Mental Health and Marital Adjustment of Working Women

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ABSTRACT

Mental health is very important for an individual’s effective living. World Health Organization (WHO, 2001) has defined health as a state of “complete physical, mental and social well being and not merely the absence of disease of infirmity”. Mental health is thus an important aspect of a person’s overall health. Psychologists define “Mental health as a state of being in peace with oneself and with one’s environment.” It means that an individual is able to pursue reasonable, purposeful goals; use his capacities and talents fruitfully, experiences a sense of security, of belonging, of being respected; have knowledge that he is liked or loved or wanted; posses a sense of self-report, of self-reliance, and achievement and in addition, has learned to respect others, to accept others, to love others, to live fairly and in peace with others. In the last 50 years or so, India has witnessed profound changes in almost every aspect of women’s life. The present study was carried out the objective to examine the level of Mental Health and Marital Adjustment of working women. For this, we divide working women in two groups - office employees and teachers. For this purpose a total sample of 100 working women (50 office employees and 50 teachers, 30-50 years) were taken. Mental Health Inventory by Jagdish and Srivastava (1983) and Marital Adjustment Questionnaire by Pramod Kumar and Kanchana Rohtagi (1976) were used. The results revealed that there is no significant difference between office employees and teachers on the level of mental health and marital adjustment.

Key words: Working Women, Mental Health, Marital Adjustment

INTRODUCTION

In the last 50 years or so, India has witnessed profound changes in almost every aspect of women’s life. The role and status of the women have been changed tremendously. In the present era of globalization majority of women engaged in some kind of employment so that they can contribute financially to their family. Now days each and every occupation is full of stress and individual working experiences is in a various form. It has great impact on the mental health of individual. Working after marriage is a great challenge to every woman because they have to play dual role i.e. as an employee in the office and as a wife, mother etc. at home. So for some women it is very difficult to maintain the balance between both the roles. Women have to balance the competing demands of work and family responsibility. In order to fulfill the demands of a family and work, they experiences stress which affect their mental health and marital adjustment.

MENTAL HEALTH

Mental health is a term used to describe how well the individual is adjusted to the demands and opportunities of life. It is also used to describe either a level of cognitive or emotional well being or an absence of a mental disorder. From prospective of discipline of positive psychology or holism mental health includes an individual’s ability to enjoy life and procure resilience. Mental health is an expression of our emotions and signifies a successful adaptation to a range of demands. A person is said to be physically fit when his/her body is functioning well and he/she is free from pains &troubles. Similarly, a person is in good mental health when his/her mind and personality is functioning effectively and he/she is free from emotional disturbances.

The World Health Organization (2001) define mental health as “a state of well being in which the individual realize his or her own abilities, can cope with the normal stress of life, can work productively and fruitfully, and is able to make contribution to his or her community”. There was no one official definition of mental health. Cultural
difference, subjective assessment and competing professional theories all affect mental health definition. According to Kaplan (1971), “Mental Health involves a continuous adaptation to changing circumstances, a dynamic process where a living, reaching being striving to achieve a balance between internal demands and the requirements of a changing environment.” Jahoda (1958) subdivided mental health into three domains: self-realization, in that individual is able to fully exploit their potential; sense of mastery over the environment; and sense of autonomy, i.e. ability to identify, confront, and solve problems.

**Characteristics of Mentally Healthy Person**

1. Realistic goals, consistent with age and ability
2. Acceptance of responsibilities and feelings
3. Self esteem
4. Competent and ability to make decision
5. Socially adjustable
6. Flexibility in behavior
7. Emotionally matured
8. Good physical health
9. Healthy attitudes and beliefs

Mental or emotional health refers to our positive characteristics i.e. being comfortable with you, feeling good about yourself, being able to meet the demand of life, being able to express emotion in healthy way, being able to cope with the stress of daily life and overall psychological well-being. Keyes (2006) identifies three components of mental health: emotional well-being, psychological well-being and social well-being. Emotional well-being includes happiness, interest in life, and satisfaction. Psychological well-being includes liking most parts of one's own personality, being good at managing the responsibilities of daily life, having good relationships with others, and being satisfied with one's own life. Social well-being refers to positive functioning and involves having something to contribute to society (social contribution), feeling part of a community (social integration), believing that society is becoming a better place for all people (social actualization), and that the way society works makes sense to them (social coherence).

There are many things that can affect person’s mental health like loss of love, loss of self-confidence, stressful life events, unrealistic goals, family problems etc. But mental healthy people are known to deal with stress effectively. A person is in good health when he is free from emotional disturbances, stress and able to meet his problems without much disturbances. In present scenario women are equally matching every step with men. They are equally bearing the responsibilities of the family and engaged in some kind of occupation. They are also contributing financial to their family. Women after marriage have to carry the burden of dual responsibilities. Marriage may have important influence on mental health. Working women may be prone to stress because they have to manage the responsibilities of both aspect. They have to go through mental struggle in order to maintain balance between home and work responsibilities. Mukhopadhyay (1997) found that working women experience a sustained stress to cope with dual role in family and work place and hence their mental well-being gets affected. 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 pressure created by multiple roles and conflicting expectations (Nelson and Burke 2000).

**MARITAL ADJUSTMENT**

Marriage is a social institution that permits a man and woman for family life. Most people marry with bundle of expectations. Sinha and Mukerjee (1990), “Marital adjustment as the state in which there is an overall feeling in husband and wife of happiness and satisfaction with their marriage and with each other.” Marital adjustment has been defined as the presence of such characteristics in a marriage as a tendency to avoid or resolve conflicts, a feeling of satisfaction with the marriage and with each other the sharing of common interest and activities, and the fulfilling of the marital expectations of the husband and wife. The definition of marital adjustment will depend upon the conception of marriage and standard of adjustment prevalent in a particular society at a particular time. Landis (1946) has used the term “adjustment to refer to the state of accommodation which is achieved in different areas where conflict may exist in marriage.” Locke and Williamson (1958) have defined marital adjustment as “the presence of such characteristics in a marriage as a tendency to avoid or resolve conflicts, a feeling of satisfaction with the marriage and with each other, the sharing of common interest and activities, and the fulfilling of the marital expectations to the husband and wife.” Marital adjustment has been related to age, job status, type of marriage, place
of stay and home stresses, mental illness, depression, education, sex role attitude, happiness and success in life. There are many adjustments in marriage which a person have to made like adjustment to a Mate, Sexual adjustment, Financial adjustment, In Laws adjustment etc. When women do job after marriage they encounter problems of harmonizing their two roles. They have to carry the burden of dual responsibility. Working women play multiple roles like wife, mother, caretaker of the elderly, work as an employee etc. In this situation, many problems are created in the family as well as working place. Hashmi, Khurshid and Hassan (2007) found that working married women face more problems in their marital life when compared to non-working married women. If working women’s husband and family are non cooperative it becomes difficult to adjust or manage for them but if their husband and in-laws are supportive then women give proper attention to their family and the adjustment in marriage become easier. Nathawat and Mathur (1993) conducted a study in India about marital adjustment and subjective well-being in Indian educated housewives and working women and the results revealed that working women had better marital adjustment.

**Problem**

To study the mental health and marital adjustment of office employees and teachers.

**Objectives**

To assess and compare the level of mental health of office employees and teachers.
To assess and compare the marital adjustment of office employees and teachers.

**Hypotheses**

There would be significant difference between office employees and teachers on the level of mental health.
There would be significant difference between office employees and teachers on marital adjustment.

**Method**

**Design**

The present study employed two group research design. The group represented the working women i.e. office employees and teachers.

**Sample**

The sample of the present study consists of 100 working women of Faridabad district and equally divided into office employees (n=50) and teachers (n=50). The age range of the sample was 30-50 years.

**Tools**

Mental Health Inventory: This scale has been developed by Jagdish and Srivastava (1983) to assess individuals’ mental health. The scale has six dimensions namely positive self evaluation, realistic perception, integration of personality, autonomy, group oriented attitudes, and environment mastery. It consists of 54 items relating to your feeling about yourself in everyday life. The scale has four alternative responses in terms of always, most of time, sometimes and never. For positive statements the scoring is 4, 3, 2, 1 and for negative statements it is in the reverse order. High scores on mental health inventory indicate better mental health and vice-versa. Reliability of the test is found at 0.75.

Marital Adjustment Questionnaire: The questionnaire was developed by Pramod Kumar and Kanchana Rohtagi (1976). The questionnaire was developed to provide a handy tool to identifying couples who are making poor marriage. It consists of 25 items, with yes and no responses. A yes response is assigned a score of 1 except for item 4, 10 &19 in which reverse is applicable. The sum of these values gives the marital adjustment score. Test retest reliability of the questionnaire is .71.

**Procedure**

All the teachers and office employees were directly approached and were requested for cooperation in the conduct of the study. The confidentiality of the information was also assured. Then mental health inventory and marital
adjustment questionnaire were administered individually to all the participants. Instructions were given for both scales before the administration. After that item wise scoring was done for each subject as per the scoring keys or procedure laid down in the manual. Then statistical analysis was done by using ‘t’ test.

RESULTS AND DISCUSSION

Table 1: Showing the Mean, S.D. and t-value of office employees and teachers on Mental Health

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office employees</td>
<td>50</td>
<td>128.70</td>
<td>11.92</td>
<td>0.58</td>
<td>N.S.</td>
</tr>
<tr>
<td>Teachers</td>
<td>50</td>
<td>129.40</td>
<td>12.28</td>
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</tbody>
</table>

Table I shows that there is a non significant difference between office employees and teachers on the level of mental health as the t value is 0.58. Non significant differences among them may be due to that both groups (office employees and teachers) perceive minimum occupational stress because of their working climate. Both have less mental strain which may be because of their adaptability and capacity to adjust to their working environment. But there is a little difference in the mean scores of office employees and teachers as the mean score of office employees is 128.70 and the mean score of teachers is 129.40. Low mean scores among office employees indicate poor mental health among them as compared to their counterpart teachers. It may be due to the fact that they have to face more difficulties or pressure in office to prove them and they spend more time in doing office work as compared to their counterpart teachers. Women are very emotional and sensitive. So these pressures create stress among them which affect their mental health. It may also be due to the unhealthy relationship with boss and co-workers and dual responsibilities of office and house create stress among them. The result is supported with the findings of Goel, Narang and Koradia (2013) that there is no much difference in the mental health and marital adjustment of bank employees and doctors. Thus the first hypothesis that there would be significant difference between office employees and teachers on the level of mental health is not accepted.

Table 2: Showing the Mean, S.D. and t-value of office employees and teachers on Marital Adjustment

<table>
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<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
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<th>Sig.</th>
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</thead>
<tbody>
<tr>
<td>Office employees</td>
<td>50</td>
<td>19.26</td>
<td>3.48</td>
<td>0.26</td>
<td>N.S.</td>
</tr>
<tr>
<td>Teachers</td>
<td>50</td>
<td>19.48</td>
<td>4.69</td>
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Table 2 shows that there is a non significant difference between office employees and teachers on the level of marital adjustment as the t value are 0.26. Non significant difference among them may be attributed to the fact that their spouse may be supportive and understanding so that the work becomes much easier and the mental pressure of wives may reduce to some extent. Their husband may be take part in routine household work and even take care of children which develop healthy relationship among them. As a result of wives can concentrate on other things and they are able to devote their time to their family which is an essential part of healthy marital relationship. But there is a little difference in the mean scores of office employees and teachers as the mean score of office employees is 19.26 and the mean score of teachers is 19.48. Low mean score among office employees indicates poor marital adjustment as compared to their counterpart teachers.

It may be due to the fact that they are overburdened and don’t spend quality time with their spouse. Although office employees and teachers both have dual responsibilities but office employees spend maximum time in their office as compared to teachers so they find less time for their family. They don’t give proper attention to their marital life and the relationship becomes tensed between them. The finding is supported with Sinha (2016) that there is a no
significant difference between college teachers and school teachers on marital adjustment. The result is also supported with the findings of Goel, Narang and Koradia (2013) that there is no much difference in the mental health and marital adjustment of bank employees and doctors. Thus the second hypothesis that there would be significant difference between office employees and teachers on marital adjustment is not proved.

So the findings revealed in the present study that there was no significant difference between office employees and teachers on the level of mental health as well as on the marital adjustment. On the other hand office employees have poor mental health and poor marital adjustment as compared to their counterpart teachers. However the study has some limitation. The sample size is very small and has taken from very specific region. Hence further research is needed on wide samples from various areas etc.

REFERENCES