



Mental Health States of Working Vs Non- Working Mothers: A Post Covid Phase Comparative Study

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ABSTRACT: Women are like “one soul...many roles”. They play various roles in everyone’s life in different forms but when they become ‘mother’ their other identity starts to get less priority but that does not mean end of other duties. In India whether woman chooses to stay working or non- working the responsibilities of children primarily lies on them. Birth of each child often brings significant challenges beside that never ending lists of work from dinner making, household chores to carpooling and errand- running .The pressure of multiple roles suffocates them as a result they often submerged in low mood, irritability and even losing their identity sometimes which bring some disorders in women’s life like stress, depression and anxiety. Irrespective of women work status the rate of mental health issues increased rapidly across the world during COVID -19 pandemic. But now the situation returned to normal. This research work was done to know the current mental health status of women in post COVID phase. To assess the difference between mental health status of working and non-working mothers a comparative study was conducted on (40) working and (40) non-working mothers by using Depression Anxiety Stress Scales-Short Form (DASS-21).

Result revealed that non-working mothers have higher level of stress, depression and anxiety compared to working mothers and among this three mental health issues the level of stress was more than depression and anxiety in non-working mothers.

Key Words: Working mother, Non- working mother, Stress, Depression, Anxiety, Covid

I. INTRODUCTION

A daughter, a sister, a wife, a mother, a housekeeper, a cook, an employee and many more – it is like “one soul...many roles”. So, women’s role

can be appropriately described as “multi-dimensional”. They have taken on multiple roles in everyday life. If she is a non- working mother or a house wife (who is not employed outside the home and whose main work is managing her family’s home – from caring for her children and other family members to buying good that the family needs for everyday life, cooking ,housekeeping).If she is a working mother (who works outside the home for income with added responsibility of meeting household, family responsibilities and raising her child). Her duties can be divided this way and on the basis of the requirements and responsibilities she plays different roles time to time. Women almost spend their 24/7 to fulfil their duties and responsibilities instead of taking care of themselves. Woman can view these as challenges or they can perceive them as threats. A recent National Mental Health Survey (NMHS) in India in 2015-2016, reported the lifetime prevalence of common mental disorders (CMDs), which include depression, anxiety and stress-related disorders as 12.3%

1.1 Mental health states:

Mental health states is the condition of emotional, psychological and social wellness evidenced by interpersonal relationships, effective behaviour coping, positive self-concept and emotional stability. For all individuals, mental, physical, and social health are vital and interconnected. So, it can affect a person’s daily living to physical health. Social, financial circumstances, life style choices, biological factors all can shape a person’s mental health. People in India, are least concern about the mental health. Specifically the women population, they are likely to experience multiple roles with thousands of responsibilities and as an obvious consequence they become conditioned to neglect themselves in order to nurture others. A



woman rarely pays attention to her own needs, particularly her mental state. Pressure caused by multiple social role, overworking, work – family balance, lack of spare time can lead to stress, anxiety, self-harm and depression like mental health issues in women.

1.2a Stress and stress related disorder:

The demands of life require that we adjust. Stress describes the physical, emotional, cognitive and behavioural responses to events that are appraised as threatening and challenging. Most people experience some degree of stress on a daily basis and likely to face situations and events, that require them to make changes and adopt the behaviour. According to several studies women are more prone to experience stress, because of the hormonal system they reacted more emotionally to a situation which makes them more exhausted on emotional level. Apart from that they have to manage multiple roles in their life simultaneously which makes them more vulnerable. Stress causing events are called stressors, which can come from within a person or from an external source, and ranges from relatively mild to severe. All situations that require some adjustment and adaptation can be regarded as potentially stressful. The term stress was used by engineers. Hans Selye, Canadian physician and endocrinologist used this word to describe the difficulties and strains experienced by living organisms as they struggled to cope with and adapt to changing environmental conditions. Selye also noted that stress could occur not only in negative situations (such as taking examination) but also in positive situations (such as wedding). Both kinds of stress can affect a person's resources and coping skills, although bad stress (distress) typically damage more on mental health.

1.2b Classification of trauma and stress related disorder:

The DSM- V (American Psychiatric Association) includes the following major categories of trauma and stress related disorder:

Reactive attachment disorder, disinhibited social engagement disorder, posttraumatic stress disorder (PTSD), acute stress disorder and adjustment disorder, other specified trauma and stressor related disorder, unspecified trauma and stressor related disorder.

1.2c Epidemiological studies of stress in Indian women population:

A recent Nielsen survey report (“Women of Tomorrow”) showed, 6500 women across 21

different nations Indian women are the most stressed in the world today. The biggest stress is felt among women of 25 to 55 years of age. In a survey, it is revealed that around 87% of Indian women felt stressed most of the time, and 82% reported that they had no time to relax. (Rema, M K; Kaur, Parneet; 2020)

1.3a Depression and Depressive disorders:

Depression is not ‘just’ experiences of sadness and feeling blue. It is a common but serious mood disorder. Everyone occasionally feels blue or sad, but these feelings are temporary in nature and pass within a couple of days. In the case of depression it is something severe and intense than the simple ‘sadness’. It causes severe symptoms that affect how the person feel, think, and handle daily activities, such as sleeping, eating, working to day to day functioning. It is a serious condition that can impact every area of women's life. It affects social life, family relationships, career, and one's senses of self worth and purpose. (Bohra, Bhatia, Srivastava, 2015) “Depression” was globally identified as the single largest contributor for years lived with disability (YLD). India reported approximately 57 million cases of depression. Depression can impact on a person's living in all spheres—family, societal, and work.

1.3b Classification of depressive disorder:

The DSM- V (American Psychiatric Association) includes the following major categories of anxiety disorders:

Major depressive disorder (including major depressive episode), disruptive mood dysregulation disorder, persistent depressive disorder (dysthymia), premenstrual dysphoric disorder, substance/medication induced depressive disorder . DSM- V further includes depressive disorder due to another medical condition, other specified depressive disorder and unspecified depressive disorder.

The common feature of all of these disorders are presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that affect the individual's capacity to function significantly.

1.3c Epidemiological studies of depression in Indian women population:

Depression is widely prevalent in women of all age groups especially in India where 1.2 billion population lives. WHO states that the burden of depression is 50% higher for females than males and Indians are reported to be among the World's



most depressed. The prevalence of depression is 9% of Major Depressive episode is 36% and the average age of depression is 31.9 years, in India. (Bohra, Srivastava, Bhatia; 2015)

A study revealed that the prevalence of depressive disorders stood at 3.9% among women and 2.75 among men. (Kohli.N;2019)

1.4a Anxiety and anxiety disorders:

Anxiety involves an apprehension about possible future danger, it is an emotional state commonly caused by the perception of real or perceived danger that threatens the security of an individual. If anxiety is excessive or interferes with functioning, it is considered as pathological anxiety disorder. Anxiety disorders affect approximately 29% of the U.S population at some point in their lives and are the most common category of disorders for women and the second most common for men. (Kessler, Berglund, Delmar, et al., 2005). The anxiety response pattern is a complex blend of unpleasant emotions and cognitions that is both more oriented to the future (Barlow, 2002). But anxiety is a mixture of three components, these are cognitive/subjective components, physiological and behavioural components. At the cognitive / subjective level anxiety involves worry about possible future threats, self-preoccupation, negative mood and a sense of being unable to control the future threat if it occurs. At a physiological level, anxiety often creates a state of tension, chronic over arousal, which may reflect risk assessment and readiness for dealing with danger should it occur. At a behavioural level, anxiety may create a strong tendency to avoid situations where danger might create a strong encounter, but the immediate behavioural urge to flee is not present in anxiety (Barlow, 2002).

Anxiety is a normal human emotion. Anxiety usually stimulates an anticipatory and adaptive response to a challenging or stressful situation. As a result of the "fight or flight" responses, anxiety generates. It triggers to release some natural chemicals in the body, which basically prepare an individual to deal with real danger or the stressful situation. Anxiety can affect everyone in different ways. Anxiety is considered excessive and pathological when a person regularly feels disproportionate levels of anxiety with an over activation of "fight or flight" response. Anxiety disorders alter how a person behaves and processes his/her emotions, also causing physical symptoms (racing heartbeat, sweating, nausea, clammy hands, short of breath etc.)

According to DSM- V most of the anxiety disorder occur more frequently in females than in males (approximately 2:1 ratio).

1.4b Classification of anxiety disorder:

The DSM- V (American Psychiatric Association) includes the following major categories of anxiety disorders:

separation anxiety disorder, selective mutism, social anxiety disorder (social phobia), specific phobia, panic disorder, generalized anxiety disorder (GAD), agoraphobia, substance/medication induced anxiety disorder. DSM-V further includes anxiety disorder due to another medical condition, other specified anxiety disorder and unspecified anxiety disorder.

Each anxiety disorder is diagnosed only when the symptoms are not attributable to the physiological effects of a substance/ medication to another medical condition or are better explained by another mental disorder.

1.4c Epidemiological studies of anxiety in Indian women population:

A recent study revealed that 3.9% women had anxiety disorders in India, while the corresponding number stood at 3.3% for the men. (Kohli.N;2019)

The objectives of this study is to assess the stress, depression, anxiety among working and non-working mother and to compare the levels of these variables between them and to know if there is any differences.

II. REVIEW OF LITERATURE

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. Whenever we discussed anything about mental health status, as some obviously linked factors we simultaneously discuss about the effect of stress, depression, anxiety in everyday life, specifically for women population because women juggle multiple roles everywhere, every day whether she is house wife or she is a working one.

Relevant research papers has been reviewed in this chapter.

[18] Singh (2014) conducted a study on a randomly drawn sample of 200 women from Ranchi (100 working & 100 non-working) to examine the life satisfaction and stress among working and non-working women. Life Satisfaction Scale and stress scale were administered for data collection. Mean, standard deviation, 't' test and correlation were



done as the statistics calculations. The results indicated that working women were more satisfied with their life than non-working and on stress scale nonworking women have higher level stress as compared to working women.

[3] Bohra, Srivastava and Bhatia (2015) has presented in their literature search the scenario of underdiagnosed, untreated cases of females in India who are suffering from depression. The hurdles faced by Indian women including lack of awareness, disadvantages, inadequate number of mental health professionals, stigma, position of women in the society, multiple roles, increased levels of stress, and domestic violence. Due to these factors depression is widely prevalent in all age groups of Indian women.

[12] Kermene (2016) their study seeks to assess the stress level among the Employed women and housewives and its management through Progressive muscle relaxation (PMRT) and Mindfulness breathing. A total sample of 100 women were selected, (50 employed) and (50 housewives). Sings personal stress source inventory was used. The 't' stat was used to calculation. Results revealed that stress level was high among the employed women than housewives. 25 employed women in experimental group received Intervention sessions of Progressive muscular relaxation technique (PMRT) and mindfulness breathing. Remaining 25 employed women from control group did not receive any intervention. After the intervention post-test was taken and result revealed decline in the stress level of experimental group of 25 employed women and no decline in stress level in the control group.

[13] Moral and Singh (2017) conducted a study to find out difference between working and non-working women on anxiety scale, for that 200 women participants were selected randomly from Meerut city. Working (n= 100) and non-working (n=100). Sinha Comprehensive Anxiety Test (SCAT) was administered. For statistical analysis 't' test was used. Results have shown a higher level of anxiety in working women as compared to housewives (non-working women). dual responsibility in home and profession play a major role in experiencing more anxiety in working women.

[10] Harilal and Santosh (2017) On a comparative study on the stress levels of women in this dual role of housewife and working. The targeted population consists of (90 housewives) and (90 working women). All participants were selected from various states of Kerala. Result clearly shown that working women in Kerala face more stress than housewives. When compared with various factors of stress, self-

role distance is high for working women and lower for housewives.

[6] Dibaji, Oreyzi and Abedi (2017) in their study compared housewives and working women in terms of stress, depression and perception quantitative, mental and emotional home demands. a sample consists of 188 Isfahan women (94 working women) and (94 housewives). perceived stress questionnaire, Beck Depression II and peters et al. home demands questionnaire were used. Results revealed that working women perceived more depression and quantitative and mental home demands than housewives. No differences was found out between working women and housewives in terms of stress and emotional home demands. According to this research work, working women were psychologically vulnerable because of the multiplicity of tasks.

[14] Panwar and Srivastava (2019) In a study of 156 participants (Employed women-78, housewives-78) were assessed using the Perceived Stress Scale and Satisfaction with Life Scale (SWLS) questionnaires, Visual Analogue Scale, Musculoskeletal Discomfort Form and Researcher's Assisted Questionnaire. Findings revealed mental stress is higher in housewives than employed women. Life satisfaction is higher in employed women and maximum housewives reported discomfort in knee and back area while employed women reported discomfort in neck region and back.

[19] Sultanpur (2019) conducted a study to understand the stress level between working and non-working women. A sample of 100 educated women (50 employed) and (50 housewives) were taken from kalaburagi city, within the age range of 21 to 60. To study the nature of distribution of stress scores among working females, frequency for background character and chi square test to find out the stress level, was done. Findings reveal working women's mild stress level is more. Moderate level stress and severe level stress found same among both the groups of working and non-working women. That means, they can manage the stress by adapting some healthy practices. Even an individual can learn to relax and enjoy life.

[9] Fernandes, Angolkar and Bagi (2020) conducted a comparative study on 102 married Indian women (51 working) and (51 non-working) from Belagavi city, to assess the level of depression among this two group and to determine its socio-demographic association. Beck Depression Inventory was used. From the findings it was revealed that non-working women scored high on borderline and moderate level of depression, whereas working women scored high on mild level of depression. It may be because



working women at least get chance to engage themselves in various kind of activities apart from their daily routine work, on the other hand sense of boredom, dependency and self-worthlessness in non- working women ultimately leads to stress and depression.

[1] Adhikari (2022). In his study aimed to compare anxiety and depression between working and non-working mothers. For this a total of 60 participants were selected.(30 working mothers , 30 nonworking mothers) .State-trait Anxiety Inventory(STAI) and Beck Depression Inventory(BDI) were used as tools for data collection. For statistical analysis mean, SD and t test were used. The results revealed that working mothers have multiple responsibilities and job related stress, so they were more anxious and depressed as compared to non-working mothers.

The review of literature indicates there is a significant difference between working and non-working women in terms of stress, depression, anxiety. Women juggle multiple roles irrespective of their work status, perform several independent tasks every day, they have taken on so many responsibilities which take a huge toll. It can lead to severe mental health issue, it can cause impairment in their personal and social life. Around one in five women have common mental health problem such as stress, anxiety and depression. They are more likely to be diagnosed with common mental health issues which get worse over time.

Need for the present work:

From the review of the above literature, it is evident that no definite conclusive evidence can be drawn. The present comparative study is an attempt to investigate difference between working and non- working mothers from Kolkata, West Bengal on their mental health status, in post pandemic phase. It can be stated that the findings of the past studies, appear to be divergent on the role of the factors contributory to all these variables and seem to be associated with the present study in a great extent.

III. METHODOLOGY

The present study is concerned with mental health states (stress, depression, anxiety) of married working and non- working mothers. The purpose of the study is to compare and explore few psychological aspects of married working and non-working mothers with respect to certain variables which create impact on day to day life of women.

Methodology refers specific procedures or techniques used to identify, select, process and analyse data or information about a topic. In other

words it is a structured framework of conducting research in order to address various issues and solve problems.

The standardized tools are regarded as the basis for an evidence based assessment. It is a type of evaluation tool which have established statistical validity and reliability. Established and standardized tools evaluate responses in a way through which resulting dimensions can be operationally defined. The dimensions of stress, depression and anxiety have been measured by Depression Anxiety Stress Scales- Short Form (DASS-21) (By Syd Lovibond and Peter Lovibond, 1995).

3.1 Objectives:

The present study was aimed -

- To find out if there is any significant difference between working and non- working mothers with respect to stress.
- To find out if there is any significant difference between working and non- working mothers with respect to depression.
- To find out if there is any significant difference between working and non- working mothers with respect to anxiety.

3.2 Hypothesis:

On the basis of previous studies, following hypothesis were formulated-

- **H1:** There is a significant difference between working and non- working mothers in respect to stress level
- **H2:** There is a significant difference between working and non- working mothers in respect to depression level
- **H3:** There is a significant difference between working and non- working mothers in respect to anxiety level

3.3 Operational definitions:

- **Working mothers-** Working mothers refer to the group of women who work outside the home for income and also maintain household chores including raising children.
- **Non- working mothers-** The basic concept of non- working mother is someone who stays home to raise her children, to manage her household and does not hold outside employment.

- **Mental health –** Mental health is a state of well- being in which it includes the capacity of every individual to feel, think and act in ways that



enhance the performance of mental function, resulting in productive activities, fulfilling relationships with others and the ability to adjust satisfactorily to various stains we meet in life.

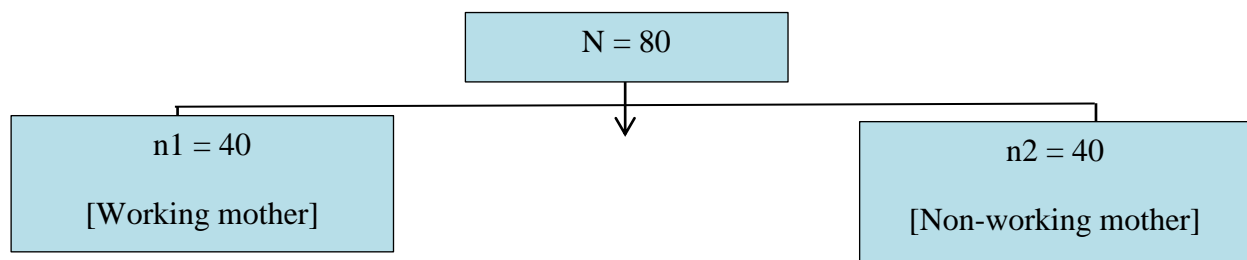
- **Stress-** Response to a situation or event that an individual perceives to be overwhelming that they cannot adequately cope with the demands being made on them or with the threats to their well-being.
- **Depression-** Is not as same as passing blue mood but it is a serious mood disorder characterized by persistent low mood, loss of interest, low self-worth, disturbed sleep and appetite, low energy.
- **Anxiety-** A subjective feeling of apprehension, worry and fear caused by anticipation of ill-defined realistic or imaginary threatening situation or event.

3.4 METHODS:

3.4a Sample-

The purposive sampling technique was used for present study. A total no of 100 participants were approached among which 90 participants were signed in consent form and filled up the questionnaire booklet. Out of 90 participants, 6 participants did not returned the questionnaire and 4 participants (who belongs from widowed, separated from husband, not staying with husband, issue less category) submitted the filled up questionnaire. From this pool of data 80 usable data were selected for the present study. The total sample was divided on the basis of working and non- working category. All the participants were selected from Kolkata and it's surroundings area.

The numbers of participants were assigned to different groups based on working and non- working mother category are as follows:



The participants were selected on the basis of the following inclusion and exclusion criteria:

Inclusion criteria:

- subjects must be married
- Age range- above 25 – below 60
- Middle to high socio economic status
- subjects should be staying with their husband
- subjects must be a house wife or a working woman
- subjects should have children

Exclusion criteria:

- Unmarried subjects
- Divorced or separated and widowed subjects
- Presently not living with husband (husband stays in outstation for years)
- Low socio economic status
- Those who are childless
- Those who have no understanding for English language
- Those who belongs from psychology field

The participants who were selected for present study are referring as “subjects” here.

3.4b Description of the tools:

• Demographic details

An information schedule was used to gather demographic details – name, age, education level, duration of marriage, living with husband (Yes/No), number of children, socio economic status, residence (Rural/Urban), occupation (House wife/ working), Type of job (Government/ Private), working hours.

• Depression Anxiety Stress Scales- Short Form (DASS-21)

Description:

Originally developed by Syd Lovibond and Peter Lovibond at the University of New South Wales in 1995, The Depression, Anxiety and Stress Scale (DASS-21) is a quantitative measure of distress. It examines three areas: depression, anxiety, and



stress. Each of the three subscales includes seven items.

In the area of depression, the scale measures levels of dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and inertia.

For anxiety, it measures autonomic arousal, situational anxiety, skeletal muscle effects and subjective experience of anxious affect.

Lastly, the stress related items evaluate difficulty relaxing, nervous arousal, being easily upset/agitated, being irritable/over-reactive, and impatience.

Administration:

This is a self-administering test. Participants are asked to rate each item on a 4-point scale based on

what they've experienced during the past week. The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much or most of the time

Scoring:

Sum scores are computed by adding up scores on the items per subscale and then it is needed to multiply the scale scores by 2

Depression = (Items 3, 5, 10, 13, 16, 17, 21)

Anxiety = (Items 2, 4, 7, 9, 15, 19, 20)

Stress = (Items 1, 6, 8, 11, 12, 14, 18)

RANGE	STRESS	ANXIETY	DEPRESSION
NORMAL	0 - 10	0- 6	0 - 9
MILD	11 - 18	7 - 9	10 - 12
MODERATE	19 - 26	10 - 14	13 - 20
SEVERE	27 - 34	15 - 19	21 - 27
EXTREMELY SEVERE	35 - 42	20- 42	28 - 42

Reliabilities:

The reliabilities of the DASS-21 scales were .82 for Anxiety, .90 for Stress, .88 for depression and .93 for the Total scale.

Convergent and discriminant validity:

The essential findings indicate that, the DASS-21 has good convergent and discriminant validity when compared with other validated measures of depression and anxiety.

IV. RESULT

Table 1: Descriptive statistics (mean and standard deviation) and inferential statistics (independent large equal sample t- test) concerning mental health status (stress, depression, anxiety) between working and non-working mothers.

Variables	Working mothers (N = 40)		Non-working mothers (N = 40)		t- value
	Mean	SD	Mean	SD	
Stress	11.75	5.96	15.55	9.64	2.120*
Depression	6.65	6.81	12.25	11.06	2.725**
Anxiety	7.70	7.86	12.10	10.35	2.140*

*significant at 0.05 level

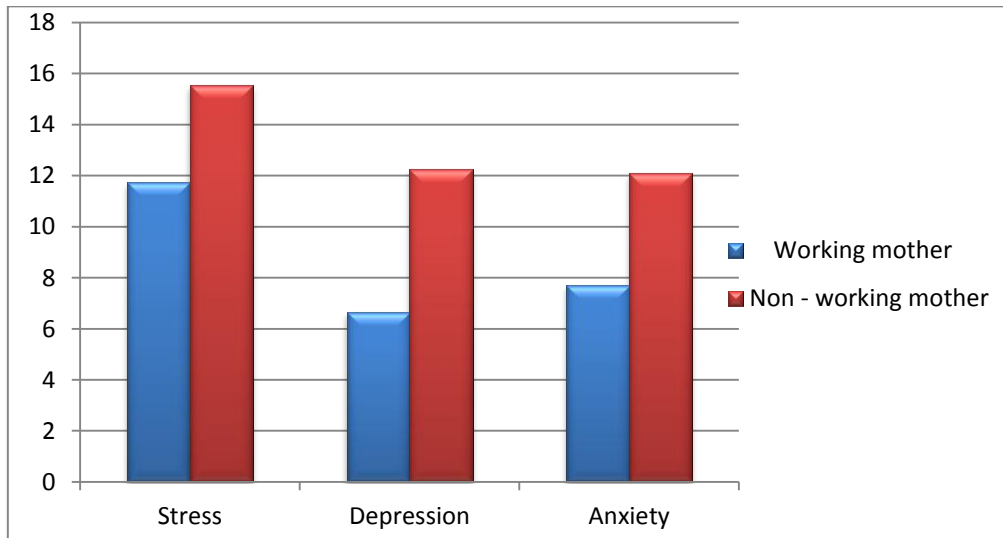
** significant at 0.01 level



It is evident from the above Table 1 that, there is a significant difference between working and non-working mothers in respect to stress, depression and anxiety. Non-working mothers have higher level of stress, depression and anxiety compared to working mothers. Thus, **H1**, **H2** and **H3** are accepted.

V. GRAPHICAL REPRESENTATION

Graphical representation of mean differences on mental health status (stress, depression, anxiety) between working and non-working mothers



VI. DISCUSSION

In this study, under the mental health states it was shown that there is a significant difference between working and non-working mothers in respect to stress, depression and anxiety. So, H1, H2 and H3 are accepted. From the result it can be seen that the level of stress, depression and anxiety are high on non-working mothers group than working mothers group. This might be because apart from routinely work, working mother at least can involve themselves in various activities, can enjoy their free time outside of the regular household chores, also have some time to make new friends but in the case of non-working mother they are completely stuck with everyday household chores, responsibilities of handling children which bring the feelings of boredom, self-worthlessness and as an obvious outcome it might leads to stress and depression (Srivastava, 2016; Balaji et al., 2013; Fernandes et al., 2020). The complexity and monotony of all of these roles can cause ups and downs throughout life, this can create impact on the mental health status. Similar results have been reported in other studies that non-working mother experience chronic stress because of role overload in their daily life (Durak et al., 2021). In Indian society, it is considered being a housewife is a “thankless job”. Non-working mothers devote their

24/7 to care for her family and her home. Neither they have any schedule nor they have any holiday leave. They must be stay active from the time they wake up until they go to bed to fulfil their family's need but still their services often go unnoticed and unacknowledged. Most of the women as housewife feels they have no importance, no self-worth, they are not contributing to the growth of the family. Housewives whose level of anxiety is high, they may have low self-esteem and less social support (Matud et al., 2000). In Indian society, people think that housewives do not do anything, they just waste whole day by sitting idle. Due to this mentality people disrespect, humiliate their housewives. This kind of attitude from family and surroundings are the key elements that cause depression in them. Now women do not see the role of housewife with pride rather they feel they are doing a meager job which demand physical and mental stress, exhaustion and worry. Even non-working mothers experience lower level of life satisfaction and higher level of stress than working mothers (Panwar & Srivastava, 2019). They do not receive any salary for their endless services, they have to depend on their spouses from their financial need to every basic requirements, as a result it bring a feelings of dependency, self-worthlessness which contribute in stress and depression. Those who do not work



outside or do not get paid for their services have a greater risk of developing mental health issues (Haggett, 2009). In the case of working mother they might have a good work-life balance which positively contributes on their mental health status. They might put aside quality time to spend with their family and friends. By effective time management they might be able to divide time for their various roles and responsibilities. It is often seen a person with financial independency and security works more efficiently, lives happier with low stress. In a third world country like India, finance matters. Working women earn and contribute in the family exactly like their male counterpart so they are neither dependent nor expect financial support from their spouses. This sense brings their own worth and importance in family. These facts might lead to the result of the present study, that is the probable reason of high level of stress, depression and anxiety on non-working mothers group than working mothers group.

VII. CONCLUDING REMARKS

7.1 Conclusion of the study:

The present study is undertaken to explore the differences between working and non-working mothers in respect to their mental health status (stress, depression and anxiety). The study was conducted on 80 participants (40= working mothers) and (40= non-working mothers) drawn from the different areas of Kolkata and its surroundings. The analysis of results of this report appear to be interesting, and the major trends of finding obtained therefrom seem to converge on certain points on the basis of which the following conclusion may be drawn.

- a) There exists a significant difference between working and non-working mother in respect to stress. The stress has been found to be higher among non-working mothers than working mothers.
- b) There exists a significant difference between working and non-working mother in respect to depression. The depression has been found to be higher among non-working mothers than working mothers.
- c) There exists a significant difference between working and non-working mother in respect to anxiety. The anxiety has been found to be higher among non-working mothers than working mothers.

7.2 Limitations of the present study:

It is common that there is no end in research work because all endings herald new direction, a new beginning. The limitations of the study basically comes from the design, methodology and how the data were collected that influenced the application and the interpretation of the work. The following aspects may be regarded as the limitations of the study:

- a) Due to time constrains compromise had to be made with respect to sample size.
- b) Data were collected by using some self-administered questionnaire. So, the chance of biasness could not be controlled.
- c) Personal interview should be taken from the participants to understand individual differences.
- d) Child's age of the participant could not be taken into consideration during the time of the study.

7.3 Implication of the present study:

The study area on which the investigation has been conducted has its importance because the group is consisted of Indian women, who are juggling multiple roles every time. The purpose of the study is to assess the difference between working and non-working mothers in respect to their mental health status (stress, depression and anxiety). So, from the result it is seen that non-working women face common mental disorders (CMDs), which include depression, anxiety and stress-related disorders more than working mothers. Though several factors are responsible for this, family support, income, number of child, lack of acknowledgement and many more. After investigating all the aspects it can be said that non-working mothers need to feel valued, they need appreciation from their family and surroundings for their endless services. Some motivational programmes are needed to include non-working mothers in some other activities than their routine works to reduce their monotony and enhance their self-esteem. Beside that, there is a need to improve mental health status of women by community awareness programmes, early diagnosis and treatment.

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