

# Level of Stress among Working and Non-Working Women in relation to Healthiness, Wellbeing and Depression: a Comparative Study

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**Abstract:** Current scenario shows that India has world's largest numbers of professionally qualified women, largest population of working women in the world and more number of doctors, surgeons, scientist, professors that the united states. So this study was done to assess the burden of Stress and its risk factors in relation with healthiness, depression and wellbeing among adult female working and non-working population. This study was conducted as a community based cross sectional study among adult females of working and non-working population during November and December 2017. For these purpose 150 women, 75 working (Teachers) and 75 non-working (House wives) were selected age group ranging from 30-45yrs. To measure Beck's Depression Inventory, The Perceived Stress Scale (PSS)1983, Friedman well-being scale and Leddy Healthiness Scale (Leddy, 1996) were used to measure the above variables Descriptive statistic (mean; standard deviations) t- ratios were computed to compare the two groups in terms of significance of mean differences. Results clearly show that there are significant differences in Depression, Healthiness, and Wellbeing among Working and Non-Working Women. We found that the overall prevalence of depression was still high, so it is necessary to initiate and implement the health policy towards family and work place counseling services to overcome depression and to improve their healthiness and wellbeing among both working and non-working female population.

**Keywords:** Stress, Depression, Healthiness, Wellbeing, Working Women, Non- Working women

## Introduction

Role of woman in modern India can be called as phenomenon. The transition of woman from the past to present is worth mentioning. Woman who once considered being the masters in the art of

The facet of family economics going through translucence, majority of men prefer to marry a working lady. Apart from obtaining a pecuniary advantage, a working woman tends to understand their husbands better way as they face similar state of affairs at their workplace. Amit Bajpai, sales and marketing manager says, "Especially in metros, where the standard of living is so high, a man would like to have a helping hand. Moreover, a working wife would understand the work pressure you are facing; you can talk to her about your

work related problems. I think the working population has become more smart and sharp with the passage of time, as they have to deal with unique situations every day.”

Working mothers does not enjoy better health than fulltime housewives. As globalizations and industrialization started, women were encouraged to be educated and work according to the interest. This was a good sign for the women because they were recognized in the society but due to this, women faced many problems. They had adjustment relationship problems with family members, children and work place. They even had to face lot of stress because they have multiple roles. There are a number of different strategies that working mothers use to balance the demands of workplace and family. Working mothers in many fields experience conflicts’ between motherhood and professional advancement between 1985 and 2005, employment by day care centres increased over 250 percent , representing a gain of almost 400,000 new jobs. Working woman has to perform the duties of a wife and a mother at home and perform the role of a superior, a peer or sub – ordinate outside the home.

The working women are required to perform multiple conflicting roles at a time. Being simultaneously confronted with the multiple demands of home and outside, women have to face the problems of role conflicts. At home in addition to biological functions, there are other duties, which they have to perform because of the prevailing cultural norms and values .they are required at the same time to undertake responsibilities, duties and certain commitment connected with their employment. Difficulty arises because often divergent and conflicting roles make demands on the women without taking into consideration their physical capability, energy, endurance, and time, which are certainly finite.

This is truer in the case of women who are working in the organized sector. With two contradictory roles which demand her time and energy, often put her in conflicts. Working professionals frequently suffer from conflicts owing to the characteristics and working condition typically found in working area the working women are suffering from psychological problems. However, when pressure becomes excessive it has a negative impact on mental health. The non working women face fewer conflicts. The prevalence of role conflicts among working women in India is 87.4% workingwomen regularly face emotionally charged situations and encounter intense interpersonal situation and conflict in the workplace while trying to make appropriate and safe decisions. Research has shown that working women in a high risk occupation in respect of stress related diseases. Working women reduces the enjoyment in life, cause frustration, irritability, and reduces immunity and overall status of mental and physical wellbeing. The role conflicts faced by working women are work family conflicts, religious role, role conflicts on work performance, interpersonal role conflict, intrapersonal conflicts, less concern about their health, there will be lacking in caring of families members.

Work – family conflict is unavoidable in modern westernised life there could be many reasons for this, among which a few are the ongoing changes which occur in working life which plays a particular important role in one's family life. The role conflicts affect the mental status of women. These conflicts may lead to low self esteem, frustration, less coping abilities, stress and anxiety increases, associated with some behavioural problems. The many challenges have risen in addressing the balance between work and family responsibilities. Time flexibility, unequal distribution of work, there is lacking in child care facilities. Both men and women are vulnerable to work conflict, although women experience more roles over load more interference from work to family and more interference from family to work (mauno kinnunen & ruokolainen 2006). Thus researcher proposes that work demands, organisational support and job self- efficacy could be related to work – conflict.

The symptoms of depression in women are the same as those for major depression laid down in DSM-IV-TR. The bereavement exclusion in DSM-IV-TR has been removed from depressive disorders in DSM-5. Although the signs and symptoms of depression are the same for both men and women, women tend to experience certain symptoms more often than men. For example, SAD - depression in the winter months, is more common in women. Furthermore, women are more likely to experience the symptoms of atypical depression. Women also have a higher incidence of thyroid problems. Since, hypothyroidism can cause depression; this medical problem should always be ruled out by a physician in women who are depressed. Depression in women may develop during different phases of the reproductive cycle (premenstrual dysphoric disorder [PMDD], depression during pregnancy, postpartum depressive conditions, and menopausal depression).

Women and depression is holding a relationship of much interest over the last two decades. As more and more women enter the work force, they are increasingly exposed not only of the same work environment as men, but also to nuique pressure created by multiple roles and conflicting expectations (Nelson and Burke 2000; Chang 2000). It has long been observed that women are about twice as likely to become clinically depressed (to have dysthymia or unipolar depression) as are men. These differences occur in most countries around the world. (Nolen - Hoeksemo and Girgus, 1994; Whilelm and Roy, 2003; Ge and Conger, 2003).

The psychological well being is described as the quality of life of a person. It includes what lay people call happiness peace, and fulfilment, and life satisfaction, affect the woman is vital in our social set up. She is the one who starts a family with a man; she is the one who remains confident even in the dismal moments of life. She is the one who stands behind every successful man. She is the heart of family. Life satisfaction is an overall assessment of feelings and attitudes about one at particular point in time ranging from negative to

positive. it is one of three major indicators of well-being are life satisfaction positive and negative effect. Although satisfaction with current life circumstances is often assessed in research studies of dinner, Suh, Lucas and Smith include happiness which sometimes and interchangeably with satisfaction, quantity of life, and subjective or psychological well-being.

Psychological well-being inevitable development phenomenon brings along a number of changes in the physical, psychological, hormonal and the social conditions. Working women has been viewed, as problematic period of one's life and this is correct to some extent as compared to non working women. The working women psychological state is not well as compared to non working women. The statistics' show 80% of working women psychological state is not well in working women in Karnataka. Indians work force has changed quite a lot in the last sixty years. Though there are still more women in the work force the percentage of women working has steadily increases from 14.22% in 1971, in 2001, 25.68% frustration and stress may be a significant contributing factor to a client present.

Conflict management courses have mushroomed everywhere for successful response the stressor; people use different models of adaptation and one of them in coping. Coping is the process by which a person solves problems, makes decision, and relieves tension created by stress those that are automatic are often termed coping mechanism. Married working women who are working outside working environment. The stressor may be present within the family or the outside occupational situation. The ability of those patients to cope and adapt to these stressors has an important influence on physical and psychological well-being.

There are a number of different strategies that working mothers use to balance the demands of workplace and family. Working mothers in many fields experience conflicts between motherhood and professional advancement. Between 1985 and 2005, employment by day care centres increased over 250 percent, representing a gain of almost 400,000 new jobs.

As of the early 2000s, more mothers in the United States are working than ever before. In the mid-1990s, 58 percent of mothers with the age fifty, and nearly 75% of those with mothers between the age of 30-40 are on paid labour. The numbers of single mothers with full-time year rounds jobs increased from 39% in 1996 and 69% percent in 2002. Study conducted motherhood today, tougher challenges, less success, revealed that 46% of working mothers are interested to work part time because of younger children . 60% of the working mothers feel that they out their frustration on their families. Burden is more sever when women are mothers of young children whose needs are primarily a mother's responsibility.

Vandewater et al (1997) conducted a study on predicting women's well-being in midlife on the basis of importance of personality development and social role involvements. Increasing respect for the wellbeing of migrant workers is a matter not only of improving their living and working conditions, but also of fostering community development at home and abroad (Pecoud & Guchteneire, 2006). Diminished positive psychological well-being has been associated with difficulties in coping with major transitions in life (Abbot et al., 2008; Kwan, Love, & Ryff, 2003); an increase in distress symptoms (Rafanelli et al., 2000; Simon, 2002), an increase in negative self-evaluations, impaired work productivity, and neuroticism (Lindfors, Berntsson, & Lundberg, 2006). Alternatively, enhanced psychological wellbeing has been shown to predict successful identity formation (Vleioras & Bosma, 2005), serve as a buffer to stress, and improve coping with trauma (Ryff & Singer, 1998; Schnyder, Büchi, Morgeli, Sensky, & Klaghofer 1999; Showers & Ryff, 1996). Additional benefits of enhanced psychological well-being include an improvement in physical health (Keyes, 2005a; Lindfors & Lundberg, 2002), sleep quality (Friedman et al., 2005), and a decreased vulnerability to psychological damage from adverse events (Ryff & Singer, 2003). That is, enhanced psychological well-being has been shown to serve as a protective factor to various types of psychological distress and to enhance one's ability to "bounce back" after hardships (Ryff & Singer, 1998; Ryff, Singer, Love, & Essex, 1998). Another research suggests that significant difference emerged in perceived healthiness and psychological well-being of the aged migrants residing in camp and non-camp. Significant differences were revealed for high and low perceived healthiness on psychological well-being. Perceived healthiness was significantly related with psychological well-being., (Sood and Bakhshi 2012) Cultural intelligence is a significant predictor of acculturative well-being and psychological well-being (Jan & Dar 2015). Gender significantly affected the three component of wellbeing (joviality, happiness and sociability) but had no significant affect on emotional stability and self esteem component as well as the total wellbeing scores (Chouhan and Gupta, 2015).

Bhattacharjee et, al. (1983) studied on family adjustment of married working and non working women's. A specially developed adjustment inventory, a health-status questionnaire, a neuroticism scale, and an incomplete sentences blank to 76 married working and 70 married nonworking women's. No significant differences in adjustment or neuroticism were found between the working and nonworking Ss, nor were any differences found on the incomplete sentences measure of psychological conflicts. It is concluded that a woman's adjustment, whether employed or not, is a function of her own personality traits, expectations, and perceptions combined with those of her spouse and family members.

Sanlier and Arpaci studied the effect of stress on women health. Results reveal that employed women in the stress scale have a higher average score than that of the non- employed women. It has been determined that total stress scores of employed women were higher as compared to non- employed women and that there was a

significant difference between women's working status and total stress scores. Employed women had higher level of stress than non- Employed women. Hashmi et al. found that working married women have to face more difficulties in their lives like they experienced more stress and depression as compared to non-working married women. Cruess et al., Field et al. found that relaxation techniques such as progressive muscle relaxation (PMR), have been proven to be reliable methods in reducing self-reported stress and stress-related physiological activity in various non-pregnant clinical populations, as well as in healthy subjects. Bastani et al. Field et al., Nickel et al. and Teixeira et al. studied that the immediate impact of relaxation on pregnant women indicates a reduction in experienced stress or anxiety. Chaudhari et al. studied that increase in stress levels are found in female health care professionals in the Eastern part of India due to shortage of manpower, lack of infrastructure, long emergency duty hours and inadequate remuneration for their hard work. Practicing relaxation exercises had decreased not only the stress levels but also increased the quality of their life and most important patient care.

Patel revealed that in pretest most of the nurses 53.3% had moderate stress, 40.0% had mild stress and 6.7% had severe stress. In posttest most of the nurses had mild stress 73.3% and no stress 26.7%. It is concluded that Progressive Muscle Relaxation Therapy is effective in reducing the stress level of the staff nurses. Our family situations are entwined with stress and strains where working women they have to cope up with all pressures at work as well as at home. Pearlin and Schooler (1978) reported that the stressors, not only affects major life events but also encompasses ongoing minor events like electricity failure, maid not turned up, unexpected guests and child's misbehavior. Stress is not uncontrollable. With proper understanding of the stressors that cause stress, the situation can be well managed. In India research on family stress management had been of low concern because of lack of awareness and importance of stress in our family life. Kapur (1974) indicated that women who choose to combine marriage with career face a situation of helplessness and they hardly know how to allocate time and resources between these two major responsibilities. Paterson (1978) confirmed that the job taken by women created more conflicting situations for them due to dual role played and inability to tolerate the whole burden. Similarly, Holahan and Gilbert (1979) also reported that women who assumed home roles (e.g. wife, mother and a home maker) and non home roles (e.g. employee) frequently experienced conflict between competing role demands. Conflicts were considered likely when women perceived their home and career roles as highly desirable but mutually exclusive.

**PROBLEM OF THE STUDY:** Level of stress among Working and Non-Working Women in relation to Healthiness, Wellbeing and Depression: a Comparative Study

## OBJECTIVES

- 1) To assess the level of depression, healthiness and well being among working women.
- 2) To assess the level of depression, healthiness and well being among non working women.
- 3) To compare Depression, healthiness and psychological well being among working and non working women.
- 4) To compare the level of stress among working and nonworking women

### Sample:

It refers to the women working in government and private sector (teaching) between age group of 30-40 years. It refers to the women who are educated but not working staying at home between the age Group of 30-45 years. Working and Non-working women who are available in selected urban area in Haryana. Total sample size is 150 (75-working women and 75-non working women).

### Inclusion criteria:

- Working and non working women
- Of age group ranging from 30-45yrs
- Who are able to read and write in Hindi and English
- Who are present at the time of data collection?

### TOOLS:

For the purpose of present study following measures would be used to assess stress, Depression, Well-Being, and Healthiness

### Perceived Stress Scale:

A more precise measure of personal stress can be determined by using a variety of instruments that have been designed to help measure individual stress levels. The first of these is called the Perceived Stress Scale. The Perceived Stress Scale (PSS) is a classic stress assessment instrument. This tool, while originally developed in 1983, remains a popular choice for helping us understand how different situations affect our feelings and our perceived stress. The questions in this scale ask about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer fairly quickly. That is, don't try to count up the number of times you felt a particular way; rather indicate the alternative that seems like a reasonable estimate.

**Beck Depression Inventory:** Beck Depression Inventory, second edition (BDI-2) developed by Beck et al., was used for the determination of depression and its severity among respondents (Beck, Steer, & Brown, 1996). It contains 21 questions, each answer being scored on a scale value of 0 to 3. The obtainable scores ranged from 0 to 63 in which higher total scores indicated more severe depressive symptoms. Scores ranging from 0 to 13 indicated minimal depression, 14 to 19 indicated mild depression, 20 to 28 indicated moderate depression and scores ranging from 29 to 63 indicated severe depression (Beck, Steer, & Brown, 1996). The validity and reliability of the BDI-2 has been well established across a broad spectrum of clinical and non-clinical population. The BDI-11 positively correlated with the Hamilton Depression rating scale  $r=0.71$ , has a one week test-retest reliability of  $r=0.93$  and an internal consistency  $\alpha =.91$  [27,28,29].

**Friedman Well-Being Scale (Friedman, 1992):** The Friedman Well-Being scale consists of a series of 20 bipolar adjectives. It usually takes 2-3 minutes to complete. The instructions are quite simple and easy to self-administer. The Friedman Well-Being scale can be scored for a number of subscales: Emotional Stability (10 items; calm, relaxed, at ease; content, secure, steady, stable, unemotional, guilt free, not-envious), Jovial (3 items; jovial, humorous, enthusiastic), Self esteem/Self-confidence (3 item; self-confidence, assertive, self-assured), Sociability (3 item; social neighborly, outgoing), and Happiness (1 item). Test-Retest Reliability has been found to be .73 for 95 Minnesota college students in the second college student sample. Spearman-Brown split half Reliability have been found to be ranging from .63 to .97 A correlation of .61 between husbands and wives or couples living together strongly supports the external validity of Friedman Well-Being Scale.

**Leddy Healthiness Scale (1996):** Leddy Healthiness Scale is a six point rating scale having 26 items ranging from strongly agree to strongly disagree. Items measures Meaningfulness, Connections, Ends, Capability, Control, Choice, Challenge, Capacity and Confidence. The summative score can range from 26 to 150 with higher score indicating higher healthiness.

### **Administration:**

Though the measures used are group tests but in the present study these were administered individual. The tests were administered in accordance with instructions and procedure prescribed in respective manuals of test. Testing sessions were conducted in proper setting with adequate light, ventilation, and proper seating arrangement.

### Statistical analysis:

The obtains data was statistically analyzed. Mean, Standards Deviation and t- Ratios were computed to compare the two groups' in terms of significance of mean differences.

### RESULT AND DISCUSSION

The main objective of present study was to do comparative study Level of stress among Working and Non-Working Women in relation to Healthiness, Wellbeing and Depression: a Comparative Study. In it statistical 't' method was used and their correlation was measured. Results discussions of present study is as under

**Table - 1**  
**Showing the Mean, SD and 't' value of stress among**  
**Working and Non-working woman**

Sr. No.	Variable	N	Mean	SD	t-Test
1	Working Woman	75	20.01	5.267	9.503
2	Non-working Woman	75	12.32	4.627	

The result obtained on the basic area of stress reveals significant difference of working and non-working woman. The working woman received higher mean score **20.01** as compared to the non-working woman **12.32**, Standard deviation score of working woman received **5.267** and non-working woman received **4.627** and the 't' value is **9.503**. There has significant difference among working and non-working woman in stress. So we can say that stress of non-working woman is lesser than the working woman. It is clearly revealed from table-1 that there is a significant difference of stress on working and non-working woman. . The analysis shows that stress levels are high for working women when compared with housewives, and both of them have a relationship. The stress levels of women (both housewives and working women) and financial position of their family have a relationship. Stress is a part of human life; sometimes it can motivate us and help us to become more productive. Stress will increase our ability to be alert, productive, energized and face challenges and dangerous situations. But too much stress is harmful to us. This stress will create tension, anxiety, fatigue and burnout. In order to avoid stress from negatively impacting our lives, we need to increase knowledge about stress and also use stress management techniques. The study offers insights to working women and housewives to understand the determinants of stress. It will also help organizations and spouses in effective management of women's dual

role in work and personal life. This research study can become the base for further studies to be conducted by researchers, academicians and organizations for further understanding of stress levels among women

Gutek7 et al (1981) found that the interrole conflict is likely to increase as the demands of either the work role or family role increases. Similarly, interrole conflict can increase as one's obligations to the family expand through marriage and the arrival of children. However, Barnett and Baruch8 (1985) found that role conflict and levels of overload were significantly associated with occupying the role of mother but were not significantly associated with occupying the role of paid worker or wife. In opinion of Frone M.R. Russell9 (1992) combination of career and family roles are often associated with conflict, overload and stress. Pareek and Mehta10 (1997) in their study compared three groups of working women i.e. gazetted officers, bank employees and school teachers on the types of role stresses they experienced.

**Table - 2**  
**Showing the Mean, SD and 't' value of Depression Among**  
**Working and Non-working woman**

Sr. No.	Variable	N	Mean	SD	t-Test
1	Working Woman	75	17.77	5.344	6.283
2	Non-working Woman	75	12.12	5.671	

\* P < 0.05 \*\*P < 0.

The result obtained on the basic area of depression reveals significant difference of working and non-working woman. The working woman received higher mean score **17.77** as compared to the non-working woman **12.12**, Standard deviation score of working woman received **5.344** and non-working woman received **5.671** and the 't' value is **6.283**. There has significant difference among working and non-working woman in depression. So we can say that depression of non-working woman is lesser than the working woman. It is clearly revealed from table-1 that there is a significant difference of depression on working and non-working woman.

Nowadays stress becomes universal phenomenon. Every person wants more and more for the attainment of pleasure, due to this competition is increased in every field of life and this competition generates stress among people no doubt the competition is must but we don't ignore its result in the recent years as more and more women are coming to take on many jobs. Stress is common among the career women at workplace that's lead to level of depression. Evidences of research findings given by Pandya M. and Zala K. (2009) conducted

study on 120 male employees. Results indicate the depression of non-working man is lesser than the working male. Therefore we can say that present findings are supported by Pandya M. and Zala K. (2009).

**Table - 3**  
**Showing the Mean, SD and 't' value of Wellbeing Among**  
**Working and Non-working woman**

Variable	Working Woman (N=75) Mean	Working Woman SD	Non-working Woman (N=75) MEAN	Non-working Woman SD	t-value
FWBC	43.28	18.040	29.92	9.495	5.677
FSOC	40.63	19.514	33.27	17.915	2.404
FSES	44.83	17.577	32.59	14.154	4.695
FJOV	42.89	18.149	27.48	10.608	6.348
FES	43.52	18.291	29.85	10.806	5.571
FHAPP	42.40	20.324	24.01	13.364	6.546

\* P < 0.05 \*\*P < 0.01

Table no.1 showing descriptive statistics of wellbeing in working women (WW) and non working women (NWW) of Haryana. In case of well-being, the Non working women have scored significantly low than working women on all the six scales such as Well-Being Composite (WW Mean=43.28, SD=18.040; NWW Mean= 29.92, SD= 9.495; t= 5.677, p<.01), Sociability (WW Mean=40.63, SD=19.514; NWW Mean=33.27SD= 17.915; t= 2.404p<.01), Self-esteem/confidence (WW Mean=44.83, SD=17.577; NWW Mean= 32.59, SD= 14.154; t=-4.695 p<.01), Jovial (WW Mean=42.89 SD=18.149; NWW Mean= 27.48 SD=10.608; t= 6.348, p<.01), Emotional Stability (WW Mean=43.52, SD=18.291; NWW Mean= 29.85, SD= 10.806; t= 5.571, p<.01) and Happiness (WW Mean=42.40, SD=20.324; NWW Mean=24.01 SD=13.364; t= 6.546, p<.01). It posits that non working women tends to be less self-assured, sure of yourself, confident and positive more unsocial, socially avoidant, and distant, aloof, cold, non-loving, non-neighborly, tense, fearful, angry, sad, guilty, and precipitate. Working women tend to be feeling contented, and sensitive in interpersonal kindred, passionate, -temperate practical, constant, sheltered, naive, forgiving, joyful and positive in thoughts. Overall, non working women tend to be low on well-being as compared to working women. It posits that non working women tends to be less self-confident, self-assured, and assertive and hopeful more unsocial, socially avoidant, and far-away, unfriendly, cold, non-loving, non-neighborly, nervous, fearful, annoyed, distressing,

culpable and impulsive. Working women tend to be feeling contented and sensitive in interpersonal relations, enthusiastic, -self-disciplined, practical, stable, secure, trusting, forgiving, joyful and positive in thoughts because they interact with outer world.

**Table - 4**  
**Showing the Mean, SD and 't' value of Healthiness Among**  
**Working and Non-working woman**

Sr. No.	Variable	N	Mean	SD	t- Test
1	Working Woman	75	58.83	16.784	-7.544
2	Non-working Woman	75	84.29	23.937	

\* P < 0.05 \*\*P < 0.01

The result obtained on the basic area of healthiness reveals significant difference of working and non-working woman. The non working woman received higher mean score **84.29** as compared to the working woman **58.83**, Standard deviation score of working woman received **16.784** and non-working woman received **23.937** and the 't' value is **-7.544**. So we can say that healthiness of working woman is lesser than the non working woman. It is clearly revealed from table-3 that there is a significant difference of healthiness on working and non-working woman. The U.S. Bureau of National Affairs has conducted several surveys asking women to rate the seriousness of 11 hazards thought to affect female workers. In 1995 the women respondents ranked them in the following order: 1) stress, 2) repetitive motions, 3) AIDS, 4) violence, 5) VDTs, 6) indoor air pollution, 7) hepatitis, 8) injury on the job, 9) reproductive hazards, 10) tuberculosis, and 11) other infectious diseases. A parallel list of 11 hazards thought to affect male workers would look very different. The daily 'multitask' requirement on working women is taking a toll on their health with three-fourth of them in the age group of 32-58 suffering from some life-style, chronic and acute ailment, as per a survey done by ASSOCHAM for the International Women's Day. The ASSOCHAM study was based on the survey of 2,800 corporate female employees from 120 various companies/organizations across 11 broad sectors of the economy focused on the health issues of corporate female employees. They covered all levels of hierarchy and the problem of health was found be prevailing all through the ladder of their seniority and grades. Corporate female employees' hectic schedule of balancing workplace and home along with balancing between social and personal requirements causes their health care ignored,

## CONCLUSION

We can say that the stress of non-working woman is lesser than the working woman here was significant difference in healthiness among working and non-working woman. Results indicate the non working woman have better healthiness to compared working woman. There was significant difference wellbeing among working and non-working woman. We can say that the depression of non-working woman is lesser than the working woman. It is widely acknowledged that teaching is a challenging job, and high levels of mental health problems are seen in this population. Our findings suggest that feeling stressed or dissatisfied at work is associated with higher depressive symptoms. Depression is widely prevalent in women in India across all age groups. The multiple roles played by Indian working women contribute to stress, thereby making her susceptible to depression, which is often under-reported due to stigma. Stressful life event such as trauma, loss of a loved one, a difficult relationship, or any stressful situation often triggers a depressive episode. Additional work and home responsibilities, caring for children and aging parents, abuse, may trigger a depressive episode in working women from their counterparts. Working women having mental burden to contribute to the family economically as well, as comparative housewife. For a child, a non working mother is better as she could spend more time in parenting the child and inhibiting some essential childhood habits considering the cases of criminal offence by baby sitters, working women developed depression. As the working woman spends the major part of her life at work, they tend to feel lonely and stressed out. Their bond with the kids may not be very strong and the husband may have found other avocations to keep himself occupied. They may not have the energy or interest to get into domestic matters after work hours, leading to disharmony in their family. We can conclude that because of non working women can enjoy her family time and having less responsibilities from their counterparts that's why her level of depression is low. A house wife at home would give good love and care to her children, her in-laws and everybody at home. Non working women cannot be helpful to her family in economic matters, so that their wellbeing became low than working women. When women used to be housewives they were dependent on the family and they have to bear the torture from their husbands and in-laws if anything wrong goes. If there were any separation from their husband they remained helpless and people take them as burden.

Around five million employed American women experience depression each year. According to a survey by the National Mental Health Association and the American Medical Women's Association, 83 percent find it to be the top barrier to workplace success. The women identified common depressive behaviors, such as avoiding co-workers and missing or avoiding work, as holding them back from success. Eighty-nine percent who quit or lost their job blamed their depression, and close to one-third of survey participants said their condition "completely interfered" with their ability to complete their job requirements.

Future research should focus on the reasons for these associations, and the development of potential interventions that help alleviate the stress associated with teaching and that foster an environment that cultivates greater job satisfaction, and support within the workplace.

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