

ANXIETY AMONG THE URBAN WORKING WOMEN AND HOMEMAKERS: A QUESTIONNAIRE-BASED SURVEY

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ABSTRACT

Objective: Increasing complexity of life is associated with a parallel increase in anxiety, particularly among women due to their physiology and hormonal influence. This study evaluated and compared the anxiety status of working women and homemakers.

Methods: The target population for this survey-based study were selected randomly; responses for the questionnaire was assessed and scoring was done with the help of a scoring key. PSYCOM anxiety test was used for the assessment of anxiety.

Results: Sixty women (30 in each groups) participated in the survey; anxiety was common among those in the age group of 21–40 years. Twenty-two (36.66%) had no symptoms of anxiety, of whom 13 (59.01%) were working women. Anxiety levels were high among home makers (70% vs. working women 56.66%). Mild (60.53%), moderate (28.95%), and moderately severe anxiety was common among women (total 34/38, 89.47%). Among homemakers, nine had no anxiety, 13 had mild, six had moderate, and one each had moderately severe and severe anxiety, respectively. Among working women, 13 had no anxiety, ten had mild, five had moderate, and two had moderately severe anxiety. Anxiety was less among working women and of milder degree in younger working women, when present. Moderately severe and severe level of anxiety were not reported in younger women in both groups. Homemakers, particularly older women experienced mild anxiety to a greater extent; both working and non-working older women experienced moderate and moderately severe anxiety in equal proportions.

Conclusion: Mild and moderate anxiety is more common among women; homemakers, particularly older women are at a high risk.

Keywords: Anxiety, Non-working women, Psycom anxiety test, Working women.

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INTRODUCTION

Mental health, a component of total health, is less spoken of due to associated social stigma and the symptoms are not easily recognized by physicians. Impairment in mental health has a long term impact and is less explored area particularly in women, though is a serious health issue. Women are at an increased peril due to various risk factors such as abuse, violence, crime, socioeconomic status, gender bias at work place, discrimination and suppression in few cultures, and geographical areas [1] apart from physiological stress due to hormonal changes in different stages of life [2]. Indirect effects of pandemics, war/war-like situations, civil wars, geographical conflicts, and displacements also take a high toll on women [3]. Non-college educated women workforce is the hardest hit group, as is stated by a study conducted by University of South Carolina [4].

Women are less likely to disclose disease and seek treatment for their mental illness; additionally, comorbidities increase their vulnerability. Myocardial ischemia is reported to be high among women with anxiety or depression [5].

An increasing trend in mental illness among all ages is reported globally. Depression, anxiety, somatic disorders are the most common mental health problems and are twice common among women. Anxiety symptoms may present differently in men and women as well as at different time points in the lifespan. Generalized anxiety disorder, social phobia, and panic disorder are more common among women. To summarize, anxiety disorders are more prevalent and more disabling in women [6].

As back as in 1997, data suggests a high prevalence of mental disorders, in the form of anxiety (65%) and depression among urban women [7], which has remained high after two decades even in the high economy countries [6,8-10].

Most of the studies done on women focused on pregnancy related anxiety and post-partal depression. There are very few studies on anxiety state in women (working and home-makers). This is an attempt to assess and compare anxiety levels among the working women and home-makers.

METHODS

This questionnaire-based survey was conducted by the Department of Clinical Research Education and Training, of a tertiary care hospital after obtaining Institutional Ethics Committee's approval. The study was based on the hypothesis that there is significant difference in the anxiety levels between working women and homemakers with a significant relationship between age and anxiety levels. The primary objective of the study was to evaluate the anxiety status of working women and homemakers in two metro cities of India.

Procedure

The questionnaire covered various aspects of person's anxiety symptoms, fear perception, and interference with daily activities, sleep, and ability to focus.

The target population was selected randomly. This was a duration based study, from January 2020 to April 2020; all who consented and provided written informed consent to participate were included. The participants were interviewed, briefed about the purpose of data collection and about maintaining confidentiality. The survey was completed in 15–20 min/participant. The responses obtained were detailed on a pre-designed and pre-approved pro forma.

Pooled data were then checked for accuracy and analyzed. Scoring was done with the help of a scoring key. Descriptive statistics was used for analysis. PSYCOM anxiety test was used for the evaluation of the anxiety.

RESULTS

We included 60 women, 30 each in both groups, aged between 22 years and 51 years. Mean age of the working women was 37.5 years (range 22–51 years) and that of the home makers was 41.7 years (range 23–51 years). There were 38 (63.33%) women reported to have symptoms of anxiety, of whom 21 (55.26%) were homemakers and 17 (44.73%) were working women. Mild (n=23, 60.53%) and moderate (n=11, 28.95%) anxiety were common among women (total 34/38, 89.47%); moderately severe anxiety (n=03, 7.9%) and severe anxiety (n=01) were less common (Fig. 1). Of 22 (36.66%) who had no symptoms of anxiety, 13 (59.01%) were working women.

Anxiety was commonly seen among those in the age of 21–40 years. There were 32 (53.33%) women in the age group of 21–40 years, of whom 13 each had no symptoms and mild anxiety, respectively; four had moderate and two had moderately severe anxiety.

Homemakers

There were 10 (33.33%) homemakers in the age group of 21–40 years, of whom, four (40%) each without any symptoms and mild anxiety, respectively; one each had moderate and moderately severe anxiety, respectively. Four were in the age group of 21–30 years, two each had no anxiety and had mild anxiety, respectively. Six were in the 31–40 years age group, with two each had no anxiety and mild anxiety, respectively; one each had moderate and moderately severe anxiety. Twenty (66.66%) were in the age-group of 41–60 years; of whom five (25%) had no anxiety, nine (45%) had mild, five (25%) had moderate, and one (47-year old) had severe anxiety. There were 16 in the 41–50 age group with four without any symptom anxiety, seven with mild, four with moderate, and one with severe anxiety. Four were aged >50 years, two had mild anxiety, one had no anxiety, and one had severe anxiety.

Working women

Among the working women, 22 (73.33%) were in the age group of 21–40 years, nine (40.91%) each had no symptoms of anxiety and mild anxiety, respectively; three (13.64%) had moderate and one had moderately severe anxiety. There were 17 in 21–30 years age group; seven had no anxiety, eight had mild and two had moderate anxiety. There were only five in 31–40 years age group, of whom two had no symptoms, one each had mild, moderate, and moderately severe anxiety, respectively. Eight (26.66%) were in 41–60 age group, of whom four (50%) had no anxiety, one had mild, two had moderate, and one had moderately severe anxiety; seven were in 41–50 years, of whom four had no anxiety while one each had mild, moderate, and severe anxiety. Only one was aged 51 years and had moderate anxiety.

Fig. 2 compares the anxiety levels among the two groups.

Among the working women, there were 13 without any anxiety, ten with mild, five with moderate, and two with moderately severe anxiety. Among the homemakers, nine had no anxiety, 13 had mild, six had moderate, and one each had moderately severe and severe anxiety, respectively.

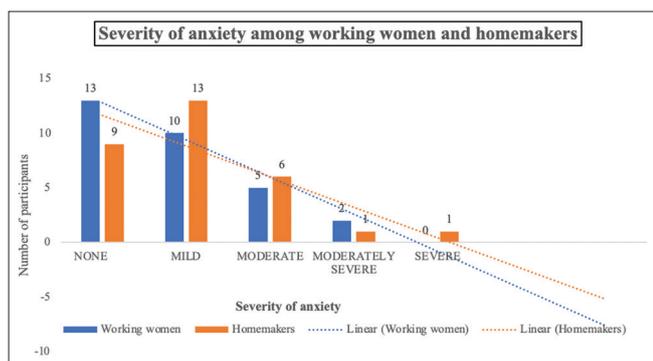


Fig. 1: Comparison of Severity of anxiety and trend line among the study participants

DISCUSSION

In Indian culture, a women’s primary role is of a homemaker. Ironically, a woman working for the home is referred to as a non-working woman and when outside the home, as a working woman. Joining the workforce outside the home is an extra burden for women as they are still expected to be primarily responsible for cooking, cleaning, child-rearing, and other household chores. Work and family stress and fertility-related issues affect women more [11,12]. Women are the lesser privileged and are less aware of illnesses, treatment, and preventive measures in general and mental disorders in particular. Social stigma associated with mental disorders prevent women from seeking medical help, though less among working women [13]. Although anxiety is reportedly more frequent [14,15], the symptoms may not be overtly manifested as gender specific. Role expectation has an inhibitory effect. From this aspect, working women are expected to have more anxiety levels. However, the studies carried out in various countries show varying results. The level of anxiety differs among the different categories of working and non-working women.

In our study, working women were younger in age with lesser mild anxiety (33%), moderate anxiety (17%) than the non-working women (mild 44% and moderate 17%). Working women experienced more moderately severe anxiety (7%) compared to homemakers (3%). Mild anxiety, which is common to increase with age, was frequent among the non-working women of all age-groups.

In the west, younger women (<35 years) have high rates of anxiety[8,16]; in contrast, middle-aged women from India and Pakistan [17] reportedly have a higher proportion of anxiety; Bansal et al. [18] have reported anxiety in 88.9% (mild 69.4%, moderate 17.8%, and severe 1.7%) of their study population, which consisted of women aged 40–60 years. Indian studies [19,20] have reported that mild anxiety is common among middle-aged women and has a positive association with increasing age.

Anxiety among working women tend to be less frequent; Aqel et al. [12] have reported that 63.9% of their study population (working women) had no anxiety; moderately severe anxiety (19.4%) was marginally high compared to mild anxiety 916.7%).

Anxiety is high among Indian women [21] and more among homemakers [22,23]. Vyas [24] has compared the level of anxiety among working and non-working women (n=120, 60 in each arm) from Rajkot, Gujarat, a western state of India. This study noted that anxiety is more frequent among the working women (p<0.01), more among those from lower socioeconomic class than those from upper socioeconomic class (p<0.05).

Studies from India are inconclusive on anxiety among working women and homemakers; a study from Patna, on 120 participants showed marginally higher levels of anxiety among non-working women, which was statistically not significant (r=0.73) [25]. Chowhan et al. [26] have

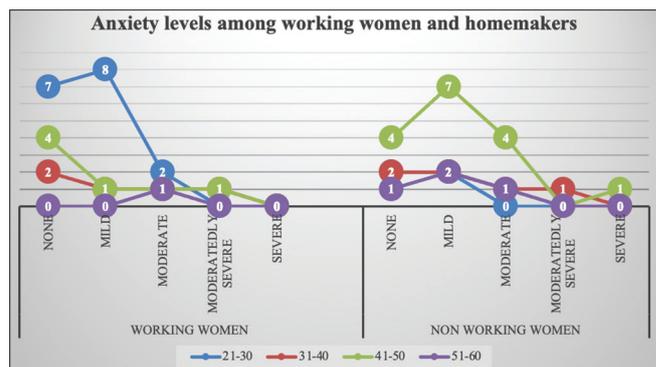


Fig. 2: Age group wise comparison of anxiety levels in the study group

elaborated the stress factors for the Indian women; working women from Delhi, the National Capital of India, showed a higher anxiety state and trait compared to working men. Other reports indicate no significant difference in anxiety levels between the working and non-working mothers [27]. A study from the eastern state West Bengal also showed that non-working mothers have higher anxiety levels than working mothers [28]. Roy [29] has found no significant difference in anxiety levels between these two groups (n=60). In contrast, Jindal [30] reported (n=100) high anxiety among working women and low life satisfaction compared to non-working women. Ankita Kumari [31] has reported a higher anxiety level in non-working tribal women (n=70, 35 each). This study also revealed that anxiety is lower among unmarried women and in those with higher education; education provides a protection and lowers the anxiety [31]. Overall mental health among the working Indian women is better than non-working women (n=60) [32]. Our study too reports that mental health is better among the working women and none had severe anxiety.

Studies from our neighboring country Pakistan reported the prevalence of mental disorders to be more frequent among women, particularly from rural areas [33-35], anxiety being high among non-working women [36]. Report from Nepal also highlights higher prevalence of anxiety among women [37].

Educating girls help in better management of mental disorders, coping up with stressful situations, early identification of symptoms, and seeking medical assistance. It also increases the self-confidence, self-reliance, and better employment opportunities [38]. Family support and spousal support are important in reducing the anxiety levels. Yoga and Pranayama practice have shown encouraging results in reducing anxiety scores among working women; hence, it is advisable to inculcate them in daily routine for both groups [39].

Small sample size was the major limitation of the study. Not studying the associated risk factors, comorbidities, life satisfaction, role of family, and not evaluating the participants clinically were other limitations. Despite these limitations, ours is the first Indian study with samples from two cities.

Several theories have been put forth for the increase in anxiety level among women. Discussing those is beyond the scope of this study. However, we suggest future studies to consider research based on these theories. Since the data collected from many countries show different findings depending on various factors such as personality, attitude toward life, responsibilities, experiences, and ability to cope with stressful situations that the women face through their life, further studies are needed to understand our women population and the anxiety levels they face.

Screening for mental health must be included in the policies and appropriate guidance recommendations have to drafted by the health department.

CONCLUSION

Anxiety is common among women; in contrast to the common belief that working women are more prone, our study shows that homemakers are at a high risk for developing anxiety disorder. Mild and moderate anxiety being more common, early detection, and management is helpful.

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AUTHORS' CONTRIBUTIONS

Nikta Jana, Monika Nayaki and Shravani Devershetty participated in the literature search, conduct of the study, data collection and analysis, and draft manuscript preparation.

The concept of the study was by Mrs. Chandana Pal, who designed the study, reviewed, edited, and approved the final manuscript.

CONFLICTING INTEREST

Authors declare no conflict of interest.

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