

## Effects of marital status, job status and age groups on Depression in working women

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### Abstract

The present study attempted to explore the effects of marital status, job status and age groups on Depression in working women. Depression is a feeling of low mood and aversion to activity that can have a damaging effect on a person's thoughts, behavior, feelings, world view and physical wellbeing. Depressed people may sensation sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, hurt or restless. They may be unable to find interest in activities that once were enjoyable. A sample of 200 working women were taken from different institution of Delhi, Utrakhnad and Uttar Pradesh. The age range from 35-55 years. Analysis of variance was used to analyse the data. Results indicated that the unmarried working women have higher feelings of depression in comparison to married working women. Working women having age group of 35-43 years have higher feelings of depression in comparison to working women having age group of 46-55 years. Women, who are working in Pvt. Sector have higher depression level in comparison to those women who are working in Govt. sector.

**Keywords:** depression, marital status, job status

### Introduction

Depressed mood is not essentially a psychiatric disorder. It is a normal reaction to certain life events, an indication of some medical circumstances and a side effect of some medical treatments. Depressed mood is also a main or connected feature of certain psychiatric syndromes such as clinical depression. A History of Depression the Ancient Greek physician Hippocrates pronounced a syndrome of melancholia as a distinct disease with particular mental and physical symptoms; he considered all "fears and despondencies, if they last a long time" as being symptomatic of the ailment. It was a similar but far larger concept than today's depression; importance was given to a clustering of the indications of sadness, dejection, and despondency, and often fears, anger, delusions and obsessions were included. The term depression itself was consequent from the Latin verb *derriere*, "to press down" From the 14th century, "to depress" meant to conquer or to bring down in spirits. The first version of the DSM (DSM-I, 1952) confined depressive reaction and the DSM-II (1968) depressive neurosis, well-defined as an excessive reaction to internal conflict or an identifiable event, and also encompassed a depressive type of manic-depressive psychosis within major affective disorders. In the mid-20th century, researchers hypothesized that depression was caused by a chemical imbalance in neurotransmitters in the brain, a theory based on remarks made in the 1950s of the effects of reserpine and isoniazid in changing monoamine neurotransmitter levels and affecting depressive symptoms. Major depressive disorder is a restricting condition that adversely disturbs a person's family, work or school life, sleeping and eating habits, and general health.

In the United States, around 3.4% of people with leading depression commit suicide, and up to 60% of people who commit suicide had depression or further mood disorder. C.P. Khokhar, M. Chatterjee, (2010) <sup>[11]</sup>, also founded that role stress, work schedule and personality of working

women affected the way they think, from positive to negative and therefore, leading to a high level of suicide in them.

The diagnosis of major depressive disorder is grounded on the patient's self-reported experiences, behaviour testified by relatives or friends, and a mental status examination. There is no laboratory test for major depression, even though physicians usually request tests for physical conditions that may cause similar symptoms. The most common time of beginning is between the ages of 20 and 30 years, with a later peak between 30 and 40 years. Typically, patients are treated with antidepressant medication and, in many cases, also receive psychotherapy or counselling, even though the effectiveness of medication for mild or moderate cases is problematic. Hospitalization may be necessary in cases with associated self-neglect or a significant risk of harm to self or others.

Some people are at higher risk of depression than others; risk factors include:

- Life events: containing bereavement, divorce, work issues, relationships with friends and family, financial problems, medical concerns, or acute stress.
- Personality: those with less successful coping strategies, or previous life trauma.
- Genetic factors: first-degree relatives of depressed patients are at higher risk.
- Childhood trauma.
- Some prescription drugs: containing corticosteroids, some beta-blockers, interferon, and other prescription drugs.
- Abuse of recreational drugs (including alcohol and amphetamines): Can accompany depression or result in it. There are strong associations between drug abuse and depression.
- A past head injury.
- People who have had an episode of major depression are at higher risk of a subsequent one.

- Chronic pain syndromes in particular, but also other prolonged conditions, such as diabetes, chronic obstructive pulmonary disease, and cardiovascular disease.

A. Balaji, V Sarumathi, and Saranya N. (2014) [1] investigated that depression is a state of low mood and aversion to activity that can affect a person’s thoughts, behavior, feelings and sense of well-being. This mood disorder is becoming more communal among middle aged female population and especially the factors correlated are unique in this population.

So this study was done to evaluate the burden of depression and its risk factors among adult female working and non-working population of women. This study was conducted as a community based cross sectional study among adult females of working and non-working population during June and July 2013.

Totally 309 working women and 309 non-working women were interviewed and the results showed that severe Depression was present in 2.9% and 2.3% in Working and Non- Working Female Population respectively. In summarized way, we report 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 counselling services to overcome depression and to improve their quality of life among both working and non-working female population.

Harrison D. (2013) [9] explained factors which lead to an increased rate of anxiety and depression in doctors include the following: extensive workload, extended duty hours, over demanding patients, scanty resources, ethical and legal issues and traumatic or critical decision making.

**Objective**

- To find out the effect of marital status, job status and age groups of working women on Depression.

**Hypotheses**

The following hypotheses are framed to verify in reference to depression through Ex-post-facto experiment:

- Depression will differ on marital status in working women.
- Depression will differ on job status in working women.
- Depression will differ on age groups in working women.
- Mutual interaction of marital status, job status and age groups will influence depression in working women.

**Methodology**

**Sample**

A total sample of 200 working women from various job status, age groups and marital status has been selected randomly from the various districts of Uttarakhand, Uttar Pradesh and Delhi.

**Tool**

Eight state questionnaire (8SQ), by Shri Malay Kapoor (New Delhi) and Dr. Mahesh Bhargava, (Agra) (1991). The Eight State Questionnaire (8SQ) was designed specifically for measuring eight important emotional states and moods (Cattell & Curran, 1973).

The theoretical importance of measuring emotional states lies in the fact that any prediction of how a person will act or how he will perform depends as much on his present state as on his usual trait.

**Design**

The present investigation is an Ex post facto design in 2×2×2 factorial settings. Three independent and one dependent variable were used. The dependent variable was depression. The independent variables were marital status, age groups and job status. Participant’s age varying between 35-55 years. The obtained data were analyzed by using ANOVA.

**Procedure**

Participants were contacted personally and requested to respond on above mentioned measures. They were asked to read carefully the instructions given in the questionnaire. Participants were allowed to take their own time to complete the questionnaire. Above mentioned psychometric device was administered to the selected participants.

**Results and Discussion**

**Table 1:** Research Paradigm

|            |       | Marital status |         |            |         | Σ    |
|------------|-------|----------------|---------|------------|---------|------|
|            |       | Married        |         | Unmarried  |         |      |
|            |       | Job Status     |         | Job Status |         |      |
|            |       | Pvt.           | Govt.   | Pvt.       | Govt.   |      |
| Age groups | 35-43 | ΣX-456         | ΣX-430  | ΣX-510     | ΣX-429  | 1825 |
|            |       | M-18.24        | M-17.20 | M-20.40    | M-17.16 |      |
|            |       | N- 25          | N- 25   | N- 25      | N- 25   |      |
|            | 46-55 | ΣX-519         | ΣX-430  | ΣX-405     | ΣX-345  | 1699 |
|            |       | M-20.76        | M-17.20 | M-16.20    | M-13.80 |      |
|            |       |                |         |            |         |      |
| Σ          |       | 975            | 860     | 915        | 774     | 3524 |

**Table 2:** ANOVA Summary (P<0.05) Depression: Marital status ×Age × Job status

| Source of variance              | SS      | df  | MS     | F     | P     |
|---------------------------------|---------|-----|--------|-------|-------|
| Marital status                  | 106.58  | 1   | 106.58 | 15.42 | <0.01 |
| Age                             | 79.38   | 1   | 79.38  | 11.48 | <0.01 |
| Job status                      | 327.68  | 1   | 327.68 | 47.42 | <0.01 |
| Marital status×Age              | 115.52  | 1   | 115.52 | 16.71 | <0.01 |
| Marital status×Job status       | 3.38    | 1   | 3.38   | 0.48  |       |
| Age×Job status                  | 8.82    | 1   | 8.82   | 1.27  |       |
| Marital status× Age× Job status | 675.98  | 1   | 675.98 | 97.82 | <0.01 |
| Error                           | 1326.78 | 192 | 6.91   |       |       |
| Total                           | 2644.12 | 199 |        |       |       |

F<sub>.05</sub> (1,199) =3.89; F<sub>.01</sub> (1,199) =6.76

**Details of Significant Results**

- The retained H<sub>0s</sub> (5 & 6) show that bivariate interactions (M.S.×Job status, Age× Job status) are not significant.
- The rejected H<sub>0s</sub> may be detailed as given below:
  - H<sub>0</sub> (1) Marital status is rejected at 0.01 ls-** Unmarried working women have higher Depression in comparison to married working women.
  - H<sub>0</sub> (2) Age is rejected at 0.05 ls** Working women having age group of 35-43 years have higher feelings of Depression in comparison to having age group of 46-55 years.

**c. H<sub>0</sub> (3) Job status is rejected at 0.01 ls-**

Women who are working in Pvt. Sector have higher Depression in comparison to those women who are working in Govt. sector.

**d. H<sub>0</sub> (4) Marital status × age group is rejected at 0.01 ls-**

Unmarried working women having age 35-43 years have higher Depression in comparison to married working women having age group of 46-55 years.

**e. H<sub>0</sub> (7) Marital status × Age group × Job status is rejected at 0.05 ls-**

The result is interpreted in light of breakup further

Although Null H<sub>0</sub> (7) Marital status × Age group × Job status is rejected the further breakup of results show the significance as given below:

**Table 3:** Breakup of Trivariate (2×2×2) interaction among marital status, age groups and job status on Depression

| S.N. | Source of variance   | SS      | df  | MS     | F     | P     |
|------|----------------------|---------|-----|--------|-------|-------|
| 1.   | Married: Age×Job     | 19.84   | 1   | 19.84  | 2.87  |       |
|      | Unmarried: Age×Job   | 2.20    | 1   | 2.20   | 0.31  |       |
| 2.   | Age(35-43):M.S× Job  | 15.12   | 1   | 15.12  | 2.18  |       |
|      | Age(46-55): M.S× Job | 4.20    | 1   | 4.20   | 0.60  |       |
| 3.   | Job(Pvt.): M.S× Age  | 141.12  | 1   | 141.12 | 20.42 | <0.01 |
|      | Job(Govt.): M.S× Age | 35.28   | 1   | 35.28  | 5.10  |       |
| 4.   | Error                | 1326.78 | 192 | 6.91   |       |       |

F<sub>.05</sub> (1,199) = 3.89; F<sub>.01</sub> (1,199) = 6.76

**Table 4:** Breakup of Significant results of Trivariate interaction. Pvt. Sector: Marital status × Age group.

| S.N. | Variables   | Interaction | Mean  | S <sub>ed</sub> | t    | P    |
|------|-------------|-------------|-------|-----------------|------|------|
| 1.   | Married     | Age (35-43) | 18.24 | 0.86            | 2.93 | <.01 |
|      |             | Age (46-55) | 20.76 |                 |      |      |
| 2.   | Unmarried   | Age (35-43) | 20.40 | 0.81            | 5.18 | <.01 |
|      |             | Age (46-55) | 16.20 |                 |      |      |
| 3.   | Age (35-43) | Married     | 18.24 | 0.89            | 2.42 | <.05 |
|      |             | Unmarried   | 20.40 |                 |      |      |
| 4.   | Age (46-55) | Married     | 20.76 | 0.0.78          | 5.84 | <.01 |
|      |             | Unmarried   | 16.20 |                 |      |      |

t<sub>.05</sub>=2.01; t<sub>.01</sub>=2.68

**Interpretation of significant results of 2 × 2 × 2 trivariate interactions**

**1. Job status (Pvt. Sector): Marital status (Married): (46-55years>35-43 years)**

Result shows that in married working women, the age group of 46-55 years promotes the tendency of depression in comparison to the age group of 35-43 years in married working women.

**2. Job status (Pvt. Sector): Marital status (Unmarried): (35-43 years>46-55 years)**

Result shows that in unmarried working women, the age group of 35-43 years promotes the tendency of depression in comparison to the age group of 46-55 years in unmarried working women.

**3. Job status (Pvt. Sector): Age (35-43 years): (Unmarried>Married)**

Result shows that Unmarried working women of age group 35-43 years having higher depression in comparison to married working women of age group 35-43 years.

**4. Job status (Pvt. Sector): Age (46-55 years): (Married>Unmarried)**

Result shows that within the age group of 46-55 years, married state of the women promotes the tendency of depression in comparison to unmarried women, having age group of 46-55 years.

**Interpretation and conclusion**

The results indicate that within the age of 35-43 years, unmarried working women in Pvt. Sector enhance the tendency of depression in comparison to married working women. On the other side, within the age group of 46-55 years, married state of the working women in Pvt. Sector promotes the tendency of depression in comparison to unmarried women. Within the age of 46-55 years, married state of the working women in Pvt. Sector promotes the feelings of depression in comparison to younger age group 35-43 years married women. In the context of unmarried state, working women in Pvt. Sector, younger age group 35-43 years have higher feelings of depression. It may be concluded that Pvt. Sector independently promotes depression. Rest of the states, of the population as independent variables. There is a considerable difference found in the level of depression among men and women doctors. Female doctors have a higher level of depression as compared to male doctors. Sadeghi MD, Navidi M., Sadeghi AE, (2007) contradicts the findings of the present research and concludes that the rates of depression among doctors in Tehran, Iran reported that 31.2% of the entire study population had indications of depression (26% of the males and 39% of the females). Symptoms of depression were 2.3 times more frequent in female doctors as compared to male doctors. Additionally, the need to study and work instantaneously make them more vulnerable to psychological problems such as depression. Not only this, because of anxiety, stress, suicidal ideation, fatigue and guilt the families of the working women in every field are also affected.

Some of the studies relate to the fact that if a person is having anxiety, stress and depression, it is possible that the person will also suffer from fatigue and guilt in some amount at some point of their life. Same is with the case of working women also. They are not different from the general population or the lay people. I also agree to this fact that if a person is having anxiety, stress and depression he/she will surely suffer from fatigue and guilt whether in just a small amount or large amount. Working women like normal human beings do make mistakes and these mistakes are sometimes are fatal to their work place or family and sometimes have different kinds of side effects on them. This may be the reason for their guilt sometimes.

Khuwaja A. K., Qureshi, (2004) had found 34% and 24.8% doctors with mild to moderate anxiety and depression, and 7.2% and 1.0% doctors were with severe amount of anxiety and depression respectively. Some of the literature also showed 39% doctors in Karachi were found in anxiety and depression. Kuerer *et al*, (2007), in another survey of 549 members of the Society of Surgical Oncology, 28% of respondents met the criteria for burnout and approximately 30% screened positive for depression with additional study signifying that around 10% of respondents would have met the criteria for major depressive disorder at the time of the survey if they had undergone a full psychiatric assessment.

C. P. Khokhar (2007) <sup>[12]</sup>, also founded high levels of depression in women working outside their home as compared to the housewives.

Literature also revealed that working women are at more risk to develop anxiety, depression, suicidal ideation and psychological distress, which is six times more than that of working males. The above studies support the present investigation. The present investigation says that unmarried working women in Pvt. Sector are more prone to stress, depression and anxiety as compared to married working women in Govt. sector.

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#### Conflicts of Interests

The author declare that no competing interests exist.

#### Author's contributions

There is an individual author who contributed to the theoretical development, analysis, interpretation and writing of the manuscript.

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