

# **WOMEN'S MENTAL HEALTH AND WELL- BEING: A PSYCHOSOCIAL STUDY**

*Thesis submitted to the University of Delhi for award of the degree of*

**DOCTOR OF PHILOSOPHY**

**IN**

**PSYCHOLOGY**

Submitted by

**Priyanka Anjan Rao**

**Supervisor**

**Prof. Gopa Bhardwaj**

**Co-Supervisor**

**Dr. Prabhat Kumar Mishra  
(Assistant Professor)  
(DEPFE, NCERT)**



**Department of Psychology  
University of Delhi,  
Delhi 110007**

**January, 2014**

## **CHAPTER – 6 SUMMARY, CONCLUSION AND IMPLICATION**

---

### **Summary**

Present research work aimed to study the mental health, well-being, stress and coping of Indian women in the context of their employment status in both rural and urban setting of two states U.P. and Delhi. The data from employed women were collected from school teachers and homemakers without any source of their own income. On the above basis following eight groups were formed mentioned as employed women of rural U.P., employed women of Urban U.P., homemakers of rural U.P., homemakers of urban U.P. , employed women of rural Delhi., employed women of Urban Delhi., homemakers of rural Delhi., homemakers of urban Delhi. Each group consist 30 samples and so overall sample size was 240. To measure the variables mental health inventory by Jagdish and Srivastava, general well-being scale by Verma and Verma, daily stress inventory by Brantely and Jones and coping strategies scale by A.K. Srivastava, were employed.

Several models and theories have been proposed to explain the mental health and well-being rather focus was illness and treatments gradually attention shifted from biomedical to psychosocial factors of health. Biomedical model defines mental health as absence of mental illness whereas positive perspective of health defined mental health not merely absence of disease other than the presence of positive aspect of behavior such as autonomy, growth, competence, relatedness, self-actualization, realistic perception, life satisfaction. When social factors are considered, then gender as a social construct become to be popular in mental health literature. Comparisons were made in male-female sample and women were declared more prone to mental illness, by ignoring the fact that according to gender men and women share different social, cultural environment. A girl's individual growth is blunted on the standard of patriarchal prescriptions. As Cognitive schema theory, feminist theories, theory social construction elucidate the deleterious impact of discriminated and gendered world on the mental health of women by inducing stressful life events as well as altering appraisal of coping resources. Coping resources are also tainted by the gender constructs related to gender role. Gender is determined by transaction between environment and person and her control over psychosocial resources and personal

competence. Employment is significant factor in improving women's status to have control over finances, sense of competence, growth. Changes may happen in cognitive schema of women regarding her gendered oppression due to employment and education which creates sense of autonomy, positive self-evaluation, relatedness, environmental competence, perception of reality and growth. At the same time employed women also face the role conflict, negative appraisal of their feminine duties, role burden, and environmental hassles, which direct them to experience lower subjective evaluation of life satisfaction than homemakers. These differences have been explained on the basis of hedonic and eudemonics conception of well-being. Hedonic theory focus only on the balance between negative and positive affect whereas eudemonics emphasizes on objective evaluation of individual's well-being and advocates living a life of virtue, and actualizing one's inherent potentials. In reviewing literature further it was observed that mental illness is defined closer of feminine identity in other words normal or healthy behavior is identical to masculine personality characteristics.

The objective of proposed research was to see the differences between employed women and homemaker in both rural and urban area. Based upon the data analysis of variance was carried out to see the significant differences among groups. Further correlation between dimensions of mental health, well-being, stress and coping was found for each group. Finally regression analysis was implied to observe the predictive variable for mental health and well-being.

Differences among groups formed under the study:

Findings depict that employed women were significantly high on experiencing the mental health due to positive self-evaluation, perception of reality, integration of personality, autonomy, group oriented attitude and environmental competencies on the other hand homemakers were lower on mental health in comparison. For well-being i.e. subjective feeling of contentment, happiness, satisfaction with life's experience and of one's role in the work of world, sense of achievement, utility, belongingness and no distress, dissatisfaction or worry etc., surprisingly homemakers were significantly high on these factors than employed women. This is interesting finding observed in present research because the term mental health and well-being are closely related even used interchangeably. Thus present finding produces some

contradiction. It is important to point out that in current study well-being is defined on basis of hedonic theories. Consequently focus shifted on happiness and defines well-being in terms of pleasure attainment and pain avoidance. Homemakers are high on well-being due to the social approval they obtain thus develop a sense of fulfilling womanly duties, no conflicts, compromise, denial and avoidance, satisfaction of not experiencing less stressful events as they rarely get exposure to outer world, specially rural women are bound between four wall of house and not permitted to go outside alone. Their world is thus very limited and they are happy as they enjoy the imposed bliss of restricted life. While mental health is related to autonomy, self-realization, and define well-being in terms of fully functioning person, having real perception, integrated personality, environmental mastery, personal growth, positive relation with others, purpose in life and self-acceptance. Therefore it can be assumed that studies based on hedonic definition of well-being tend to report low mental health among employed women. Moreover it is established fact that employment has positive impact on mental health as it is associated with their high education, awareness, empowerment, autonomy, decision making, personal growth, identity etc.

Homemakers of rural U.P and Urban Delhi show highest well-being whereas employed women of urban U.P. and rural Delhi are lowest on their experience of well-being. Since U.P. is a rural state and Delhi is highly urbanized it can be assumed that being the part of major population is good for well-being at the same time population which is going through transitional phase is most vulnerable phase for lowering well-being. Systematic and planned urbanization can bring positive changes for mental health implications. Findings also suggest that though occurrence of daily stressful life events are significantly high among urban women still more of these groups in urban areas reported higher mental health than their respective comparison groups.

Findings show that stressors and coping strategies are significant factor in determining mental health and well-being as measured and association was found in all groups formed on the basis of state employment status and rural urban setting. Employed women and homemakers significantly differ on the occurrence and impact of daily stressors related to personal Competencies, Cognitive Stressors, and varied stressors. Besides employed women are facing more daily stressful events related to

competence, cognition and other varied stressors may be due to role conflict, negative attitude of others toward their employment, role overload, social stigma, and conflicting self. Even though experiencing high stressors they are more mentally healthy than homemakers, which can be attributable to usage of approach coping i.e. dealing directly with the issues whether by action or thought, world of work, identity, resources to cope, financial independency, and education. Stressors related to interpersonal issues are more prevalent in lives of employed and homemakers women of urban areas of Uttar Pradesh. In Delhi homemakers of urban areas face more interpersonal stressors. The result suggests that urban women experiences more interpersonal stressors. Stressors due to personal competencies are also more prevalent in urban life. Cognitive stressors are also more common among employed women of urban areas. These can be attributed to crowding, environmental issues, pollution and safety concern and nuclear family which are results of rapid urbanization. At the same time as literature suggest appraisal of stress and coping strategies are decisive factor to mental health. As Cognitive relational theory define stress as reciprocal interaction between the person and the environment that is appraised by the person also this appraisal is depend on the resources of coping, environmental demands thus it brings long-term effect concerning mental health of individual. Differences on coping strategies were also obtained among various groups formed under the study it suggest that employed women are using more approach coping strategies and homemakers are more prone to the use of avoidance coping strategies.

In U.P., in case of employed women, rural women are high on avoidance coping and same for homemakers of rural areas. When we compare the sample of Delhi, in case of employed women, urban Delhi use more avoidance coping and homemakers of rural setting usage more avoidance coping. It again points that rural women are more restricted to address stressors in life by ignoring and passivity.

#### Relationship among Variables:

Significant correlations were obtained among variables on various groups and regression analysis was carried out to see the predictive value of variables (stress and coping) for the outcome variable i.e. mental health and well-being. The resultant findings have been summarized as follows.

**Employed women of Rural U.P.:** In Present study findings for this group suggest that autonomy is significantly related with daily stress, and its dimensions of cognitive stressors and environmental hassles. At the same time mental health is positively related with cognitive behavioral approach of coping style whereas negatively related with the avoidance coping specifically behavioral avoidance coping. Wellbeing and varied stressors are negatively related with each other. Further Wellbeing is positively related with cognitive avoidance coping. It means ignoring to think about issues is related to subjective assessment of happiness. Thus it is proposed that employed women of rural U.P. experience high mental health due to more usage of approach coping i.e. acting upon sorting out the issue and by planning, facing directly daily stressors related to environment or thoughts. As well as by avoidance of various stressors and even ignoring to think about these issues supplement to their experience of well-being.

**Employed women of urban U.P.:** Result shows that Perception of reality is negatively related with stressors of personal competencies. Dimensions of approach coping is positively related with dimension of mental health whereas avoidance coping is negatively related with mental health. Well-being is negatively related with the daily stress, environmental hassles, and varied stressors.

**Homemakers of Rural U.P.:** Dimensions of approach coping is positively related with dimensions of mental health, there is positive correlation between mental health and cognitive stressors. It shows that if a homemaker is facing high cognitive stressors she is also experiencing high mental health. Perception of reality, Group oriented attitude. And environmental competence is found positively related with cognitive stressors for the rural homemakers. It means those homemakers who are facing high cognitive stressors also tend to perceive reality, having group oriented attitude and environmental mastery.

**Homemakers of Urban U.P.:** Integration of personality, autonomy and environmental mastery are negatively associated with total daily stress and interpersonal stressors. Besides correlation shows that mental health is positively related with the total approach coping and negatively with the avoidance coping. Well-being and cognitive behavioral approach is positively related with each other. Well-being is negatively related with the usage of avoidance coping and behavioral avoidance coping.

It can be said that the homemakers of urban U.P. experience lower autonomy, conflict in personality and lack of mastery over environment than employed women due to more strife and daily stress , interpersonal stressors and more usage of avoidance than directly dealing with these issues.

### **Employed Women of rural Delhi:**

Mental health is negatively related with daily stress, environmental hassles, and varied stressors. Integration of personality is negatively related with the daily stress, interpersonal stressors, environmental hassles, varied stressors. Group oriented attitude is negatively correlated with the environmental hassles. Environmental competence is negatively related with the environmental hassles. Mental health and avoidance coping skills are negatively related whereas dimension of mental health and approach coping are positively related. Well-being is negatively related with the daily stress, environmental hassles, and varied stressors. Well-being is positively related with the cognitive behavioral coping.

### **Employed subjects of urban Delhi:**

No significant correlation was found between dimension of mental health and daily stressors. However dimension of approach coping was significantly related with dimension of mental health. Employed women in urban Delhi are also high on mental health than other groups and not low on stress comparatively than other groups; this may be assumed that there is no significant relation found between dimensions of mental health and daily stress for this group as they are able to resolve stresses by actively approaching them than avoiding just as they are highest on the usage of approach coping strategies and low on avoidance coping.

### **Homemakers of rural Delhi:**

Positive self-evaluation and stressors related to personal competencies are negatively correlated. Mental health is positively related with approach coping and negatively with the avoidance coping. Well-being is negatively related with the daily stress, interpersonal stressors, personal competence, cognitive stressors, environmental hassles, and varied stressors. Well-being is positively related with the cognitive approach.

**Homemakers of urban Delhi:** Findings shows that mental health is negatively related with environmental hassles. Integration of personality and Autonomy is negatively related with the environmental hassles. Integration of Personality is negatively related with interpersonal, cognitive stressors and stressors related to personal competencies. Mental health is positively related with approach coping and negatively with the avoidance coping. There is positive correlation between well-being and cognitive behavioral approach and negative correlation between behavioral avoidance coping.

Overall regression analysis predicts that approach coping (cognitive behavioral and cognitive) is the positive predictor, whereas avoidance specifically behavioral avoidance is negative predictor of mental health. Similarly for the experience of well-being, approach coping is positive and avoidance coping is negative predictor of well-being. Moreover a dimension of stress also significantly predicts mental health and well-being as cognitive stressors are positive and environmental hassles are negative predictor of mental health among few groups. Stressor related to personal competencies positively predicts well-being and varied stressors along with environmental hassles turns to be positive predictors of well-being.

#### **Common themes emerged from the Interviews:**

Common themes emerged from the semi structured interview which was taken for the purpose of capturing issues regarding experiencing mental health which are not detailed by questionnaire. Themes emerged from qualitative data are in line with quantitative findings.

As Homemakers are found to use more avoidant coping by ignoring, denying, crying, and cognitive justification whereas employed women also use these coping however cope with issue by directly addressing, planning and resolving is similarly reported in quantitative data. Emotion focused coping is common in both group but problem focused coping is more practiced by employed women.

Other frequent themes reported were:

**Sense of self identity:** Less sense of own identity was reported by both employed and homemakers though employed women reported more sense of identity as an individual by reflecting their own potentials and limitation. Confusion was also responded regarding their own identity in homemakers.

**Resilience:** Employed women shared more events that shows resilient behavior although acknowledgement was subtle due to barrier of conforming gender norms of idealistic women. Due to tendency of approving social norms women inhibit reporting their resilient behavior as well as feel favored by reporting themselves as victim. Accepting their own true feelings was affected by social desirability thus conflicting thoughts were observed.

**Life satisfaction:** Satisfaction in life was derived primarily from fulfilling familial duties in the form of child bearing and maintaining marital relation more in homemakers. For employed women work environment was one added domain for satisfaction but get affected by internalized irrational beliefs and attitude.

Internalized beliefs were obligation to marriage, sacrifice and bearing is glorified virtues of women. For employed women satisfaction was gained from their work due to respect and recognition. Most of the women believe that they should compromise with husband, at any cost, should be happy in whatever she receives from husband. Besides acceptance and surrender to marital relation and duties without any interrogation is common beliefs which contrast with positive self-evaluation, perception of reality, integrity, autonomy, of women as an individual.

Most of the women perceive gender discrimination as prohibited but at the same time favoring male child was also desirable. Homemakers hold negative attitude towards employed women but at the same time they also have wish to be employed if given chance. Employment was considered very crucial by school teachers.

**Control over finances:** surprisingly ninety percent of employed women reported that she can't spend her own income according to her own wish.

**Harmony:** Conflict was observed in both the groups employed and homemakers in forms of their real wish and idealistic way. As freedom of expression is also less among homemakers.

Role in decision making is also very low due to passivity and imbibe believes that women have to follow their duties only. In family matters or finance matters their decision making role is very limited.

**Autonomy:** Whether employed or homemaker both reported no autonomy as they can't perform activities according to their own wish or thoughts. Conditional autonomy was reported in providing several situations where they can move according to their own planning. Employed women are more autonomous but at the same time these are conditional as they are working outside home.

**Self-acceptance:** Self-acceptance means accepting ourselves as we are, and knowing our own potential. Employed women are more aware whereas few homemakers even said that they never thought about themselves as they never consider themselves different entity from husband. Education was reported as most consistent mean of empowerment in interview of both groups followed by financial independence.

Both groups were asked to share personal critical events of their life if they wish to do so. 73% of women shared and common content was gender oppression. By some means these events were critical due to being women. Another important observation were employed women shared their struggle regarding these events whereas homemakers turn to expressed it in forms of helplessness. Both qualitative and quantitative findings favor employment for positive assessment of self, maintaining positive relation with others, integration of self, more realistic perception, autonomous functioning of self and environmental mastery by active participation, as women's social life is also limited.

## **Conclusion, Implication and Limitations**

As literature suggest there are inconsistencies in findings regarding mental health and well-being of Indian women according to their employment status. Present research has portrayed these differences as lying in their experience of stressful life events and how effectively they cope with them. It can be concluded that employment is positively related with mental health and well-being of Indian women. Employment significantly contributes to the experience of daily stress in both employed and homemakers. But impacts of these stressful events are altered by their way of coping. Employed and homemakers significantly differ in their way of coping strategies. Employed women use more approach coping strategies which results in high mental health. As research findings proved that approach coping is significant predictor of mental health.

### **Key findings of present study are:**

- Mental health is better for employed women in rural and urban setting due to the positive self-evaluation, perception of reality, integration of personality, autonomy, group oriented attitude and environmental competencies. Regarding general well-being in comparison to employed women homemakers were found to have significantly higher.
- Employed women in Delhi from urban areas are high on mental health whereas in Uttar Pradesh, employed women from rural area reporting better mental health than urban population. So we can explain this gap by being the part of major population is positively related with the experience of mental health and well-being. U.P. is primarily known as a rural state and Delhi is highly urbanized state so, urban women in U.P. and rural women in Delhi are going through the phase of transition, feeling stressed. This gap can be highlighted in their experiences of well-being, where in U.P., whether employed or homemakers it the rural population of women experiencing high well-being and same pattern has been found for urban population of Delhi. Although on this variable group differences are not found significant.

- Employed and homemakers both women experiencing more stressful events due to urbanization in both states due to stressors related to personal competencies and cognitive stressors.
- From the findings, social construction is found to be major barrier of women's mental health, as they inhibit women to achieve certain health behavior and coping. Approach coping is significant predictor of mental health in both employed and homemakers. Well-being is significantly related with avoidance coping among homemakers of both states.
- Employed women encounter more daily stressful events but approaching them to resolve instead of avoiding, improve mental health. Now let's put it in to different words, it means not experiencing stress or avoiding stress is not the factor that contributes to mental health but it is successfully resolving the stress. Further from qualitative findings it was depicted learned helplessness is most prominent in homemakers, especially those who are not educated and financially dependent. For employed women helplessness was depicted in form of social fear of being rejected from relatives and society. In case where a woman makes decision to overcome from her learned helplessness, no support was received from maternal home due to societal pressure, cultural teaching and values.
- Findings of this research also suggest that these mental health experiences are closely related with their lower social position. Learned dependency, conditional security and regard, legalized discrimination, despised self, multiples role, responsibility of morality, relational identity, gendered beliefs and attitude, social pressure and power relation are dominant themes that emerged from qualitative data. Thus, ultimately a woman has to be in "safety cocoon" of patriarchal conspiracies. Patriarchy is a system that meets men's need at women expenses, take away means of autonomy, personal growth, on the cost of conditioned safety measure. Not realizing these silence threats to women's mental health is flourishing on the phenomenon of "ignorance is bliss" and awareness of it disturbs harmony within self and society. Giving voice to women's feelings would leads to path of achieving mental health of women and overall society as they are integral aspect of society. This change will come through socialization and women and teachers are primary agent of

socialization. Awareness of gender neutral socialization is the first step towards empowerment.

This study reinforces the need to censor media portrayal of women not only the discriminated version but also glorified one. Promoting women's work force participation and men's sharing in homemaking to break the gender role stereotyping. Laws have been written in constitution but not taken action. It's time to take legal action against gender discriminating statements. Sexiest jokes are something to deal serious it's not humorous. As feminist researches has reported its negative impact on mental health.

#### **Implication for mental health:**

- I. Psychological aspects which unveil the fragmentation of personality i.e. gap in masculine and feminine identity should be taken care of to prevent negative appraisal of self and thus prevent lowering of mental health.
- II. Social aspect reveals that the gap between ideal and real self-become too broad for women. And Manu's law is still prevalent in describing idealistic nature of women, prominent in psyche of Indians. This archaic construction of self should be erased.
- III. Differences in power relation need to be reduced. Economic, political, and legal rights have to be made achievable. As already discussed psychological empowerment is key to mental health so promoting individual identity of women and making them free from super imposed marital identity.

Symbolization of subservient should be neutralized like vermillion, *mangalsutra* etc. changes in death ceremony of men and women according to their marital status. Counterbalance of symbols that establish and maintain male authority to make women feel subservient. Women can be provided more chances to enjoy identity that is not bound to the male member in life. Men and women are different but these differences do not indicate inferiority or superiority.

On the basis of above findings some intervention can be planned to promote mental health of Indian Women:

**Media:** Censoring the image of “super mom”, idealized marital roles in form of in-laws relation.

**Literature:** Gendered literature should be curbed.

**Legal steps:** Spreading of information regarding article 14, which provides equality before law and equal protection by the laws, article 15 prohibits discrimination against sex, and also provides that the state may make special provisions for the women. Article 51 imposed a fundamental duty on every citizen to renounce practices derogatory to the dignity of women.

**Education:** Making gender sensitization of education essential. Gendered jokes and remarks are not acceptable so serious so legal action should be promoted.

Promoting the level of mental health via community counseling can be accredited. Workshop for teachers and gender perspective must be implied in government policies.

Not only demeaning but also glorifying artificially created image of womanhood should be criticized as both play role in gender discrimination the same as hampering integrity of personality of woman as an individual. There is need to provide women friendly environment.

Mental health, stress and coping significantly get affected by experiences of social inequality and deprived position as being women. Addressing these psychosocial issues is crucial for enhancing mental health of women and over all being of society.

More research should be encouraged to capture the Psychological, Social, and Behavioral aspect of the lives of Indian women's that threaten the mental health by incorporating feminist methodology.

### **Limitation of the Study and Future Research Considerations:**

The main limitation of the study is that only teachers have been included as the employed women. Further research may include other occupations. Another limitation is division of rural urban population, research in future can be conducted to explore the semi-rural, semi urban and metropolitan cities. In present study sample was small in each group.

Findings of present study depict gender discrimination impact person-environment and their interaction and hamper mental health. These can be studied extensively and exclusively in future research. Cross sectional design is another limitation of present research which inhibits to establish temporal association between variable as well as causal relationship. Feminist methods would be more appropriate methods for exploring women's issues.