



Sleep Disturbance And Level Of Depression Among Working And Non Working Women:A Comparative Study

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Abstract: Womanhood is a period in female's life after her transition from childhood to adolescence, after crossing age of 18 years. Sleep disorder is a common and complicated health problem, which causes morbidity, mortality, decreasing functional capacity and quality of life. Depression is a state which affects how the person feels, think and handle daily activities. Women have particular stressors that might affect their sleep patterns and mental health, whether they are employed or not. Therefore, this comparative study is essential for understanding how different lifestyles, responsibilities and stressors influence mental and physical health among working and non working women. The main aim of the study is to compare the sleep disturbance and depression level between working and non working women.

The total sample comprised of 60 women (30 working and 30 non-working) from urban area of Ahmedabad city, Gujarat, state, India. The sample of the study adopted through simple random method. Pittsburgh sleep index and Beck's Depression Inventory were used to measure sleep disturbance and depression level respectively. The working women received higher mean score 9.53 as compared to the nonworking women 6.00 and the standard deviation score of working women received 1.07 and the non-working women received 0.78. So we can say that on working women have more sleep disturbance than the non working women. The working women received higher mean score 22.07 as compared to the non working women 12.10 and the standard deviation score of working women received 0.46 and the non-working women received 0.36. So we can say that working women have more depression level than the non working women. The current comparative study comes to the conclusion that working women experience much higher levels of depression and sleep problems than non-working women do.

Index Terms - Sleep disturbance, depression, working women, non working women

I. INTRODUCTION:

Womanhood is a period in female's life after her transition from childhood to adolescence, after crossing age of 18 years.⁽¹⁾ Sleep disorder is a common and complicated health problem, which causes morbidity, mortality, decreasing functional capacity and quality of life.⁽²⁾ Depression is a state which affects how the person feels, think and handle daily activities.⁽³⁾ 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 unique pressure created by multiple roles and conflicting expectations.⁽⁴⁾ 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.⁽⁵⁾ Symptoms of depression include feelings of sadness, hopelessness, helplessness, anxiety, irritability, agitation, fatigue, low energy, and a reduced activity level are common, and there is also withdrawal from social contact and loss of interest in

previously enjoyed activities.⁽⁶⁾ There may be changes in appetite, weight or sleep patterns, memory problems or difficulty concentrating. Often there are feelings of worthlessness or inadequacy and a lowered sense of self-esteem.⁽⁷⁾

Depression is psychological condition usually caused by various personal, social and occupational factors. Women have more depression because of the burden faced by them in the form of their personal and professional lives. They have to work in two different environments. Home and workplace environment plays important role in shaping the mental health of women.⁽⁸⁾ Not only their workplace environment affects them but their home environment also has some impact on their lives.⁽⁹⁾ If the environments are not conducive enough for them, it will start affecting their mental health.⁽¹⁰⁾ Depression is the leading cause of disease-related disability in women. Epidemiological studies have shown that the lifetime prevalence of a major depressive disorder in women (21.3%) is almost twice that in men (12.7%).⁽¹¹⁾

Sleep disturbances are a common health issue worldwide.⁽¹²⁾ It includes many sleep complaints, such as trouble initiating or maintaining sleep, early morning awakening, short sleep duration, excessive daytime sleepiness, etc.⁽¹³⁾ Sleep disturbances are understood as physical and psychological states that cause a series of adverse effects because of the abnormal amount and poor quality of sleep (QoS).⁽¹⁴⁾ Epidemiological studies have shown that the prevalence of worldwide sleep disturbance in the general population ranges from 8.3 to 45%. Good quality sleep which is characterized by adequate duration, appropriate timing, regularity, and the absence of sleep disturbances or disorders is essential for one's quality of life.⁽¹⁵⁾ Women are increasingly facing sleep-related problems throughout their life cycle. Shreds of evidence showed women are reporting more sleep-related problems when compared to men.⁽¹⁶⁾ Sleep fragmentation, sleep continuity disturbance, short or long sleep duration, circadian arrhythmia, and/or hypoxia could all be relevant domains in terms of sleep disturbance among females.⁽¹⁷⁾

The magnitude of sleep quality varies across the countries among reproductive-aged group women. A study conducted among young adult women reported that nearly half (45%) of women had poor sleep quality.⁽¹⁸⁾ Poor quality sleep has been associated with physical, social, economic, and psychological problems.⁽¹⁹⁾ Nearly 70% of mental health illnesses such as depression, suicidal ideations, and postpartum psychosis, are caused by sleep pattern abnormalities.⁽²⁰⁾ Moreover, sleep disturbances are also contributed to daytime weakness, tiredness, sluggishness, languid driving, stress, poor impulse control, and pain.⁽²¹⁾ Poor sleep quality can also be a cause for non-communicable diseases including obesity, hypertension and type 2 diabetes, and could be a primary driver of other health problems.⁽²²⁾ One of the important aspects of sleep is the quality of sleep, which includes quantitative aspects of sleep, such as its duration, latency or number of arousals, as well as subjective aspects like depth or restfulness of sleep.⁽²³⁾

Indian families are undergoing rapid and drastic changes due to the increased pace of urbanization and modernization. Indian women belonging to all classes have now entered into paid occupations.⁽²⁴⁾ The entry of women in the paid jobs is not accompanied with a simultaneous shift in the social division of labour. Women who work outside the home are required to make many socio-familial adjustments, thus confronted with the challenge of playing the dual-role to excel at home as well as at the workplace, which leads to overwork and often are stressed out. Since the tasks done by women at home for the nurturing of family have been of great significance, their under fulfilment may lead to further problems in the society.⁽²⁵⁾ The modern lifestyle involves frequent travel to different time zones, shift work, irregular work hours to achieve goals and deadlines, and living in a nuclear family, all of which alter sleep patterns and reduce the amount of time that is optimally spent sleeping.⁽²⁶⁾

In another side, non-working women also facing a lot of mental health problems such as anxiety, depression, loneliness, emotional disturbance, irritability, sleep disturbance, eating problems etc. Non-working women are engaging in the household duties such as cooking, cleaning and maintaining house, watching clothes etc. In this regard, she is facing a lot of problems such as role conflict, family conflicts, interpersonal and intrapersonal conflicts which caused to make poor mental health.⁽²⁷⁾

II. MATERIALS AND METHODOLOGY:

STUDY DESIGN: Comparative study
STUDY SETTING: Ahmedabad city
STUDY POPULATION: Working and Non working women of 18-50 years
SAMPLE TECHNIQUE: Convenient sampling
SAMPLE SIZE: 60 (30 working and 30 non working)
STUDY DURATION: 1 Month
OUTCOME MEASURES:

Pittsburgh Sleep Quality Index: It is used to assess quality of sleep during the past month. It contains 19 self-rated questions. There are 7 components: subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, sleep medication use, and daytime dysfunction.

In scoring the PSQI, seven component scores are derived, each scored 0 (no difficulty) to 3 (severe difficulty). The component scores are summed to produce a global score (range 0 to 21). Higher scores indicate worse sleep quality.

Beck Depression Inventory: It is a self-report questionnaire used to assess the severity of depressive symptoms in individuals. It's a 21-item multiple-choice inventory, with scores ranging from 0 to 63, where higher scores indicate more severe depression.

III. SELECTION CRITERIA:

INCLUSION CRITERIA:

Only women will be included in this study. AGE: 18-50. Employment status (full time or part time in any profession) and those who are not engaged in any employment. Willingness to participate.

EXCLUSION CRITERIA:

Severe medical conditions such as cancer which affect sleep and mental health. Pregnancy or postpartum period. History of Psychiatric disorders. Use of sleep medications or antidepressants.

III. PROCEDURE:

The questionnaire technique is adopted in the survey. All participants gave their informed consent to take part in the study. The questionnaires are presented by Google form to the participants. They were well-informed about the three questionnaires altogether, including personal data. The information they provide will not be shared with anybody and will not be used for any other purposes. The very effective statistical tools such as Mean, SD, 't' test and correlation were adopted for analyzing the obtained data using SPSS-20 version.

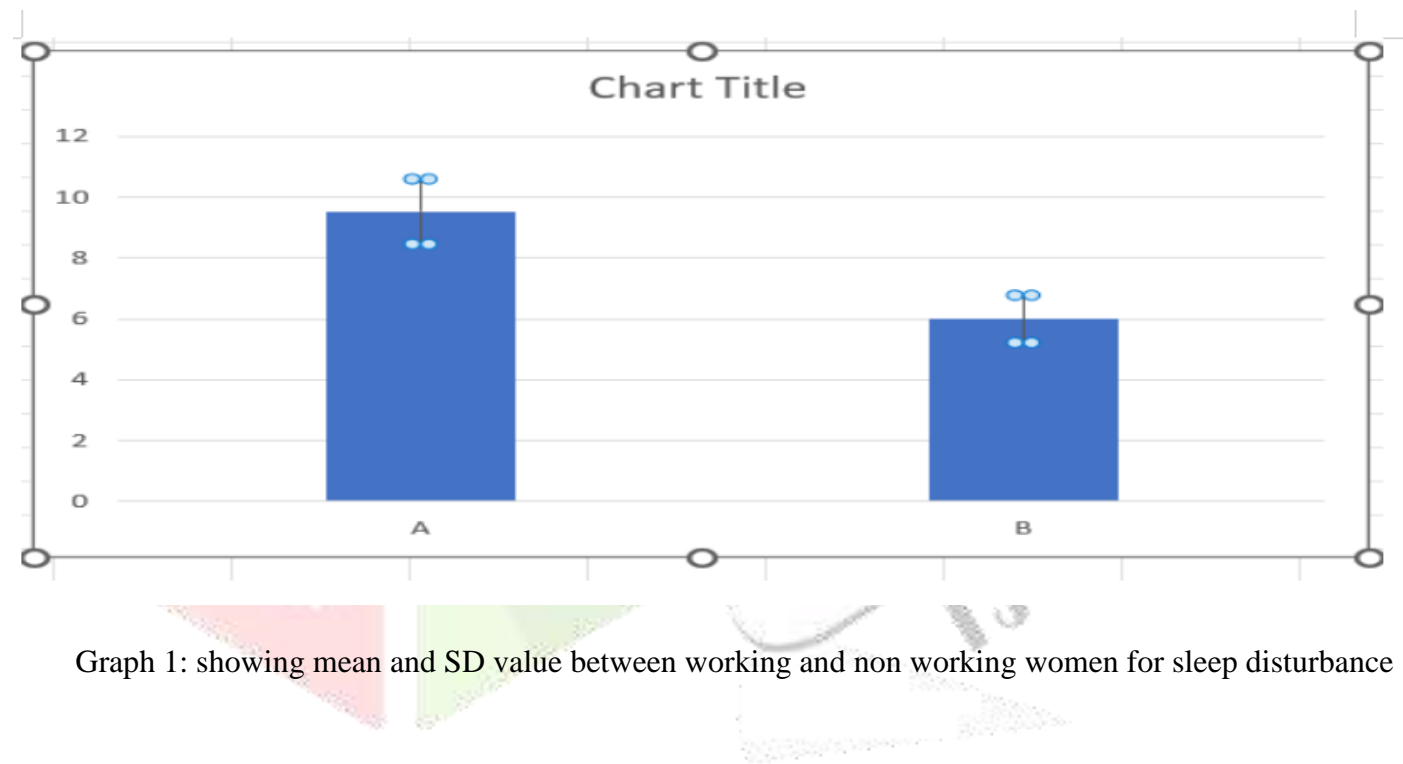
V. STASTICAL ANALYSIS:

TABLE 1: showing comparative values between working and non working women for sleep disturbance.

Sr No.	Variable	N	Mean	SD
1	Working Women	30	9.53	1.07
2	Non Working Women	30	6.00	0.78

t=14.52

P=<0.05



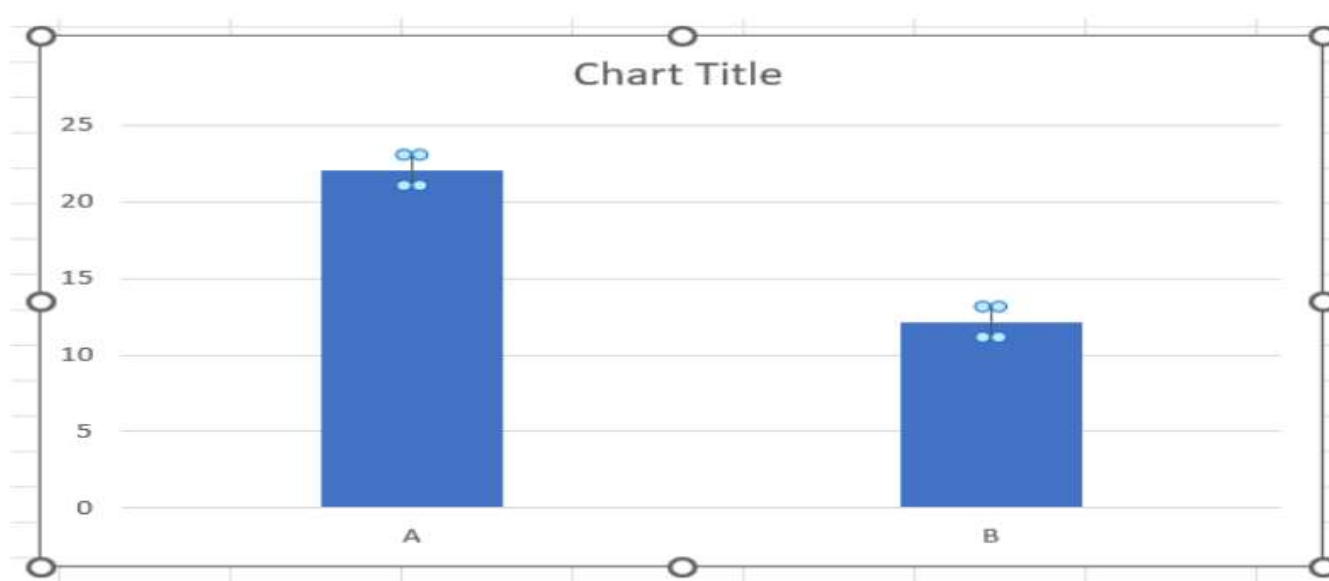
Graph 1: showing mean and SD value between working and non working women for sleep disturbance

TABLE 2 : showing comparitve values between working and non working women for depression.

Sr No.	Variable	N	Mean	SD
1	Working Women	30	22.07	0.46
2	Non Working Women	30	12.10	0.36

$$t = 16.84$$

$$p < 0.05$$



Graph 2: showing mean and SD value between working and non working women for depression

VI.RESULTS:

There is significant difference between working and non working women in sleep disturbance.
There is significant difference between working and non working women in depression level.

VII.DISCUSSION:

A study was conducted to compare sleep disturbance and depression level among working and non working women. The current study have a population of 60 working and non working women. The objective was to do comparison of depression and sleep disturbance between working and non working women. The findings provide insight into how employment status influences sleep patterns and mental well being. The findings from comparative analysis indicate that there is significant difference among both.

The result obtained on the basic area of sleep disturbance reveals significant difference of working and non-working woman. The working woman received higher mean score 9.53 as compared to the nonworking woman 6.00 and the standard deviation score of working woman received 1.07 and the non-working woman received 0.78. So we can say that on working woman have more sleep disturbance than the non working woman. The 't' value of sleep disturbance is 14.52. There has significant difference between working and non-working woman. It means hypothesis is not accepted. The working woman received higher mean score 22.07 as compared to the non working woman 12.10 and the standard deviation score of working woman

received 0.46 and the non-working woman received 0.36. So we can say that working woman have more depression level than the non working woman. The 't' value of mental health is 16.84. There has significant difference between working and non-working woman. It means hypothesis is not accepted.

A probable inference for this finding is that working women due to over perception of quantitative demands feel that they do not have enough time for life and enjoyment and just have to think about spending family and work life and consequently it leads to depression. Working women still confront lack of time and have to balance work and family obligations and personal life preferences that in most cases they are not successful. To deal with this situation they have to sacrifice their personal preferences. The result is that they feel they are working like a machine although they are less stressful than nonworking women because of more resources of social protection available to them. However, they are busy doing duties throughout the day and symptoms of depression such as loss of energy, fatigue, loss of interest in doing enjoyable activities are appeared and even aggression and irritability have been reported for them.⁽²⁸⁾

One possible explanation for the higher prevalence of sleep disturbance in working women is the increased psychosocial and occupational stress they experience. Working women often face the challenge of balancing professional responsibilities with household duties and care giving roles. This dual burden has been shown to increase physical and emotional strain, thereby disturbing normal sleep patterns and contributing to fatigue and irritability. Studies by Goyal et al. (2018) and Chung et al. (2020) also reported that employed women, particularly those with irregular work schedules, experienced poorer sleep quality than non-working women.

Results of this research emphasizes the necessity of paying attention to working women and making macro policies for creating a culture to share home chores between men and women. In particular, it should be noted that depression due to mental overload is treatment-resistant because even if a depressed working woman-the most important symptoms of depression is feeling low energy-takes rest, her depression causes her to lose her effectiveness in social environments and therefore it tends to be permanent.⁽²⁸⁾

VIII. CONCLUSION:

The current comparative study comes to the conclusion that working women experience much higher levels of depression and sleep problems than non-working women do. Workplace stress, restricted personal time, and the simultaneous duties of juggling professional and household roles could all be factors in these findings. Conversely, non-working women displayed lower levels of sadness and better sleep, which may be related to their more flexible daily schedules and less stress from their jobs. These findings highlight the necessity of supporting family structures, workplace interventions, and mental health awareness initiatives in order to lessen the psychological strain on working women and enhance their general well being.

The study's overall findings highlight the importance of giving working women's mental health and wellbeing more consideration. The burden of depression and sleep disruptions can be lessened in large part by family cooperation, adequate employment support, and education about the value of mental health. In order to ensure a better balance between job, family, and personal life, the findings also urge policy-level actions that address the particular psychosocial needs of women.

IX. LIMITATION AND RECOMMENDATION:

LIMITATIONS

1. The study has been conducted on small sample size.
2. The study uses self reported data.

RECOMMENDATION

1. A similar study can be extended with large sample size.
2. Longitudinal studies
3. Use of objective sleep measures
4. Cultural and regional comparisons
5. Intervention based research

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