ANXIETY IN NON-WORKING WOMEN WITH REFERENCE TO THEIR EDUCATION, FAMILY SYSTEM AND NUMBER OF CHILDREN

Iqbal A¹, Nadeem R² & Fatima N³

ABSTRACT

Objective: To observe the presence of anxiety in working and non-working women with reference to their education, family system and the number of their children.

Setting: Shaukat Khanum Memorial Cancer Hospital and Research Centre, Lahore, Pakistan. Design: Non-experimental study.

Methodology: A purposive sample of 50 working women and 50 non-working women was taken. Both groups were matched on their age, education, occupation and socioeconomic background. Taylor Manifest Anxiety Scale was administered on all women to assess their anxiety. They were also interviewed to record the demographic information.

Results: Anxiety was observed in 57% of sampled women; 74% of non-working women and 36% of working women had anxiety. A statistically significant association between anxiety in women and education and number of their children was found. No significant association was observed between women' anxiety and their family system.

Conclusion: It is concluded that all non-working women should be supported morally and socially to spare some time for their entertainment and pleasurable activities outside homes to distract the monotony of routine work.

KEY WORDS: Anxiety, Non-working women, Education, Family system

Pak J Med Sci October-December 2004 Vol. 20 No. 4 345-348

INTRODUCTION

There is anecdotal evidence that housewives frequently complain about the monotony of their lives. They feel that they have to look after children and do the housework and they

1.	Dr. Akhtar Iqbal Ph.D Psychology Psychosocial Services, Department of Medical Oncology Shaukat Khanum Memorial Cancer Hospital and Research Centre, Lahore, Pakistan.	
2.		
3.	Ms. Noor Fatima M.Sc Psycholo Government College, Lahore, Pakistan	ogy
	Correspondence	
	Dr. Akhtar Iqbal 642 - Nishtar Block, Allama Iqbal Town, Lahore, Pakistan. E-mail: iakhtar@brain.net.pk	
*	Received for publication:	March 15, 2004
	Accepted:	May 31, 2004

do not have time for themselves. Compared to the working women their social environment is limited. Their husbands are the only ones to appreciate their intense efforts they make for their homes. A woman, for instance, with six children and a husband, and with no help from others and no money for the most costly laborsaving devices, simply can not organize her necessary duties so that she will have leisure for pleasures and activities outside the daily routine. In such a house the most modest requirements for food, shelter, and clothing become a driving force that pushes aside relentlessly any irrelevant longing. The working women, however, have the chance of being appreciated by the society and behave independently and earn money. On the other hand, many working women find that children provide a common focus of interest for them and their husbands and many of them feel that the time devoted to children resulted in less sharing and companionship and less spontaneity

in marital relationship^{1,2}. The problems and difficulties of working women are multidimensional and may be broadly classified into three types – environmental, social & psychological.

Joining the business life outside home is an extra burden for women who have already been responsible for baby-sitting (child rearing) and other household chores. From this aspect, working women are expected to have more psychological symptoms. However, the studies carried out in various countries show that it is not the case. Working has a positive psychological influence on women especially those from the lower socioeconomic class. In a comparison of working and non-working women, Mukhopadhyay showed a positive statistically significant relationship between the 'health score' and 'anxiety score'³. Traditional role theories suggest that women who are trying to maintain several roles would be expected to experience negative stressful feelings. In contrast, more recent theories suggest that individuals may profit from enacting multiple roles. Performing several roles may increase individual's privileges and resources in their social environment, assist in establishing social and economic status and security, act as a buffer for problems or families in any single life domain, and enhance feelings of self-worth. Recent studies of the risk and benefits of having multiple roles indicate that people who had more social roles experience less psychological distress and mental illness^{4,5}. Considering recent studies of risk and benefits of having multiple roles, the emotional problems and complaints of housewives are understandable. Their anxiety and other emotional problems could be related to their monotonous life, lack of independence and social support, a sense of insecurity regarding marital life, etc. The most common contributory factors which may lead to mental distress in non-working women are low family income, dispute among spouses, verbal abuse by in-laws and too many children⁶. The objective of this study was to observe the presence of anxiety in working and non-working women with reference to their education, family system and the number of their children.

METHODOLOGY

Two-group design was used in which one group consisted of working women (WW) and other of non-working women (NWW) who were compared for their anxiety scores. The respondents were selected on the basis of purposive sampling. The group was homogeneous as the selection of WW from different occupations was made considering equal amount of hours spent in their jobs and similar socioeconomic background. Selection of NWW was made after interviewing NWW by one of the investigators from the city belonging to same age group, broadly similar socioeconomic and cultural backgrounds and educational level. The sample was consisted of 50 working women and 50 non-working women. The middle class was purposively chosen because families of this group form a large section of employed women in Urban Pakistan. Prior to data collection, the investigator identified some institutions / offices and number of families of similar socioeconomic background. The respondents' age and education were also considered. After that the respondents were contacted personally by the investigator. They were instructed adequately along with the assurance of confidentiality. The women who were reluctant to participate were not interviewed. For categorizing high and low level of education, the researcher considered less than ten years of education as low and more than ten years of education as high level of education. Similarly, the less than three children were considered as low number of children and more than three children were considered as high number of children. The women who presented with anxiety were further studied with reference to their educational status, family system and the number of their children. The overall mean age of sampled women was 38.52±0.81 SEM years; 38.88±1.17 SEM in working women and 38.16±1.13 SEM in nonworking women.

Taylor Manifest Anxiety Scale was utilized for the assessment of anxiety in working and non-working women. It is a fifty items self-report questionnaire drawn from Minnisota Multiphasic Personality Inventory by Taylor to assess the patient's anxiety⁷. Data thus collected was analyzed by using Statistical Program for Social Studies (SPSS – 10.0) Version 10.0. Students' t test was utilized to measure relationship between two groups regarding anxiety. Chi Square test was utilized to observe any association between categorical variable.

RESULTS

Fifty seven percent of sampled women were diagnosed to be suffering from anxiety. It was observed that majority of non-working women had anxiety (i.e. 74%) when compared with anxiety in working women (i.e. 36%). This association was found to be highly significant statistically. (Table-I)

A statistically significant association was also observed when working and non-working women were compared for their educational

Table-I: Presence of anxiety in working
and non-working women.
(Numbers & percentages)

(ivallibelis & percentages)			
Presence of Anxiety		nxiety	Total
Category	Anxiety not Present	Anxiety Present	
Working Women	32 (64.0) (74.4)	18 (36.0) (31.6)	50 (50.0)
Non-working Women	11 (22.0) (25.6)	39 (74.0) (68.4)	50 (50.0)
TOTAL	43 (43.0)	57 (57.0)	100

Chi Square: 17.993, df: 1, P Value = 0.000(Highly Significant)

Table II: Education of women presented with anxiety. Numbers & percentages

	•	-	-
	Educat	ion	Total
Category	Low	High	
	Education	Education	
Working	09 (50.0)	09 (50.0)	18 (31.5)
women	(21.4)	(60.0)	
Non-working	33 (84.6)	06 (15.4)	39 (68.5)
women	(78.6)	(40.0)	
TOTAL	42 (73.7)	15 (26.3)	57

Chi Square: 7.61, df: 1, P Value = 0.01 (Significant)

status. It was observed that majority of nonworking women (84.6%) who presented with anxiety were having less them 10 years of education. (Table-II)

This study showed that both working and non-working women living in a joint family system were more frequently diagnosed with anxiety; but that association was not statistically significant. (Table-III)

A highly significant association was observed between anxiety in women and the number of their children. This study showed that majority of non-working women (79.5%) diagnosed with anxiety were having more than three children as compared to working women (11.1%). (Table-IV)

DISCUSSION

Our results regarding high frequency of anxiety in non-working women (housewives) are consistent with the findings of Mukhpadhyay et. al, Cilli et al. and Rani and Yadav^{38.2}. They found that non-working women were show-

Table III: Family system of women presented with anxiety. (Numbers & percentages)

Family System			
Category	Joint	Nucleus	Total
Working women	13 (72.2) (35.1)	05 (27.8) (25.0)	18 (31.6)
Non-working women	24 (61.5) (64.9)	15 (38.5) (75.0)	39 (68.4)
TOTAL	37 (64.9)	20 (35.1)	57

Chi Square: 0.617, df: 1, P Value = 0.555 (No Significance)

Table IV: Number of children of women presented with anxiety. Numbers & percentages

	Number of Children		
Category	Low	High	Total
Working women	16 (88.9) (66.7)	02 (11.1) (6.1)	18 (31.6)
Non-working women	08 (20.5) (33.3)	31 (79.5) (93.9)	39 (68.4)
TOTAL	24 (42.1)	33 (57.9)	57

Chi Square: 23.621, df: 1, P Value = 0.000(Highly Significant)

Pak J Med Sci 2004 Vol. 20 No. 4 www.pjms.com.pk 347

ing higher mean anxiety scores as compared to working women. They further investigated that anxiety score of non-working women showed increasing values with increasing age and number of children.

The main reasons of high frequency of anxiety in non-working women could be their familial and social status, low control at home, low education and their involvement in limited number of roles. Women in our society have more household responsibilities, face domestic conflicts, abusive relationships, and enjoy less privileges, less rights, less social and economic freedom. They lack the ability to escape their captors due to social and cultural pressures and rarely get an opportunity for dissipating their stress. The fact, however, remains that they face much-pronged problems stemming from socio-cultural values and traditions, illiteracy, political instability and the erroneous interpretation of religion. Their housework is typically associated with unpaid, obligatory work. This along with the lack of benefits and positive knowledge, may contribute to a decrease in mental well-being and an increase in anxiety, stress and depression. All these stresses may cause low control at home, which usually result in high anxiety in nonworking women. Griffin JM, et. al have also reported increased risk of developing depression and anxiety in women having low control at home9.

The engagement of non-working women in less number of roles may also be a contributory factor towards high anxiety in them, as they have to rely mainly on their role as housewives for their identity and self-esteem. Whereas, occupying multiple roles is thought to increase women's chances to learn, to develop self- efficacy and self-esteem, to build social network and open access to informational, instrumental and emotional support, and to buffer life's stresses and strains. Playing multiple roles also provide cognitive cushioning and alternative sources of self-esteem and gratification when things go poorly in one life domain¹⁰.

Another reason could be their low education

as we have observed that majority of housewives presented with anxiety had low education. Researchers have already established the role of formal education in developing psychiatric disorders. It has been observed that lack of formal education is a major risk factor for developing psychiatric disorders as it is felt that education provides coping mechanisms in more than one way. It raises self-efficacy, makes us feel less sensitively in situations and gives a greater sense of control over environment¹¹.

It may be concluded that non-working women suffer more from anxiety as compared to working women. The main contributory factors could be their low education, their involvement in less number of roles, and their familial and social status in general. It is suggested that women should be encouraged to concentrate on enhancing their formal educational level and should participate in more social roles to avoid the risk of developing anxiety.

REFERENCE

- 1. Nathawat SS, Mathur A. "Marital adjustment and subjective well-being in Indian educated housewives and working women." J Psychol 1993; 127(3): 353–8.
- Rani G & Yadav A. Anxiety level among working women. Jour Personality & Clinical Studies, 2000; 16(1): 63–7.
- 3. Mukhopadhyay S. Working status and stress of middle class women of Calcutta. J Biosoc Sci 1989;(21):109-14.
- Linville PW. Affective consequences of complexity regarding the self and others. In MS Clark & ST Fiske (Eds.), Affect and cognition: The seventeenth annual carnegie symposium on cognition (pp 79-109), Hillsdale, NJ; Lawrence Erlbaum Associates. 1982.
- Thoits PA. Multiple identies and psychological well-being: A reformulation and test of the social isolation hypothesis. Am Sociological Rev 1983;48:174–87.
- Rabbani F. Views about women' mental health: study in squatter settlement of Karachi. J Pak Med Associ 1999;49(6):139-42.
- Taylor JA. A personality scale of manifest anxiety. Journal of Abnormal and Social Psychology. 1953;48:285–90.
- Cilli AS, Kaya N, Bodur S, Ozkan I, Kueur R. "A comparative analysis of the psychological symptoms observed in the working women and housewives." http://www. aile.selcuk.edu.tr/text/article 1.pdf.
- Griffin JM, Fuhser R, Stansfeld SA, Marmot M. "The importance of low control at work and home on depression and anxiety: do these effects vary by gender and social class." Soc Sci Med 2002; 54 (5): 783–98.
- Messias Deanve K Hilfinger et al. "Defining and redefining work: implications for women's health. Gender and Society. 1997; 11:296.
- Harpham T. "Urbanization and mental health in developing countries: a research role for social scientists, public health professionals and social psychiatrists. Soc Sci Med 1994; 39: 223-45.