



Review Article

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A Review on Measure Depression, Anxiety and Stress Levels among Working and Non-Working Women

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Abstract	Manuscript Information
Abstract The purpose of this study was to investigate the anxiety and depression experienced by married women who are employed and those who are not. They have numerous roles in everyone's life, but when they become a "mother," their other identities start to take a backseat. However, this does not mean that their previous responsibilities disappear. In India, women are primarily responsible for their children, regardless of whether they continue working.	 ISSN No: 2583-7397 Received: 25-11-2024 Accepted: 12-01-2025 Published: 21-01-2025 IJCRM:4(1); 2025: 40-44 ©2025, All Rights Reserved Plagiarism Checked: Yes Peer Review Process: Yes How to Cite this Manuscript Sanket PS, Sayali HD, Sayali BU, Gauri NN, Archana PK. A Review on Measure Depression, Anxiety and
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KEYWORDS: Work-life Balance, Working Women, Non-Working Women, Mental Health, Anxiety, Depression.

INTRODUCTION

An estimated 350 million people worldwide suffer from depression. It is a substantial contributor to the global burden of disease and the world's largest cause of disability. It affects women more frequently than men and frequently begins at a young age. It impacts not just the afflicted individual but also the family and the community. Depression is the reason for the suicide of nearly one million persons. The point prevalence of unipolar depressive episodes is assessed by the Global Burden of Disease study to be 1.9% for men and 3.2% for women. The one-year prevalence is predicted to be 5.8% for men and 9.5% for women. ⁽¹⁾ Indians are among the saddest people in the world,

according to the World Health Organization (WHO). According to a study by the worldwide watchdogs, 36% of Indians experienced a major depressive episode (MDE), compared to 9% who said they had experienced depression for a prolonged period in their lifetime. MDE symptoms include melancholy and a loss of interest or enjoyment. ^[2] Most males would rather marry a woman who works. In addition to receiving financial benefits, working women typically have a greater understanding of their spouses because they deal with comparable situations at work. ^[3] According to a study, the lack of infrastructure, extended emergency duty hours, and a staffing deficit are the main causes of increased stress and found that working women experience

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higher levels of stress than working men. According to Waldron (1980), women in the workforce are more likely to develop heavy drinking habits. Compared to the women who do not work, their mental health is more affected. This study on the mental health of housewives and working women can be carried out.^[4] The most severe types of recurrent depression share many characteristics with the older theories of endogenous depression, melancholia, manic-depressive depression, and vital depression.^[5] Depression is a dangerous illness. Regretfully, it's also a typical one. One in five women and one in ten men will experience depression at some point in their lives, according to the World Health Organization, which ranks it as one of the most incapacitating illnesses globally.^[6]

These are the following definitions:

Anxiety: Most individuals have experienced anxiety at some point in their lives, whether it be from feeling uneasy before visiting a doctor or from being afraid of giving a speech in public. Anxiety is one of the most prevalent psychiatric diseases.^[7]

Stress: Any change that induces physical, emotional, or psychological discomfort can be categorized as stress.^[8]

Depression: Clinical depression is characterized by a protracted period of extreme sadness, despair, and other physical symptoms. According to the National Comorbidity Survey, the prevalence of major depressive disorder (MDD) is 12.7% in men and 21.3% in women. Depression is more common in women than in males.^[9]

Working Woman

Women working outside the home to make money are called working women.

Non-Working Woman

Women who work from home and perform household chores are referred to as non-working women.^[10]

The WHO defines mental health as a condition of well-being in which each person can reach their full potential, manage everyday stressors, work effectively and efficiently, and contribute to their community.^[11]

The WHO estimates that this illness affects over 300 million individuals globally and has resulted in 800,000 suicide deaths in the worst cases. According to doctors, women are more susceptible to anxiety and melancholy because of their innate characteristics as well as hormonal changes that occur during their lives. Depression is a result of hormone imbalances and the biology of women. Women have significant hormonal changes throughout pregnancy, following pregnancy, and during menopause.^[12]

Women are born with feelings of insecurity, low self-esteem, and depressive traits, such as powerlessness, discrimination based on gender, and being unwanted.^[13] Depression is characterized by self-deprecating, melancholy, gloomy, blue, certain that life has no meaning or value, pessimistic about the future, inability to enjoy or be satisfied, inability to become involved or interested, and a lack of initiative.^[14] According to the research, it concludes that women who work have a higher risk of becoming heavy drinkers. Compared to non-working women, their mental health is more negatively impacted. It comes across that victims of rape, domestic abuse, sexual harassment, and other social evils exhibit higher levels of stress, which leads to emotional disruptions in women's conduct. Discovered that women who experience issues at work and in their families had poor mental health.^[15]

These are the following symptoms observed in depressed women:

- 1. A lot of relaxation.
- 2. A decline in enjoyment or interests
- 3. Exhaustion or a lack of energy High self-esteem's effects.
- 4. They don't bother about what other people think of them; they have trouble sleeping.
- 5. Inability to focus or make decisions
- 6. Lack of confidence
- 7. Every new experience enriches their lives.
- 8. They have a greater appetite or are more pleasant to be around suicidal ideation or actions; their thoughts.^[16]

Remedies:

- 1. Always be positive
- 2. Avoid negative thinking
- 3. Take sufficient rest
- 4. Do regular physical activity
- 5. Acquire knowledge of new things
- 6. Take music therapy in your free time.^[17]

The following tools are used to measure depression and anxiety levels:

- 1. Socio-demographic data sheet.
- 2. Beck depression inventory (BDI)
- 3. Rosenberg self-esteem scale.
- 4. Anxiety and Depression Scale. ^[18,19]

The following table can be used to measure depression and anxiety

Characteristics		Depressive symptoms						
		Total		CES-D-10d score>10		CES-D-10d score<10		p-value
		Ν	%	Ν	%	Ν	%	-
Work inte	erference with family (WIF)							
	Yes							
	No							
Age								
8-	20-39							
	40-49							
	50-59							
	60or older							
Region								
1108-011	Urban							
	Rural							
Highest le	vel education				1		1	
girest it	Middle school or below				1			
	High school		1	1	1		1	
	College or above							
Number o				-	1		1	
Number o								
	1							
	2		-	1				
TT	3 or more							
Household	d income level							
	Quartile 1(low)					_		
	Quartile 2							
	Quartile 3							
	Quartile 4(high)							
Occupatio	on and a second s							
	White-collar							
	Pink-collar							
	Blue-collar							
Monthly s	alary level							
	Quartile 1(low)							
	Quartile 2							
	Quartile 3							
	Quartile 4(high)							
	-							
Working								
	<40 hours per week							
	>40 hours per week							
Job satisfa								
	Satisfied		1		1		1	
	Unsatisfied		1					
Perceived	health status		1					
	Good							
	Bad		1	1	1	1	1	

Table 1: The Center for Epidemiologic Studies Depression (CES-D)^[20]

Table 2: Frequency distribution of study participants ^[21]

Variable	Working Women	Nonworking women
Education classes		
Graduates		
High school		
Middle school		
Some schooling		
Marital status		
Married		
Separated/Widowed/Unmarried		
Socio economic status		
Class 1		
Class 2		
Class 3		
Class 4		
Class 5		

Joint Joint Nuclear Insufficient Insufficient Insufficient Habits of eating more Insufficient (Binge eating) Insufficient No Insufficient Yes Insufficient Personal life satisfaction Insufficient No Insufficient Yes Insufficient Mont Insufficient No Insufficient Yes Insufficient No Insufficient No Insufficient Yes Insufficient Mentrual problems Insufficient No Insufficient Yes Insufficient No Insufficient Yes Insufficient No Insufficient Yes Insufficient No Insufficient Yes Insufficient No Insufficient	Type of family	
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Yes Personal life satisfaction No Yes Menstrual problems No Yes Beauty consciousness No Yes Beauty consciousness No Yes Economic problems No Yes Family problems No Yes Relationship problems No Yes Workplace problems No Yes Hard to look after the children No No Yes Obesity classification (WHO) Underweight Normal weight		
Personal life satisfaction No No		
No		
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Menstrual problems Image: conscious and sector of the	Yes	
NoImage: style st	Menstrual problems	
YesImage: state of the state of		
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YesImage: constant of the second		
Economic problemsImage: control of the second s		
NoImage: constraint of the second		
Family problemsImage: constraint of the second		
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NoImage: constraint of the second	Family problems	
Relationship problemsImage: constraint of the second s		
NoImage: constraint of the second	Yes	
NoImage: constraint of the second	Relationship problems	
Workplace problemsImage: constraint of the second seco		
NANoYesHard to look after the childrenNANoYesObesity classification (WHO)UnderweightNormal weight	Yes	
NoImage: constraint of the second	Workplace problems	
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Hard to look after the children Image: mail of the children NA Image: mail of the children No Image: mail of the children Yes Image: mail of the children Obesity classification (WHO) Image: mail of the children Underweight Image: mail of the children Normal weight Image: mail of the children	No	
NA Image: Mail of the second		
No Image: Marcology of the state of the	Hard to look after the children	
Yes Obesity classification (WHO) Underweight Normal weight	NA	
Obesity classification (WHO)	No	
Underweight Normal weight		
Underweight Normal weight	Obesity classification (WHO)	
Normal weight		
Overweight and Obese		
	Overweight and Obese	

Limitations of the study

- 1. Because the study's sample consists solely of women, the findings do not apply to men.
- 2. Only women who are employed or not are included. Other women cannot apply the conclusions.
- 3. Only a small number of sources were used in the aforementioned study, which focused on the type of women, age, and area.
- 4. The survey only includes working and non-working women. The findings and conclusions do not apply to other women.
- 5. Because of scheduling constraints, a sample size varies. It is impossible to draw definite conclusions because of the small sample size.

REFERENCES

 Gandhi PA, Kishore J. Prevalence of Depression and the Associated Factors among the Software Professionals in Delhi: A Cross-Sectional Study. Indian J Public Health. 2020;64(4):413–6. doi:10.4103/ijph.IJPH_568_19.

- Fatima M, Parvez R. A Study of Depression among Career Women. Int J Indian Psychol. 2016;3(4):67. doi:18.01.183/20160304.
- 3. Bhardwaj VK. Level of Stress among Working and Non-Working Women in Relation to Healthiness, Wellbeing and Depression: A Comparative Study. Int J Creative Res Thoughts. 2018;5(3).
- 4. Kour P, Sachdeva P, Arora M. A Comparative Study of Stress and Mental Health of Working and Non-working Women of Jammu. Chandigarh: IEI; 2020. ISBN: 978-81-944855-2-0.
- Dwivedi A, Srivastava A. A Study of Depression and Self Esteem Between Working and Non-Working Married Women. Int J Sci Res. 2016;5(5):ISSN: 2277–8179.
- Senma VK. A Study of Depression in Working and Non-Working Women of North Gujarat. Webology. 2021;18(5). ISSN: 1735-188X.
- 7. Shrivastava R, Singh S. A Comparative Study on Anxiety and Life Satisfaction of Working and Non-Working Mothers of Bhopal City. Int J Home Sci. 2022;8(2):160–3.

- 8. Kaur J, Singh DJ. Study the Level of Depression, Anxiety and Stress among Working and Non-Working Married Women in Ludhiana. J Ment Health Issues Behav. 2021;1(2). ISSN: 2799-1261.
- 9. Deepthi M, Reddy S. Depression Among Working Women. 2020;9(8).
- Balugade AB. Mental Health and Depression among Working and Non-Working Women. Int J Indian Psychol. 2023;11(4):762–9. doi:10.25215/1104.068.
- Sapna V, Nagar V, Miya I. Mental Health Status of Working and Non-Working Women. IAHRW Int J Soc Sci. 2018;6(7):1459–61.
- 12. Institute of Health Metrics and Evaluation. Global Health Data Exchange (GHDx). Available from: <u>https://vizhub.healthdata.org/gbd-results/</u>. Accessed 2023 Mar 4.
- 13. Barker D. Antecedents of Stressful Experiences: Depressive Symptoms, Self-Esteem, Gender, and Coping. Int J Stress Manag. 2007;14(4):340.
- Uzma Ali FZ. Depression in Working and Non-Working Women in Pakistan: A Comparative Study. J Soc Sci Humanit. 2018;57(1). doi:10.46568/jssh.v57i1.107.
- 15. Khodidas NZ. A Comparative Study of Mental Health among Working Women and Housewives. Indian J Health Wellbeing. 2013;55(11):1398–400.
- U.S. Department of Health and Human Services, National Institutes of Health. NIH Publication No. 23-MH-4779, Revised 2023.
- 17. Bhatia SC, Bhatia SK. Depression in Women: Diagnostic and Treatment Considerations. Am Fam Physician. 1999;60(1):225–40. PMID: 10414640.
- Baron RA, Byrne D, Branscombe NR. Social Psychology. 13th ed. Boston: Pearson; 2006.
- Beck AT, Ward CH, Mendelson M, Mock J, Erbaugh J. An Inventory for Measuring Depression. Arch Gen Psychiatry. 1961;4(6):561–71.
- Yun I, Jung YH, Park EC, Jang SI. The Impact of Work Interference with Family on Depressive Symptoms among Married Working Women: A Longitudinal Panel Study. PLoS One. 2022;17(11):e0276230.
- 21. Balaji A, Sarumathi V, Saranya N. A Comparative Study on Depression among Working and Non-Working Women in Chennai, Tamil Nadu, India. RRJMHS. 2014;3(1).

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