

Depression among Women as per Their Marital Status- An Analytical Examination

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ABSTRACT

Women's perspectives have completely changed over the past few decades. Whereas they once thought of themselves as saleswomen entering the marketing industry and adapting the progressive-path for their livelihood, today's women see themselves as housewives caring for domestically dependent family members, giving birth to their children, and keeping themselves constantly busy. Pt. Jawaharlal Nehru believed that rather than keeping them busy with home economic affairs, they should constantly be actively participating in the social and political life of the country. Depression symptoms appear when we react negatively to life's circumstances repeatedly, intensely, and frequently. Numerous situations that arise in life cause us to experience both positive and negative emotions, such as enthusiasm, irritation, fear, and happiness. Angry, depressed, happy, etc. All age groups and practically all stages of life are affected by depression. Depression symptoms can appear in people of any age, including toddlers and adults. Depending on the personality type, even modest stressors can trigger depressive symptoms. Stress and depression can create symptoms including extreme melancholy, a lack of interest in anything, difficulty getting to sleep or sleeping too much, feelings of powerlessness, and suicidal thoughts. Women have been working for about 100 years now, in fact. One of the most important issues in society is the employment of women. since women became active in society. Therefore, the focus of the current research work is on the dissatisfaction and depression experienced by married and single women.

Keywords—Depression, Working women, Life balance, Clinical psychology

1. Introduction

Depression is a severe illness that can affect each and every aspect of a woman's life. It has an impact on one's social relationships, family dynamics, workplace, and consciousness and motivation. From estrogenic levels to social influences to the female reaction to stress, there's many various components that contribute to the particular scenario of depression in women.

No doubt, responsibilities for women will increase after marriage, however, unmarried women may have their own reasons of depression. In this work, we have tried to compare the level of depression among unmarried and married women.

2. Methodology

Once a research topic has been identified, the researcher must concentrate on creating an effective solution. A good design reduces bias while increasing the data's reliability. Additionally, it provides various perspectives on a single subject and produces the most information with the least amount of experimental error. The goal and characteristics of the research challenge determine the study design. As a result, one design cannot be utilised to address all categories of research issues; rather, a particular design is appropriate for a certain issue. Typically, a study design consists of the following elements:

- i). the methods for gathering information;
- ii). The researcher's availability and his or her qualifications, if any;
- iii). The goal of the issue to be investigated;
- iv). How the issue is structured; and
- v). The time and resources that are available for the research project.

Depression

We start to experience the signs of depression when our unpleasant reactions to the events of life start to happen frequently and intensely. Numerous situations that arise in life cause us to experience both positive and negative emotions, such as enthusiasm, frustration, fear, happiness, anger, grief, and joy. All age groups and practically all stages of life are affected by depression. Depression symptoms can appear in people of any age, including toddlers and adults. Depending on the personality type, even modest stressors can trigger depressive symptoms. Stress-induced depression is characterized by symptoms like severe melancholy, lack of interest in daily activities, excessive or disturbed sleep, feelings of powerlessness, and suicidal thoughts.

A "whole body" illness, depression affects your body, mood, and thinking. It has an impact on how you feel about things. An occasional blue mood is not the same as a depressed disease. It is not an indication of personal weakness and cannot be cured or wished away. Depression symptoms can differ from person to person and depend on how severe the depression is. Changes in thinking, mood, behaviour, and physical health result from depression.

2.1 Methodology of Data Collection

The required sample for the current study was purposefully selected from the districts of Indore and Ujjain. In this study, 150 working married and 150 working unmarried women from class 1 II and class III state and central services who are between the ages of 25 and 35, 36 and 45, and over 45 years old participated in the FISES MSES and LSES. Women who are employed for pay include individuals who work as nurses, doctors, engineers, teachers, LIC employees, bank tellers, and others.

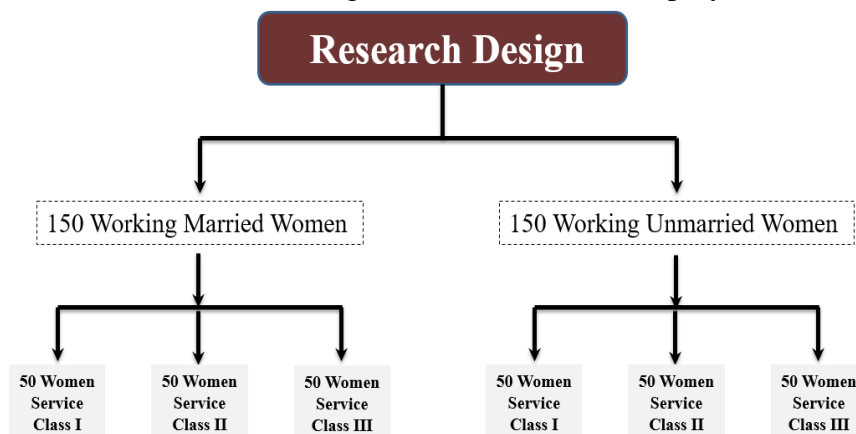


Fig. 1. Research design

Table 1 Descriptive research design according to SES Level

Women Category			SES Level			Total
			High	Middle	Low	
Unmarried	Service category	I	26	20	4	50
		II	4	24	22	50
		III	9	14	27	50
	Total		39	58	53	150
Married	Service category	I	15	26	9	50
		II	3	24	23	50
		III	4	10	36	50
	Total		22	60	68	150
Total	Service category	I	41	46	13	100
		II	7	48	45	100
		III	13	24	63	100
	Total		61	118	121	300

Depression Scale

Twelve characteristics or dimensions of depression make up the depression scale that Dr. Karim and Dr. Rama Tiwari created and standardised. Twelve different components of depression are covered in the 96 items that make up the entire exam, including apathy, sleep disturbance, pessimism, fatigability, self-acquisition, self-harm, somatic reoccupation, and indecision. One point should be given for the "Not at all" response on the test, and another mark should be given for the "A little bit" response in order to calculate the test's overall score for an individual's level of depression. When the test is trustworthy, its reliability is found to be 0.862 and 0.916, respectively. The examination is quite valid. The factor analysis method has been used to determine the validity. The standard score, interpretation of the score, and percentile score have been generated from the manual conversion of the raw score.

Reliability of the Test

Split half dependability was calculated using the Guttman and Spearman formulas, which produced correlation coefficients of 0.862 and 0.916, respectively.

Reliability of the Inventory

By applying the split-half method and the odd-even approach, the reliability of the inventory was calculated, and the overall result was 0.073.

Table 2 Descriptive research design according to Age Group

Women Category			Age Category			Total
			Low age (25-35)	Medium age (36-45)	High age (> 45)	
Unmarried	Service category	I	7	21	22	50
		II	30	14	6	50
		III	30	10	10	50
	Total		67	45	38	150
Married	Service category	I	10	13	27	50
		II	13	20	17	50
		III	16	20	14	50
	Total		39	53	58	150
Total	Service category	I	17	34	49	100
		II	43	34	23	100
		III	46	30	24	100
	Total		106	98	96	300

3. Results and Discussion

The approach used to carry out the current investigation has been described. This section is devoted to the presentation of the findings and their analyses. The following is an objective example of this.

3.1 Descriptive statistics and significant values of Frustration, Depression, between Married and Unmarried women

Table 3 showed that the regression scores for the unmarried and married women groups differed significantly ($t=4.801, p<0.01$). As a result, we reject the null hypothesis that there is no difference between married and single women's scores on the frustration factor II fixation scale ($t=3.312, p<0.01$). Ha2's null hypothesis is thus disproved. The resignation scores of single and married women differ significantly ($t=2,671, p<0.01$) from one another. Therefore, the premise Ha3 is disproved. Between unmarried and married women, there is a significant difference in aggregate (frustration factor IV) scores ($t=5.467, p<0.01$). Therefore, the premise Ha4 is disproved. The difference between single and married women's frustration levels is significant ($t=5.843, p<0.01$) Therefore, hypothesis Ha5 is disproved. The difference in depression scores between single and married women is significant ($t=4.093, p<0.01$). Therefore, hypothesis Ha5 is disproved. Between married and single women, there is a significant difference in mental health scores ($t=2.126, p<0.05$). Therefore, the premise Ha7 is disproved.

Supporting evidence shows that working married women in dual-earner households report feeling more overworked and frustrated than working single women. It is possible that working women give off the impression of having a personal value system. While social and religious values may be more important for both working married and working single women, economic and political values may be more significant among working women.

Table 3 Comparative results for Married and Unmarried Working women

Variable (N=150)	Women Category	Mean	Std. Deviation	t-value	p-value
Regression	Unmarried	30.13	5.925	4.801**	.000
	Married	26.98	5.440		
Fixation	Unmarried	27.08	5.216	3.312**	.001
	Married	25.09	5.175		
Resignation	Unmarried	25.85	5.204	2.671**	.008
	Married	24.23	5.301		
Aggression	Unmarried	27.15	5.712	5.467**	.000
	Married	23.86	4.669		
Frustration Total	Unmarried	110.21	15.002	5.843**	.000
	Married	100.16	14.798		
Depression	Unmarried	118.86	24.280	4.093**	.000
	Married	106.43	28.164		

* significant at 5%, ** significant at 1% level

Table 4 revealed that the regression scores of the unmarried and married women group differed significantly ($t=5.651, p<0.01$) for low age groups of individuals. As a result, we rule out the null hypothesis Ha8. Between unmarried and married women, there is a significant difference in the scores on the frustration factor II fixation ($t=4.891, p<0.01$). Ha9, the null hypothesis, is thus disproved. The resignation scores of single and married women differ significantly ($t=3.668, p<0.01$) from one another. Therefore, Ha10's theory is disproved. Between unmarried and married women, there is a significant difference in aggregate (frustration factor IV) scores ($t=4.356, p<0.01$). Han's theory is therefore disproved. The difference between single and married women's frustration levels is substantial ($t=6.916, p<0.01$) So, HaJ2 is not accepted as a possibility. The difference in depression scores between single and married women is significant ($t=7.015, p<0.01$). Ha13's hypothesis is therefore disproved.

Table 4 Descriptive statistics and significant values of Frustration, Depression between Married and Unmarried women (for low age)

Variable	Women Category	N	Mean	Std. Deviation	t-value	p-value
Regression	Unmarried	67	28.93	6.121	5.651**	.000
	Married	39	22.56	4.518		
Fixation	Unmarried	67	26.82	5.134	4.891**	.000
	Married	39	22.38	3.117		
Resignation	Unmarried	67	25.18	5.018	3.668**	.000
	Married	39	21.69	4.150		
Aggression	Unmarried	67	26.96	6.265	4.354**	.000
	Married	39	22.21	3.481		
Frustration Total	Unmarried	67	107.88	15.317	6.916**	.000
	Married	39	88.85	10.174		
Depression	Unmarried	67	115.84	21.901	7.015**	.000
	Married	39	86.13	19.411		

* significant at 5%, ** significant at 1% level

3.2 Comparative results and tables for Married and Unmarried Working women between service category

Fig.2. revealed that for all service classes, unmarried women's mean regression (frustration factor-I) scores were higher than those of married women's groups. This relationship between service classes and mean regression scores is also shown in fig. 1. Between single and married women in service class I, there is no discernible variation in their regression ratings in this situation ($t=0.389$, $p>0.05$). H₀ therefore accepted the null hypothesis. There are significant variations in the regression scores of the unmarried and married women group in service class II ($t=4.096$, $p<0.01$). Consequently, H₀ rejected the null hypothesis. There are significant variations between the regression scores of the unmarried and married women group in service class III ($t=4.02$, $p<0.01$). H₀ thus rejected the null hypothesis. Table 5 reveals that for all service classes, the mean depression scores of the unmarried women groups are higher than those of the married women groups. This relationship between service classes and mean depression scores is also shown in fig. 6. Between single and married women in service class I, there was no significant difference in their depression levels in this context ($t=1.258$, $p>0.05$). So, H₀ is regarded as the null hypothesis. There are significant variations between the depression scores of the unmarried and married women group in service class II ($t=2.250$, $p<0.05$). In this way, H₀ rejected the null hypothesis. In service class III there is substantial differences ($t=3.824$, $p<0.01$) is identified between their depression scores of unmarried and married women group. H₀'s null hypothesis is thus disproved.

Table 5 Descriptive statistics and significant values of Regression scores between Married and Unmarried women

Service Category (N=50)	Women Category	Mean	Std. Deviation	t-value	p-value
I	Unmarried	29.00	5.219	0.389	0.698
	Married	28.56	6.269		
II	Unmarried	30.55	6.993	4.096**	0.000
	Married	25.44	5.222		
III	Unmarried	31.06	5.443	4.02**	0.000
	Married	27.09	4.539		

* significant at 5%, ** significant at 1% level

Table 1 Descriptive statistics and significant values of Depression scores between Married and Unmarried women

Service Category (N=50)	Women Category	Mean	Std. Deviation	t-value	p-value
I	Unmarried	117.18	28.633	1.258	0.211
	Married	109.58	32.006		
II	Unmarried	116.36	20.017	2.250*	0.027
	Married	105.54	26.660		
III	Unmarried	123.36	22.318	3.824**	0.000
	Married	104.67	26.398		

* significant at 5%, ** significant at 1% level

3.3 Discussions

The first goal was to investigate frustration, and the results showed a substantial difference between the regression scores of the group of married and single women. Between married and unmarried women, there is a considerable difference in the scores on the frustration factor II fixation. There is a big difference observed between scores of divorced and married women's resignation. The aggregate (frustration factor IV) scores of married and single women were shown to differ significantly. The frustration scores of married and unmarried women show a considerable difference. Working married women must deal with both increased job demands and home disputes, with the role of the spouse

also playing a significant part. Families and communities should make an effort to comprehend the mental state of these women and encourage counselling.

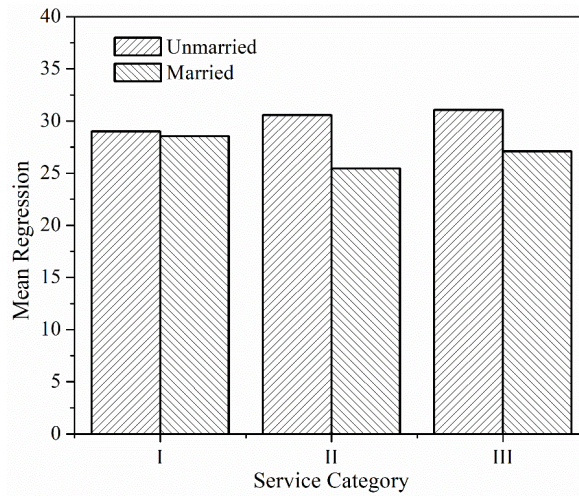


Fig.2. Mean regression vs service category

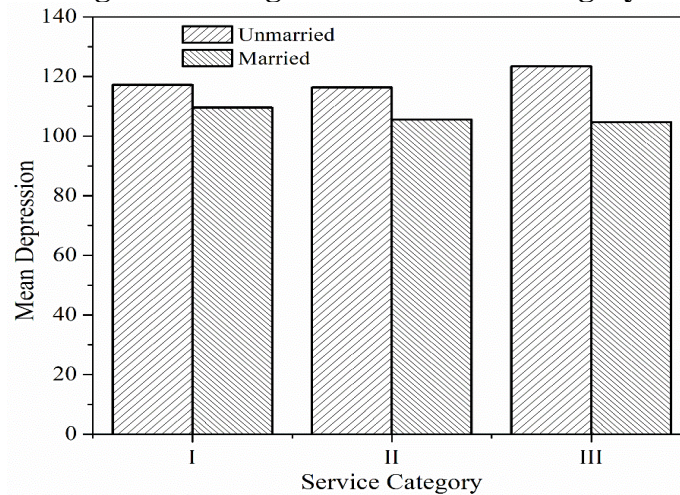


Fig.3. Mean depression vs service category

Additionally, they ought to have a soft spot for them. Compared to working married women, single women are more likely to feel irritated, unhappy, and have poor mental health. There are some reasons that play a role in this, such as the fact that they are more ambitious at work and have higher levels of aspiration, which leads them to prioritise their careers over their families and forgo marriage. They enjoy their independence and cannot stand any form of family pressure. After reaching their professional goals, some people experience feelings of loneliness, insecurity, and low social standing. If they don't have family support at this time, they feel disappointed and depressed. Marriage is seen as a social status in Indian culture and provides social happiness and a respectable standing in society. Unmarried women struggle to fulfil their maternal instincts, lack a husband's support and social standing, and experience feelings of insecurity, all of which contribute to the formation of an isolationist tendency in them. According to two-way ANOVA results, married and unmarried women's depression scores differ significantly from each other, but married and unmarried men's depression scores do not differ significantly from each other. For all service classes, there is a difference in their depression levels when compared to married women groups according to SES. There is no discernible difference in their depression scores in this situation. In service class I between unmarried and married women. Significant variations between the depression scores of the unmarried and married women groups were reported in service class II. Significant disparities in the depression scores of the unmarried and married women groups are reported in service class III.

SUGGESTION AND IMPLICATIONS

Working married women must deal with both increased job demands and home disputes, with the role of the spouse also playing a significant part. Families and communities should make an effort to comprehend the mental state of these women and encourage counselling. Additionally, they ought to have a soft spot for them. Compared to working married women, single women are more likely to feel irritated, unhappy, and have poor mental health. There are some reasons that play a role in this, such as the fact that they are more ambitious at work and have higher levels of aspiration, which leads them to prioritise their careers over their families and forgo marriage. They enjoy their independence and cannot stand any form of family pressure. After reaching their professional goals, some people experience feelings of loneliness, insecurity, and low social standing. If they don't have family support at this time, they feel disappointed and depressed.

Marriage is seen as a social status in Indian culture and provides social happiness and a respectable standing in society. Unmarried women struggle to fulfil their maternal instincts, lack a husband's support and social standing, and experience feelings of insecurity, all of which contribute to the formation of an isolationist tendency in them. They are unable to enjoy their lives as a result. A "whole body" illness, depression affects a person's physically, mood, and thoughts. It has an impact on how a person feels about themselves, how they eat and sleep, and how they think. An occasional blue mood is not the same thing as a depressed disease. It is not an indication of inadequacy on your part or a condition that you can will away or cure. Depression prevents sufferers from simply "pulling themselves together" and getting better.

Symptoms might last for weeks, months, or even years without treatment. However, the majority of depressed persons can benefit from appropriate treatment. A major illness like depression can have an effect on every aspect of a person's life. One's social life, family relationships, profession, and sense of self-worth and purpose can all be impacted. Depression is widespread, especially among women.

References

1. Cinamon, R. G., & Rich, Y. (2010). Work-family relations: Antecedents and outcomes. *Journal of Career Assessment*, 18, 59-70. doi: 10.1177/1069072709340661 CNN/ORC International. (2012, April 16). CNN/ORC poll [Support for women working almost unanimous]. Retrieved from <http://i2.cdn.tumblr.com/cnn/2012/images/04/16Zrel4b.pdf>
2. Craike, M. J., Coleman, D., & MacMahon, C. (2010). Direct and buffering effects of physical activity on stress-related depression in mothers of infants. *Journal of Sport & Exercise Psychology*, 32, 23-38.
3. Ford, M., Heinen, B., & Langkamer, K. (2007). Work and family satisfaction and conflict; A metaanalysis of cross-domain relationships. *Journal of Applied Psychology*, 92, 57-80. doi: 10.1037/0021-9010.92.1.57
4. Gallo, L. E., Bogart, L. M., Vranceanu, A. M., & Matthews, K. A. (2005). Socioeconomic status, resources, psychological experiences, and emotional responses; A test of the reserve capacity model. *Journal of Personality and Social Psychology*, 88, 386-399. doi: 10.1037/0022-3514.88.2.386
5. Gerber, M., & Puhse, U. (2009). Review article: Do exercise and fitness protect against stress-induced complaints? A review of the literature. *Scandinavian Journal of Public Health*, 37, 801-819. doi: 10.1177/1403494809350522
6. Grzywacz, J. G., & Bass, B. L. (2003). Work, family, and mental health: Testing different models of work-family fit. *Journal of Marriage and Family*, 65, 248-261. doi:10.1111/j.17413737.2003.00248.x
7. Ho, M. Chen, X., Cheung, F. M., Liu, H., & Worthington, E. L. (2013). A dyadic model of the workfamily interface: A study of dual-earner couples in China. *Journal of Occupational Health Psychology*, 18, 53-63. doi: 10.1037/a0030885



8. Hobfoll, S. E., Vinokur, A. D., Pierce, P. F., & Lewandowski- Roms, L. (2012). The combined stress of family life, work, and war in Air Force men and women: A test of conservation of resources theory. *International Journal of Stress Management*, 19, 217-237. doi: 10.1037/ a0029247
9. Logan, Mary S, and Daniel C Ganster. 2005. "An Experimental Evaluation of a Control Intervention to Alleviate Job-Related Stress." *Journal of Management* 31(1): 90–107.
10. Lu, Kuei-Yun, Liang-Chih Chang, and Hong-Lan Wu. 2007. "Relationships between Professional Commitment, Job Satisfaction, and Work Stress in Public Health Nurses in Taiwan." *Journal of Professional Nursing* 23(2): 110–16.
11. Ma, Claudia C et al. 2015. "Shift Work and Occupational Stress in Police Officers." *Safety and health at work* 6(1): 25–29.
12. Mohan, G Madhan et al. 2008. "Prevalence of Job Strain among Indian Foundry Shop Floor Workers." *Work* 30(4): 353–57.
13. Moreau, Michel et al. 2004. "Occupational Stress and Incidence of Sick Leave in the Belgian Workforce: The Belstress Study." *Journal of Epidemiology & Community Health* 58(6): 507–16.
14. Newman, John E, and Terry A Beehr. 1979. "Personal and Organizational Strategies for Handling Job Stress: A Review of Research and Opinion." *Personnel Psychology* 32(1): 1–43.
15. Phillips, Samantha, Dil Sen, and Roseanne McNamee. 2007. "Prevalence and Causes of Self-Reported Work-Related Stress in Head Teachers." *Occupational medicine* 57(5): 367–76.