, anxiety and tension are natural reactions to risks expected or actual and at times in confusion or unclear circumstances. It is also natural and understandable that in the COVID-19 pandemic, people feel panic. In addition to the concern that the viruses will contract during a pandemic like COVID-19, our everyday lives are drastically changed, as our activities are limited in order to limit and delay the propagation of the infection. With modern realities such as work from home, transient unemployment, child home and physical loss of interaction with others it is crucial that we take care of our mental and physical wellbeing.

Because of the virus' diseasing features, the spread rate, and the resulting high rate of mortality, COVID-19 will affect human mental health at many levels of society, ranging from patients infected and workers in hospitals, households, infants, students, mental health patients and even employees from all walks of life. This unfortunate event with the COVID-19 epidemic obviously demonstrates that people are generally ignorant of the adverse consequences of biological hazards that demonstrate specifically how we are weak and powerless.

This is in fact an extraordinary moment for us all, particularly for children who face massive disruptions. Children may be affected, worried and anxious, of the kinds of concerns that can be somewhat close to adults, such as a fear of suicide, a fear of the death of their family or a fear of what medical attention entails. If schools are shut down as part of the steps needed, children will no longer be sensed to the framework and stimulus that that the atmosphere offers, and now they are less likely to be with their peers and access social help that is crucial to their good minds. Any children at home may become more vulnerable or exposed to child welfare accidents, or attest to interpersonal harassment because their homes are not secure. It's a matter of considerable concern. Because all children are receptive to change, children can undergo changes which have become difficult to accept and irritability and frustration may occur in young and older children. Students may be able to learn that they want to be closer to their parents, question them more and some parents or caregivers themselves might be under unfair strain.

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Basic approaches may fix this like giving young people compassion and affection to overcome worries and being truthful to them, describing what goes on, even when they're young, in a way that they can appreciate. Kids are quite perceptive and can influence how their caregivers react. Family must also be encouraged in the handling of their own stressors in order to become examples to their kids. It may be helpful to help children discover ways of expressing themselves through imaginative practises and whenever possible, order through creating routines, particularly if they no longer go to school. Mental wellbeing and psychosocial treatment should be given and child care programmes should be adapted to ensure that childcare for the children of the families that need it is also accessible.

LITERATURE REVIEW

Stress is a feeling of emotional or physical tension. It can come from any event or thought that makes you feel frustrated, angry, or nervous. The pandemic has led everyone to make drastic changes in their lives and the stress has increased manifold but it has necessarily taken a heavy toll on women. Women, working or non-working all go through stress on a daily basis but more so because of the pandemic. Women report higher stress levels than men on average, according to the American Psychological Association.

As a result of the increased work pressure for home and work, women said it impacted their physical well-being, made it difficult to balance work and home commitments and also impacted their mental health causing stress and burnout. It was particularly challenging for women who have caring responsibilities of older parents or children. Women with children said there is an increase in childcare responsibilities and home-schooling/education responsibilities.

Anything that poses a real or perceived challenge or threat to a person's well-being can cause stress. The adverse effects of the stress alter the mental well-being of an individual. People attempt to cope with their stressors using various coping strategies. Adapting coping strategies may help in successful handling of stress. Maladaptive coping strategies, on the other hand, though control stress, are often transient and may result in the impairment of mental health.

On a day to day basis, almost everybody has some kind of stress to deal with, but the types of stress differ a lot. Mentioned below are some of the research studies that mainly focus on 1) Stress during the COVID-19 pandemic, and 2) Stress among working and non-working women or housewives. These research papers vary from majoring only stress levels during the pandemic of COVID-19 or from the time when things were normal. An overall assessment of the following COVID-19 pandemic studies which cater to not only the women population, but also men, reveals a greater impact and higher stress level in women.

The main objective behind all of these research studies is to give us a glimpse of what stress levels are and ideally to help people find out mechanisms to cope with stress. Most of these researches, although not all, use the Perceived Stress Scale or the Life Satisfaction Scale.

As mentioned above, the psychological impact of the COVID-19 pandemic has been very high. Lockdown restrictions, fear of contracting the virus, loss of loved ones, and several other factors have played an instrumental role in causing stress and affecting the mental health of a person. Naina Wakode, Santosh Wakode and John Santoshi, in October 2020,

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conducted a study which analysed the perceived stress and generalized anxiety in the Indian population due to lockdown during the COVID-19 pandemic. This was a cross sectional study which was conducted online, and involved 257 participants, 149 men and 108 women. With the help of the one-way ANOVA test, responses were compared based on gender, level of education, employment, and place of residence. The questionnaire used the Perceived Stress Scale (PSS-10) and Generalized Anxiety Disorder scale (GAD-7), which reported that 84% of the participants had moderate to severe levels of perceived stress and 88% had moderate to severe levels of anxiety. A remarkably higher level of both perceived stress and anxiety was observed from the responses of women, young adults and the unemployed, and high perceived stress was indicated from the responses of urban residents. It was also found that the level of education did not influence levels of perceived stress or anxiety. In order of ranking, stressors included the fear of contracting COVID-19, difficulties in executing a routine exercise schedule and worry about the future.

Similarly, *“Dynamics of psychological responses to COVID-19 in India: A longitudinal study”* was a research published by Gopal A, Sharma AJ and Subramanyam MA in October 2020. It focused on understanding the changes in the levels of depression, anxiety, and stress symptoms due to the repeated extensions of the lockdown. 159 Indian adults were observed during the first 2 months of the lockdown, and findings stated a higher increase of depression, anxiety and stress symptoms in women than in men over time. Individual resilience was negatively associated with adverse psychological outcomes. The results concluded that although the lockdown restrictions may have been beneficial in managing the spread of the pandemic, it also propels us to bring our attention towards the cause of this unequal distribution and impact of psychological distress in women during the time of crisis.

Another research that was carried out by Usama Rehman, Mohammad G. Shahnawaz, Neda H. Khan, Korsi D. Kharshiing, Masrat Khurshheed, Kaveri Gupta, Drishti Kashyap, and Ritika Uniyal in June 2020, also focused on the psychological impact of the lockdown among people living in India. This study also explored the impact of family affluence on an individual during the lockdown phase. Results suggested that the most affected group were those with limited supplies to sustain the lockdown, students and healthcare professionals. Mental health professionals on the other hand indicated normal ranges of depression, stress and anxiety even in times of distress. Family affluence played a positive role in curbing stress, anxiety, and depression.

The lockdown imposed due to the pandemic made it a challenge for researchers to conduct surveys in the traditional manner. This led a group of researchers, namely Jinyi Kuang, Sania Ashraf, Upasak Das and Cristina Bicchieri to conduct a cross-sectional phone survey across 26 peri urban communities (2044 participants). Published in September 2020, this study explored the awareness, risk perception, and stress during the COVID-19 pandemic in communities of Tamil Nadu, India. Results indicated a need to develop context-appropriate education and communication programs to raise caution about asymptomatic transmission of the virus, since though a majority of the residents were cognizant of the common symptoms of COVID-19, i.e., fever (66%) and dry cough (57%), some were unaware of its asymptomatic transmission (24%). Common stressors and fears included finance (79%), lockdown (52%), loss of income (62%), inability to travel freely (46%), and becoming sick

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(46%). Although, the majority perceived no (60%) or low (23%) level of risk of personally contracting coronavirus.

Kumar, Karumaran, Kattula, Thavarajah, Anusa, (16th april 2020) conducted a study on Perceived Stress and Psychological (Dis)Stress among Indian Endodontists During COVID19 Pandemic Lock down. Which indicated that, the prevalence of stress among Indian endodontists is 235 percent higher than the public. The risk of (dis)stress is greater for those endodontics who are trainees or those who go solely to consultations. women and younger people are also at high risk. In the high degree of (dis)stress among endodontics, leading endodontics and dental experts must develop policies and guidelines so that they can take care after initial coping. They need to collaborate with authorities to develop and coordinate psychological initial assistance focused on the profession with sufficient space for monitoring, screening, referencing and targeted intervention to reduce (dis)stress. It is important to develop strategies for dentists to exit lock down during COVID19, and formulate better sterilization/disinfection protocols, make cheaper, faster, reliable screening tools and diagnostic instruments to make barrier materials available and have a strong mental health support system.

Apart from the studies focusing on the stress levels during the current pandemic, a number of researches have been conducted which compare the levels of stress among working and non- working women in India. One such study was carried out by Muddanagouda Patil in the year 2016, which revealed that working women have higher stress levels than non-working women. The study involved samples from 90 women (45 working and 45 non-working) in Dharwad (Karnatak), India. The stress scale developed by DR. M. Singh (2002) was administered individually to the women, and the data was measured by the T-analysis test.

Singh (2014), conducted a study on Life Satisfaction and Stress Level among working and non-Working Women. The primary objective of the research was to analyse working and non- working women's life satisfaction and stress levels. A sample size of 200 women was randomly selected using simple random sampling from a population where 100 were working women and the rest were among non-working. Alam & Srivastava's (1996) Life Satisfaction Scale and Singh's (2004) stress scale have been utilised for data gathering. The statistics were calculated as mean, standard deviation, "t" test and correlation. The findings showed that there was a major difference between employed and non-working women about life satisfaction and stress. Results showed that working as well as non-working women varied greatly in their satisfaction with life. Working class women were much more satisfied with life, but also non-working women have greater levels of stress on the stress scale compared to working women. Between life satisfaction and stress, a significant negative correlation was observed.

Harilal & Santosh (2017) conducted a comparative study on levels of stress among women who work and homemakers in the state of Kerala. Women play a crucial role in organisational settings and making of decisions in their families. Indian society gives women the position of family guardian and caretaker. More and more women are shifting gradually from home into the workplace. A larger number of women are also joining limited industry workforce. Therefore, housewives and working females play the dual role. The comparative analysis of the stress levels of women becomes critical in this dual role of the

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housewife and worker. The thesis discusses women's social pressures and stresses. This shows that the family's financial status influences both women and working women's stress levels to a great extent. The research study explored the aspects of women working and housewife's levels of stress, and the contributing factors towards stressful circumstances. The study reveals that working women experience high stress levels in comparison to home-based women, and both of whom have a connection. Women's levels of stress (both homemakers and women who are working) and their families' financial status are linked. Stress is a normal part in any person's life. It can often inspire and make us more productive. Stress will improve our capacity to be alert, active, vigorous and tackle problems and threatening situations. Yet it can have detrimental effects if too much stress is experienced. This stress triggers discomfort, anxiety, tiredness and exhaustion. We also need to improve awareness of stress and apply stress reduction strategies to avoid stress that affects our lives negatively. The research provides insight into the indicators of stress for working women as well as homemakers. It would also be helpful to organisations as well as spouses to manage women's dual role in one's personal and professional life effectively. This study could serve as a basis for further studies of women's levels of stress carried out by researchers, scholars and institutions.

Khanna (1992) conducted a study to examine life stress among working and non-working women in terms of anxiety and depression. The sample of women (N=406), from Jalandar and Simla in India, is described. Analysis of the correlation shows that in non-working women, anxiety is linked to positive changes in life. Also, depression has been positively and strongly correlated with positive changes in working women's lives & negative changes in non-working women. Those results indicate that in Indian culture, positive changes in working women's lives are linked to depression, while positive changes in non-working women's life have been linked to anxiety and adverse changes in life.

Panwar & Srivastava (2019), found that women have a persistent rise in stress, anxiety, changes in lifestyle, numerous health issues including work – and musculoskeletal disorders related to them. Thus, it is important in Indian homemakers and employed women to understand the physical, mental and life satisfaction problems. For women who were employed, life satisfaction (LSS) is 56% higher than non-working women, which is 44%. Maximum homemakers reported knee and back discomfort while working women in back and neck. The conclusion of the study was that in housewives PSS had a higher stress level than in working women. The satisfaction of LSS in working women appeared to be higher than that of household women. The knee and back pain are strongly influenced by housewives and hindsight in women who work. The study findings revealed that the mental stress (PSS) is much higher in housewives that is 61 percent as compared to employed women. In employed women, life satisfaction (LSS) is 56% higher than housewives, which is 44%.

Aim and Purpose

The purpose of this study was to explore the levels of perceived stress and measuring differences in levels of perceived stress in working women and non working women during the pandemic in India.

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METHODOLOGY

Variables

- Variable 1:
 - Gender: working women and homemaker between ages of 21 to 50 years
 - Age groups: 21 - 50 years
- Variable 2: Levels of perceived stress: Low, Moderate & high

Method

Questionnaire or survey method was used to collect data by administering Perceived Stress Scale by Cohen. The survey was conducted through online forms.

Sample

Working women and homemaker between the age group of 21 to 50 years from Jaipur were taken by using randomised sampling.

Tools

Perceived stress scale developed by Sheldon Cohen 1983.

The Perceived Stress Scale (PSS) is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful. Items were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives.

The scale also includes a number of direct queries about current levels of experienced stress. The PSS was designed for use in community samples with at least a junior high school education. The items are easy to understand, and the response alternatives are simple to grasp. Moreover, the questions are of a general nature and hence are relatively free of content specific to any subpopulation group. The questions in the PSS ask about feelings and thoughts during the last month. In each case, respondents are asked how often they felt a certain way.

Evidence for Validity: Higher PSS scores were associated with — failure to quit smoking, failure among diabetics to control blood sugar levels, greater vulnerability to stressful life-event-elicited depressive symptoms, more colds

Health status relationship to PSS: Cohen et al. (1988) show correlations with PSS and: Stress Measures, Self- Reported Health and Health Services Measures, Health Behavior Measures, Smoking Status, Help Seeking Behaviour.

Scoring: PSS scores are obtained by reversing responses (e.g., 0 = 4, 1 = 3, 2 = 2, 3 = 1 & 4 = 0) to the four positively stated items (items 4, 5, 7, & 8) and then summing across all scale items. A short 4 item scale can be made from questions 2, 4, 5 and 10 of the PSS 10 item scale.

Interpretation:

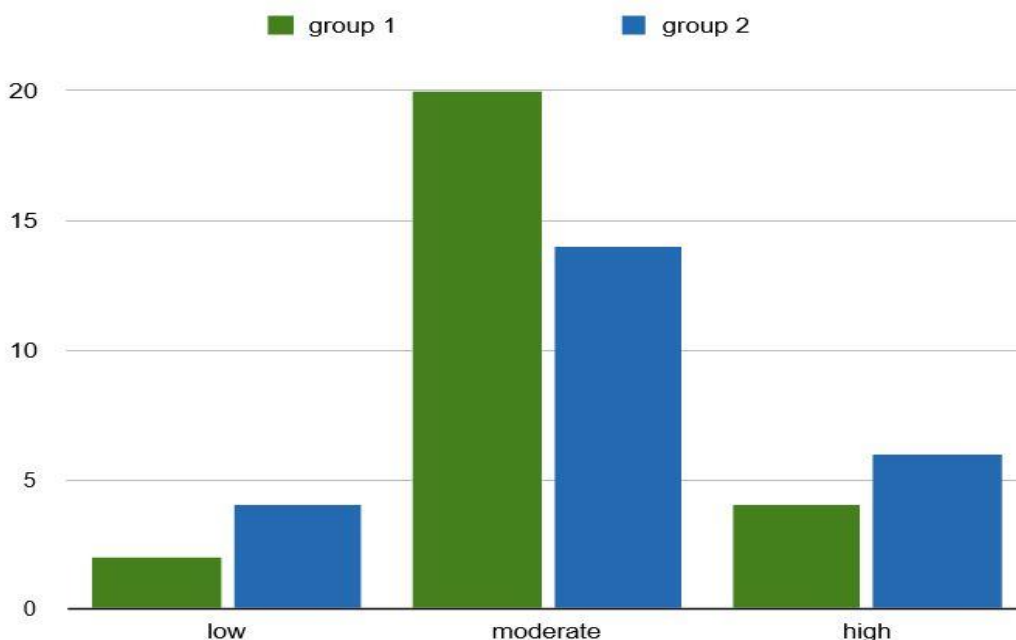
- Scores ranging from 0-13 would be considered low stress.
- Scores ranging from 14-26 would be considered moderate stress.
- Scores ranging from 27-40 would be considered high perceived stress.

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RESULT AND DISCUSSION

Table: 1 Number of working and non working women with Low, Moderate & High levels of perceived stress

	Perceived Stress levels			
	Low	Moderate	High	Total
Group 1 Non Working women	2	20	4	26
Group 2 Working Women	4	14	6	24
Total	6	34	10	50



Graph:1 Number of working and non working women with Low, Moderate & High levels of perceived stress

DISCUSSION

The purpose of the current study was to examine the stress levels of working and non working women during the pandemic in India. The overall number of perceived stress levels was observed higher in the non working women as compared to the working women group.

In the first group, which comprises of non working women, it was observed that the low scores were 2, and 20 women were in the moderate perceived stress scale and the highest on the scale was 4. Similarly, there were 4 working women who scored low in stress levels 6 in high stress level. There was however a higher number of working women observed in moderate category of perceived stress levels which was 14.

The total number of sample taken for this study was 50. Each group had a significant number of individuals. There were 6 individuals in the Low Perceived stress level category, in which 2 were working women and 4 were non working. There were a total of 10 individuals in the high perceived stress level category where were non working and 6 were working women. The highest number of individuals present were in the moderate perceived stress level category which was 34. Of them, 20 were non working women and 14 were working women.

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The number of individuals in moderate perceived stress levels were much more than the number of individuals in the low and high perceived stress levels. The number of individuals in the low and high perceived stress levels were significantly similar to one another.

The reasons for the moderate levels of stress is so high is perhaps during the pandemic, people became more adaptable towards the changing situations therefore the moderate stress levels are highest in comparison to all the other categories. Nonetheless, individuals felt like they were not able to control the outcomes in their life as well as they used to before the pandemic. That is probably the reason why the women scored moderate and not low in the stress levels.

Higher number of non working women fall under the moderate perceived stress category and similarly Higher number of working women also fall under the moderate perceived stress category. The lowest number of both working and non working women fall under the low perceived stress category.

The first group of non working women scored moderate on the perceived stress scale. It is perhaps because the majority of the homemakers were able to cope with the changing situations during the pandemic but not entirely. That's how the scores were neither high nor low on the scale.

The second group of working women also scored moderate on the scale which tells us that the majority of women feel okay with the changing situations like restrictions of the lockdown and working from home. It might even be a nice change for them as they get to spend more time with the family.

Fear and uncertainty of the situation in pandemic involving covid19 worried almost all the people. Every women whether working or homemaker were worried about catching covid19 infection. And most of them stressed about their family members suffering from the covid-19. Working women also experienced pressure because of work / academic related issues. Many women were stressed because their family members were or had been suffering from Covid-19 infection. Having to take care of them while being careful not to catch the infection themselves and amid the lockdown restrictions, all created stressful situations. Majority of women also informed that they themselves and their other family members also suffered from other ailments like diabetes or heart diseases like high blood pressure. This further worsened the fear from the coronavirus and increased their stress levels drastically. Work related issues also became a contributing factor. Because of not being able to go outside, management of work became more difficult, causing it to escalate their stress levels.

CONCLUSION

The analysis of the result suggests that the moderate perceived stress level category had the highest number of women in both the groups of working women and homemakers. It was found that women were able to cope with the stressors of the pandemic via defence mechanisms or better ability to adapt to the changing situations of restrictions and lockdowns. Furthermore, it is evident from the results that working women (group 2) were able to better cope with the stress as the proportion of non working women (group 1) on the high perceived stress level scale is slightly higher than working women.

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Although group 1 also scored high in the low category of perceived stress scale.

Limitations and Recommendations

1. The sample size can be increased to get comprehensive idea.
2. Advanced statistics can be used to see if the pattern was statistically significant
3. The perceived stress level can be affected by combination of stressors and stressors other than the pandemic. We can carry out advanced analysis to differentiate between the other stressors and the pandemic.
4. A study can also be conducted on women from outside Jaipur city.
5. A study can be conducted on rural women.
6. A larger and equal sample size can be studied for better generalisation of results.

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Conflict of Interest

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