



*Journal of Advances and
Scholarly Researches in
Allied Education*

*Vol. IV, Issue VIII, October-
2012, ISSN 2230-7540*

**RELATIONSHIP BETWEEN MENTAL HEALTH
AND MARITAL SATISFACTION AMONG
WORKING WOMEN**

Relationship between Mental Health and Marital Satisfaction among Working Women

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Abstract: The main aim of the Present investigation was to Study the mental health and marital Satisfaction among Working Women. The sample was consisted of 180 married working women belonging to 60 teachers (30 urban and 30 rural), 60 doctors (30 urban and 30 rural), 60 administrators (30 urban and 30 rural). An incidental purposive sampling technique was used for data collection. The age range of sample is from 25 to 45 years. The participants selected from urban and rural areas of North Gujarat. Mental health check list by Pramod kumar and marital satisfaction scale by Brinda Amritraj and Jay Prakash were used. To analyzed the data 't' test was used. The results clearly indicate that significant differences existed between urban and rural teachers, doctors and administrator working women with regard to their mental health and marital satisfaction.

INTRODUCTION:

The problems and difficulties of the workingwomen are multidimensional and need probing it has been found that the problems of married working women include health of respondent unbri dling of children, managing of household duties and duties towards their husband, fulfillment of social obligations and social functions. The responsibilities of marital and family life make it difficult for the working wife to give first priority to her professional duties. According to Barnett et. Al.(1995) family greater demand on women takes a higher toll on women's mental health in the dual carrier and family as compared to male. Melies et.al.(1992) studied that spousal role satisfaction stress and coping of 54 women clerks. These women characterized their spousal satisfaction in relation terms and identified companionship and communication with their partners as pleasing they also enjoyed feelings of love offering nurturance to please their partners. Mishra (1999) found that the compelling observation is that works for the majority of Indian women become an avenue of exploitation and discrimination by the employer a source of conflict with the spouse and other member of the family and an inducer of doubt and guilt about one's role as a wife/mother. Due to emphases on the financial gains from employment issues of self enrichment, fulfillment and satisfaction of emancipation is largely suppressed. Rivera et.al.(1997) found that annual employment house, occupation and family responsibilities such as childcare and weekly housework significantly affect self reported health status of employed women. William et. al.(1977) revealed that health damaging psychosocial factors like job strain, depression, hostility, anxiety, and social dissention takes to cluster in certain individuals.

Wharton & Erickson (1995) investigated that performance of family motion work had negative

consequences for women's job related well-being. Mishra (1999) stated that the employed women reported more hassles greater well being and less support while housewives reported lesser stress, well being and more support.

Women and depression is holding a relationship of much interest over the last two decade. 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 (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 the world (Nolen – Hoeksema and Girgus 1994; Whilelm and Roy, 2003; Ge and Conger, 2003)

Depression are normal features of our lives modernity brought women education in its wake and she changed the arena of activity she stepped out of the household of house and joined service like man one she got admiration equality and opportunity but the euphoria was ephemeral as she was supposed to take this job as an additional responsibility. She not expected to shrink household work this brought problems like strain and depression (Pillai and Sen)(1998).

OBJECTIVES :

To Study and compare Mental Health and Marital Satisfaction of Urban and Rural Teachers, Doctors and Administrators.

HYPOTHESIS:

There will be no significant difference between urban and rural women teachers, doctors and administrators with regard to their mental health and marital satisfaction.

METHOD

Sample:

For the present study an incidental purposive sampling technique was used for the selection for the participants. The sample was consisted of 180 married working women belonging to 60 teachers (30 urban and 30 rural), 60 doctors (30 urban and 30 rural) and 60 administrators (30 urban and 30 rural) the age range from 20 to 45 years. The participants selected from urban-rural areas from Gujarat state.

Tools:

To measure mental health mental health check-list by Pramodkumar was used. It consists 11 items, 6 mental and 5 somatic presented in a 4-point rating format. The total score varies from 11 to 44 showing the highest to the lowest (poorest) mental health status.

To measure marital satisfaction of the participants marital satisfaction scale by Brinda Amrutraj and Indira jayprakash was used.

Procedure:

After collecting general information about the participants a report was established. Mental health check-list by Pramodkumar and satisfaction scale originally constructed by Brinda Amrutraj were administered to the workingwomen from various occupation and urban rural areas of North Gujarat they were assured about confidentiality of their responses. Due to fatigue precautions were taken during the administration and both the tools were administered one by one after a short break.

Statistical analysis:

The 't' test was used for data analysis.

RESULTS:

Table: 1 Showing Mean, SD and 't' ratio of Mental Health score of Urban & Rural Doctor, Teacher and Administrator

Profession	Urban			Rural			't' value
	N	Mean	SD	N	Mean	SD	
Doctor	30	29.60	3.43	30	22.36	4.34	7.16*
Teacher	30	30.53	2.75	30	22.30	3.02	11.03*
Administrator	30	34.17	3.69	30	27.73	4.36	6.17*

** significant at .05 level * significant at .01 level

Table: 2 Showing Mean, SD and 't' ratio of Mental Health score of Urban and Rural Teacher and Doctors

Area of residence	Teacher			Doctor			't' value
	N	Mean	SD	N	Mean	SD	
Urban	30	30.53	2.25	30	29.60	3.43	1.96
Rural	30	22.30	3.02	30	22.37	4.34	0.07

Table: 3 Showing Mean, SD and 't' ratio of Mental Health score of Urban and Rural Teachers and Administrator

Area of residence	Teacher			Administrator			't' value
	N	Mean	SD	N	Mean	SD	
Urban	30	30.53	2.25	30	34.16	3.69	4.32*
Rural	30	22.30	3.02	30	27.73	4.36	5.61*

Table: 4 Showing Mean, SD and 't' ratio of Mental Health Score of Urban and Rural Doctors and Administrators

Area of Residence	Doctors			Administrators			't' Value
	N	Mean	SD	N	Mean	SD	
Urban	30	29.60	3.43	30	34.16	3.69	4.97*
Rural	30	22.37	4.34	30	27.73	4.36	4.78*

The result (Table No.1 to 4) clearly indicate that significant differences existed between urban and rural Teachers, Doctors and Administrators on Mental Health Score. The higher mean score of urban Teacher, Doctors and Administrators show poor mental health, than rural Teachers, Doctors and Administrators. Administrators from both areas urban and rural show poor mental health by getting high mean score than urban and rural teachers and doctors.

Table: 5 Showing Mean, SD and 't' ratio of Marital Satisfaction Score of Urban & Rural Doctor, Teacher and Administrator

Profession	Urban			Rural			't' value
	N	Mean	SD	N	Mean	SD	
Doctor	30	46.90	7.81	30	40.87	9.97	2.61**
Teacher	30	46.80	5.59	30	46.03	8.88	0.21
Administrator	30	39.27	9.33	30	49.03	7.11	4.56*

Table: 6 Showing Mean, SD and 't' ratio of Marital Satisfaction Score of Urban and Rural Teachers and Doctors

Area of residence	Teacher			Doctor			't' value
	N	Mean	SD	N	Mean	SD	
Urban	30	46.50	8.59	30	46.90	7.81	0.19
Rural	30	46.03	8.88	30	40.87	9.97	2.12**

Table: 7 Showing Mean, SD and 't' ratio of Marital Satisfaction Score of Urban and Rural Teachers and Administrators

Area of residence	Teacher			Administrators			't' value
	N	Mean	SD	N	Mean	SD	
Urban	30	46.50	8.59	30	39.27	9.33	3.12*
Rural	30	46.03	8.88	30	49.03	7.11	1.44

Table: 8 Showing Mean, SD and 't' ratio of Marital Satisfaction Score of Urban and Rural Doctors and Administrators

Area of residence	Doctors			Administrators			't' value
	N	Mean	SD	N	Mean	SD	
Urban	30	46.90	7.81	30	39.27	9.33	3.44*
Rural	30	40.87	9.97	30	49.03	7.11	3.65*

The Table No. 5 to 8 shows the results of Marital Satisfaction, significant mean differences have been found between urban and rural doctors and administrators. Urban doctors and administrations shown better marital satisfaction and doctors have show better marital satisfaction by getting high mean score than urban administrator.

Rural teachers shown better marital satisfaction by getting high mean score than rural doctors. Rural administrators has shown better marital satisfaction by getting high mean score than rural doctors.

DISCUSSION:

Rural teachers, doctors and administrators have shown better mental health than urban teachers, doctors and administrators. Due to role of working women and the competitive world, urban teachers, doctors and administrator feel more workload, more adjustment, more worries and stress than rural

teachers, doctors and administrators. So they have shown poor mental health.

Urban doctors have better mental health than urban teachers because doctors are aware of the mental stability and overall health as compared to teachers. Urban teachers have better mental health than urban administrator because urban and rural administrators have more responsibilities. More stress and face more competition than urban and rural teachers and rural doctors. Rural teachers and rural doctors have better mental health than rural administrators because they have better climate in work place. According to Makovaska (1995) and Barnett et. al., (1995) family greater demand on women takes a higher toll on women's mental health in the dual carrier and family as compared to males.

Urban doctors and rural administrators have shown better marital satisfaction than rural doctors and urban administrators. Urban doctors have better marital satisfaction because they have high socio-economic status, more facilities to satisfy their marital life and they get lot of opportunities to give psychological strokes to their spouse. Rural administrators have less responsibility, more time, less stress so they can easily and properly satisfy the need of marriage life. Urban teachers and urban doctors are found more satisfied in their married life than urban administrator because urban women administrators have face more stress and responsibilities on work place. They have no sufficient time to satisfy all the events and needs to satisfy their marriage life. So they cannot experience life satisfaction than other working women. Melies et. al., (1992) result do not supports these results.

CONCLUSION:

Results indicate that significant differences between urban and rural teachers, doctors and administrators working women's with regard to their mental health and marital satisfaction due to their dual role, responsibilities, stress and urban or rural life style:

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