



A Comparative Study of Depressive Symptoms Among Working and Non-Working Women

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Abstract:

Depression represents a significant global mental health concern, with epidemiological evidence consistently indicating higher prevalence rates among women than men. This mood disorder, characterized by enduring low mood and reduced interest in daily activities, profoundly affects cognitive processes, emotional regulation, behavioral patterns, and overall quality of life. Its manifestation among middle-aged women presents unique characteristics requiring focused investigation. Against the backdrop of contemporary lifestyle pressures, depressive conditions have emerged as a prominent mental health challenge warranting systematic inquiry. The current investigation sought to evaluate depressive symptomatology among employed and homemaker women. The participant pool comprised 100 women drawn from urban areas, equally representing working and non-working populations. Results indicated significantly elevated depression scores among employed women relative to their homemaker counterparts.

Keywords:- Employment status, Age demographics, Depressive symptomatology.

Introduction

The concept of womanhood encompasses biological maturity typically achieved after eighteen years of age, though sociocultural definitions extend beyond chronological markers. Women characteristically demonstrate diverse psychological attributes including compassion, moral strength, flexibility in diverse situations, and enduring patience through life's challenges.

Depression constitutes an affective disorder manifesting through sustained feelings of despondency and diminished engagement with previously enjoyable activities. This condition fundamentally differs from ordinary emotional variations characteristic of daily existence. Depressive states can substantially disrupt cognitive functioning, behavioral responses, emotional equilibrium, and subjective well-being.

The clinical presentation of depression encompasses multiple symptomatic domains:

- **Persistent melancholic affect:** Unrelenting low mood resistant to situational improvement
- **Pervasive hopelessness:** Fundamental pessimism regarding personal circumstances and future possibilities
- **Anhedonic manifestations:** Markedly reduced participation in recreational activities, social engagements, and intimate relationships
- **Appetitive disturbances:** Significant weight fluctuations exceeding five percent monthly through altered eating patterns
- **Circadian rhythm disruptions:** Early morning awakening, difficulty initiating sleep, or excessive sleep duration
- **Affective instability:** Heightened irritability, reduced frustration tolerance, and exaggerated responses to minor provocations
- **Vital exhaustion:** Profound fatigue rendering routine activities demanding and time-consuming
- **Negative self-evaluation:** Intense feelings of personal worthlessness accompanied by self-blame
- **Impulse control difficulties:** Engagement in high-risk behaviors including substance misuse or reckless activities
- **Cognitive inefficiency:** Impaired concentration, decision-making difficulties, and memory disturbances
- **Suicidal ideation:** In severe presentations, thoughts of self-harm requiring immediate clinical intervention

Factors Predisposing Women to Depression

Significant developmental transitions including gestation, maternal adaptation, and reproductive senescence impose substantial psychological demands on women. Concurrently, adverse socioeconomic conditions encompassing financial hardship, gender-



based discrimination, interpersonal violence, occupational uncertainty, and social detachment adversely affect female mental health outcomes.

Specific life circumstances associated with female depression include:

Gestational Period: Approximately ten percent of women in developed nations report clinically significant anxiety or depression during pregnancy. These psychological responses may reflect physiological changes accompanying gestation, pregnancy-related health complications, or concurrent life stressors.

Postpartum Adaptation: Following childbirth, depressive symptoms affect approximately sixteen percent of women during the initial twelve months. The substantial lifestyle modifications accompanying motherhood, combined with ongoing childcare demands, increase vulnerability to affective disorders during this transition.

Reproductive Senescence: While hormonal fluctuations during menopausal transition do not directly induce depression, they frequently precipitate mood instability and heightened irritability. These symptoms prove particularly challenging amid concurrent physical changes. Surgically induced or premature menopause carries elevated depression risk.

Interpersonal Trauma: Psychological safety within relationships constitutes fundamental prerequisites for female mental health. Exposure to physical violence, emotional abuse, or sexual victimization produces lasting psychological sequelae including depressive and anxiety disorders.

Sexual Minority Status: International research demonstrates elevated anxiety and depression rates among lesbian and bisexual women compared to heterosexual counterparts. These disparities partially reflect discrimination experiences and associated psychological consequences.

Relationship Dissolution: Separated, divorced, or widowed women show increased vulnerability to mental health difficulties. Protective factors include emotional expression through social networks and timely help-seeking behaviors.

Literature Review

Extensive research has investigated depression correlates among women, particularly examining employment, marital status, educational attainment, and chronological age. Findings demonstrate considerable variation across studies.

Occupational Status and Marital Dynamics

Hashmi, Khurshid, and Hassan (2007) examined depressive patterns among employed and homemaker women, finding that married working women encounter greater marital challenges. Their research additionally indicated that higher educational attainment among both employed and homemaker married women facilitates marital adjustment and reduces depression relative to less educated counterparts.

Conversely, Khanna (1992) documented that even desirable occupational changes such as professional advancement correlated with depression among employed women, suggesting career progression introduces unique psychological demands.

Several investigations report comparable depression levels between homemakers and employed women. Marecek (1975) and Radloff (1976) found equivalent depressive symptomatology across these groups, findings subsequently confirmed by Keith (1980).

Gender-Based Susceptibility

Research consistently demonstrates elevated depression rates among women relative to men across diverse lifestyles and occupational categories (Pearlin, 1975; Weissman & Klerman, 1977). This disparity may partially reflect psychological responses to limited agency associated with conventional female gender roles.

Marital Parameters and Chronological Age

Arora and Roy (2011) examined age and marital status influences on depression among employed women. Their findings revealed elevated depression among unmarried employed women compared to married employed counterparts. Age significantly affected depressive experiences across both married and unmarried employed women.



Demographic Risk Profiles

Systematic review evidence (Mirza & Jenkins, 2004) identified female gender, middle age, and educational attainment as major depression correlates, highlighting the multifactorial nature of depressive vulnerability.

Etiological Complexity

Kendler, Gardner, and Prescott (2002) emphasized depression's multifaceted origins in women through twin research identifying multiple predisposing factors including neuroticism, early anxiety disorders, conduct disturbance, and substance misuse. These findings underscore the necessity for comprehensive conceptual frameworks integrating psychological, social, and biological perspectives.

Methodology

Research Objectives

The present investigation assessed depressive symptomatology among employed and homemaker women residing in Ranchi district urban areas. The researcher specifically examined relationships between occupational status and psychological disturbance severity, particularly depressive manifestations.

Specific Aims

1. Quantify depression levels among employed and homemaker women
2. Evaluate age-related variations in depressive symptomatology

Research Hypotheses

- Employed women will demonstrate elevated depression relative to homemaker women
- Chronological age will significantly affect depression levels

Participant Selection

The sample included 100 women from Ranchi district urban locations, equally divided between employed and homemaker categories. Stratified random sampling procedures ensured representative selection based on occupational status (employed versus homemaker) and age categories (20–30 years and 31–40 years). A 2×2 factorial arrangement comprised twenty-five participants per subgroup.

Assessment Instrument

The Beck Depression Inventory (Beck et al., 1961) measured depressive symptomatology. This twenty-one-item self-report instrument evaluates characteristic depressive attitudes and symptoms. Each item assesses specific manifestations common among depressed individuals, providing comprehensive evaluation of depressive intensity and severity.

Scoring Protocol

BDI scores range from zero to sixty-three, with elevated scores indicating greater depressive severity. Standard classification includes:

- Minimal depressive symptoms: 0–9
- Mild depression: 10–16
- Moderate depression: 17–29
- Severe depression: 30–63

The instrument demonstrates established reliability and validity in clinical and research applications.

Data Collection Procedure

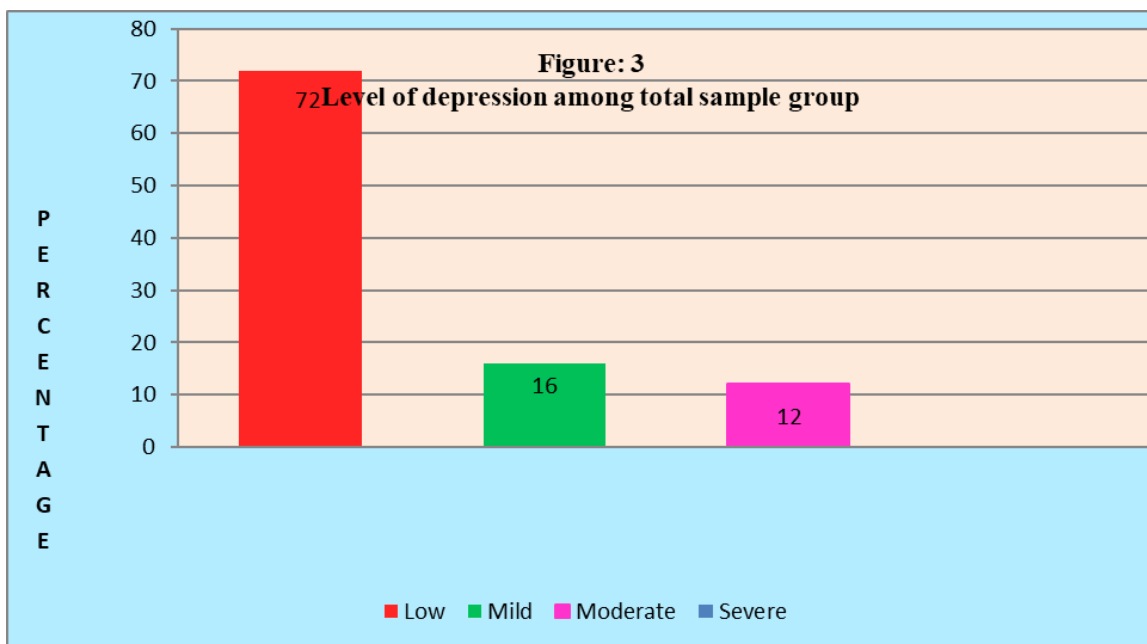
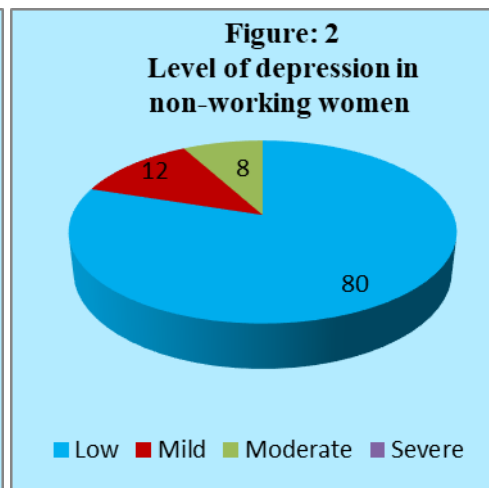
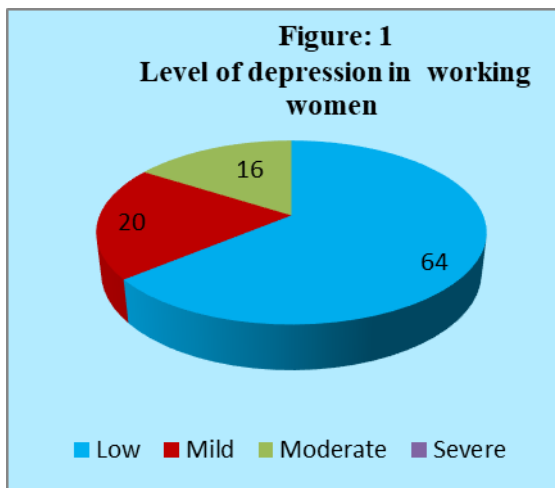
The depression inventory was administered with standardized instructions ensuring response consistency. Completed protocols were examined for completeness and accuracy. Scoring followed BDI manual specifications using the standardized key.

Analytical Approach

Data analysis employed multiple statistical techniques. Percentage distributions characterized depression level frequencies across groups. Means and standard deviations described central tendency and score variability. Independent t-tests evaluated group differences between employed and homemaker women and between younger and older participants. Graphical presentations supplemented statistical findings where appropriate.

Table- 1
Distribution of working and non-working women’ respondents according to their level of Depression

Group	No. of Items (N)	Low (0-9)		Mild (10-16)		Moderate (17-29)		Severe (30-63)	
		N	%	N	%	N	%	N	%
Working women	50	32	64	10	20	8	16	0	0
Non-working women	50	40	80	6	12	4	8	0	0
Total	100	72	72	16	16	12	12	0	0



It can be observed from the table 1 and respective figure that:

- It is marked in table 1 that percentage of low scorer was higher in non- working women (80%) than in working women (64%), while the percentage of mild scorer was greater in working women (20%) compared to non-working women (12%).
- Sixteen percent of working women and only 8% of non-working women experiences moderate level of depression.
- Severely depression was completely absent in working and non-working women group.
- It was observed that out of 100, majority students (72%) suffered from low depression, 16% mild and only 12% are under moderate level of depression.

The mean, standard deviation, and t-values for depression scores of working and non-working women were computed to examine differences between the two groups. The results of this analysis have been presented in Table 2 and Table 3, while Figure 4 provides a graphical representation of the findings for clearer visual interpretation.

Table- 2

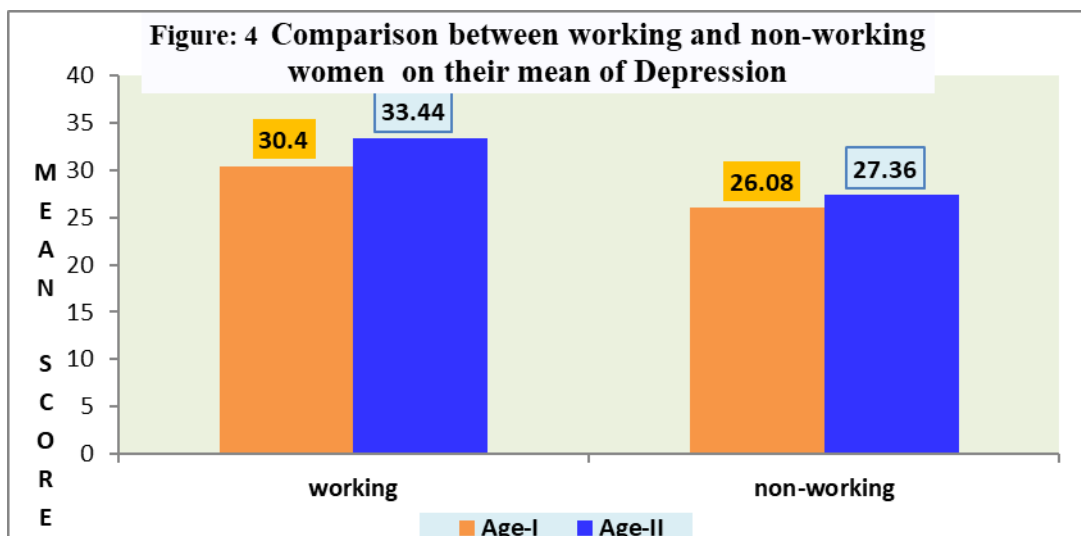
Mean, standard deviation and t values of scores on Beck depression inventory of the working and non-working women

	Working women		Non-working women	
	Age group-I 20-30	Age group-II 31-40	Age group-I 20-30	Age group-II 31-40
N	25	25	25	25
Mean	30.40	33.44	26.08	27.36
Standard deviation	3.50	2.77	3.89	3.10

Table- 3

Values of t for the differences between means as given in table-3

Variables	t	P value
Working women age I Vs Working women age II	3.40	<.01
Non-working women age I Vs Non-working age II	1.28	NS
Working women age I Vs Non-working age I	4.12	<.01
Working women age II Vs Non-working age II	7.31	<.01



The data showed that:

- Among working women, those in the older age group (31–40 years) reported a higher mean depression score (M = 33.44) compared to those in the younger age group (20–30 years), who had a mean score of M = 30.40. This difference was statistically significant (t = 3.40, df = 48, p < .01).



- Among non-working women, participants in the older age group (31–40 years) obtained a higher mean depression score ($M = 27.36$) than those in the younger age group (20–30 years), who had a mean score of $M = 26.08$.
- In the younger age group (20–30 years), working women scored significantly higher on the depression scale ($M = 30.40$) compared to non-working women ($M = 26.08$). The difference was statistically significant at the .01 level ($t = 4.12, p < .01$).
- In the older age group (31–40 years), working women again demonstrated significantly higher depression scores ($M = 33.44$) than their non-working counterparts ($M = 27.36$). This difference was also highly significant ($t = 7.31, p < .01$).

Conclusion

The present study highlights the significant role of working status and age in determining the level of depression among women. The findings reveal that working women experience considerably higher levels of depression than their non-working counterparts. Furthermore, age emerged as a critical factor, with depression scores increasing progressively among older women in both groups. These results underscore the need for targeted mental health interventions that consider both employment status and age-related vulnerabilities.

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