Effect of Service Category and Age on Mental Health of Married and Unmarried Working Women

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Abstract-This paper addresses the relationship between marital status, service category and mental health. First, the field of mental healthand the concept of marital status are introduced. This is followed by a discussion of the forms of marital status and service categoryimplicated in mental health research. Evidence related to a marital status, socialdeterminants model of mental health is examined. Apply several statistical tests and find significant difference for mental health with respect to marital status and service category.

INTRODUCTION

If the health benefits of employment are due in part to increased income and social support, then one might hypothesize that employment would have a more beneficial effect on health for unmarried women, who do not have a husband as an alternative source of income or social support. One analysis of longitudinal data has shown more beneficial effects of labor force participation on self-reported general health for unmarried women than for married women, particularly among White women Waldron &Jacobs(1989a).

Using a retrospective design, Brown and Harris (1978) reported that employment outside the home reduced the risk of depression only for women who did not have an intimate tie to a husband or boyfriend.A review of cross-sectional studies also suggests that employment is more closely linked to mental health for unmarried women than for married women Warr&Parry(1982). Thus, the available evidence is consistent with the hypothesis that employment has more beneficial effects on health for women with fewer alternative sources of the income, social support, and self-esteem that employment may provide. It should be noted that labor force participation has been found to have a more beneficial effect on health for unmarried women, even when income was controlled Waldron &Jacobs(1989a). The division of labor within a marriage might be an important moderator of the relationship between employment and health among married women. Cross-sectional data suggest that employed women are less anxious and depressed than non employed women only if their husbands contribute significantly to childcare or housework Kessler &McRae(1982), Krause &Markides(1985).

A number of studies have examined the differential effects that various types of jobs have on the health of employed women. It is important to note that health differences related to occupational categories may reflect the effects of differences in job characteristics or the effects of differences in the personal characteristics and home situations of women who work in different occupations. For example, studies have found lower mortality for physicians and for high-level managers and professionals in the federal work force, relative to thegeneral population Detre et al.(1987),Goodman(1975), and this could be attributed to beneficial effects of very high status occupations. However, neither of these studies controlled for education or other indexes of

socioeconomic status, so the observed mortality advantage for these women might be due to the general beneficial effects of high socioeconomic status.

Another study controlled for education and found no differences in mortality among women in three categories of employment: professional and managerial, clerical and sales, and blue collar House et al.(1986).Other studies of occupational differences in women's health have obtained varying results, which are difficult to compare because different studies have categorized occupations in different ways and have measured different health outcomes. One study analyzed longitudinal data concerning self-reported general health for married women, with controls for education Waldron& Jacobs(1989a). Data from the Framingham Heart Study suggest that female clerical and sales workers have a higher risk of developing coronary heart disease than do women in other occupations. Haynes et al. (1984), but cross-sectional studies of coronary heart disease morbidity and mortality have not shown this differential House et al. (1986). Current evidence also suggests that workers in different occupational categories may have generally similar blood pressure and serum cholesterol levels, but that professional and managerial workers may have particularly favorable HDL cholesterol levels Haynes &Feirdeib (1980), Hazuda et al. (1986), Hubert et al.(1987). Thus, studies comparing women in different occupational groupings have yielded inconsistent findings. As discussed in the next section, efforts to assess the effects of specific job characteristics have been more informative. Research on physical, chemical, and biological occupational hazardshas demonstrated specific harmful effects on health for women employed in certain occupations such as cotton mill worker or health care worker Waldron(1980). In addition, heavy physical work and exposure to hazardous chemicals can increase the risk of spontaneous abortions, stillbirths, and birth defects Chesney &Hill(1988), McDonald (1988) McDonald et al.(1988).

METHODOLOGY

When a researcher has formulated a research problem, he/she has to focus on developing a good design for solving the problem. A good design is one that minimizes bias and maximizes the reliability of the data. It also yields maximum information, gives minimum experimental error, and provides different aspects of a single problem. A research design depends on the purpose and nature of the research problem. Thus, one single design cannot be used to solve all types of research problem, i.e., a particular design is suitable for a particular problem.

Plan
For the present study the following plan is used:-
   (i)   Working married and unmarried women will be taken from Indore and Ujjain districts.
   (ii) These women will be the employee of State and Central Govt.
   (iii) The nature of occupation will be I, II and III category. (Class).
   (iv) The age groups will be 25 to 35,36 to 45, and above 45 years.
   (v)   These women will be belonging to low SES, middle SES and High SES

Methodology of Data Collection

SAMPLE

For the present study the required sample has purposively drawn from Indore and Ujjain District. In this study 150 working married and 150 unmarried working women, in state and cent central services of class I II and III belonging to age group 25 to 35, 36-45 and above 45 years, HSES MSES and LSES. Working women were those women in who are gainfully employed in factories, doctors, engineers, teachers, banks, LIC employee, hospitals etc.

TOOLS
For the measurement of frustration, depression, and mental health variables, following tools are taken and their details are given here.

Mental Health Inventory (M.H.I.)

Mental Health inventory (MHI) developed and standardized by Dr. Jagdish and A.K. Srivastav has been designed to measure mental health (Positive) of normal individuals. Through there are some scale for measuring mental health but most of them tend to assess mental all health rather than mental health. Lower scores on the measure of mental ill health have been supposed to indicate high mental health. Whereas higher scores as the indicative of poor mental.

Validity of the inventory
Construct validity of the inventory is determined by finding coefficient of correlation between scores on Mental Health inventory and General Health Questionnaire (Gold being 1978). It was found to be 0.54.

Statistical Tools
The statistical techniques employed were descriptive statistics like diagrammatic representation, mean, S.D. Inferential statistics like t-test, One-way ANOVA, Two-way ANOVA worked out on dependent variables frustration, depression and mental health scores of married and unmarried working women according to service class category, SES, Age groups. All statistical analysis was done with the help statistical software SPSS version 20.

HYPOTHESIS

Ha_1:There is no significant difference their mental health score with respect to marital status
Ha_2:There is no significant difference their mental health score for low age group with respect to marital status
Ha_3:There is no significant difference their mental health score for middle age group with respect to marital status
Ha_4:There is no significant difference their mental health score for high age group with respect to marital status
Hb_1:There is no significant difference their mental health score for service category I with respect to marital status
Hb_2:There is no significant difference their mental health score for service category II group with respect to marital status
Hb_3:There is no significant difference their mental health score for service category III group with respect to marital status
Hc_1:There is no significant difference their mental health score for service category I with respect to marital status in low age group
Hc_2:There is no significant difference their mental health score for service category II group with respect to marital status in low age group
Hc_3:There is no significant difference their mental health score for service category III group with respect to marital status in low age group
Hd_1:There is no significant difference their mental health score for service category I with respect to marital status in middle age group
Hd_2:There is no significant difference their mental health score for service category II group with respect to marital status in middle age group
Hd_3:There is no significant difference their mental health score for service category III group with respect to marital status in middle age group
He_1:There is no significant difference their mental health score for service category I with respect to marital status in high age group
He_2:There is no significant difference their mental health score for service category II group with respect to marital status in high age group
He_3:There is no significant difference their mental health score for service category III group with respect to marital status in high age group

Table:1 Descriptive statistics and significant values of Mental Health between Married and Unmarried women.

Variable	Women category	N	Mean	Std. Deviation	t	P
All group	Unmarried	150	99.09	18.478	2.126[*]	0.034

|	Married	150	103.69	19.048		
Low age	Unmarried	67	100.96	16.007	1.911	.059
	married	39	107.77	20.317		
Middle age	Unmarried	45	98.71	18.624	1.936	0.056
	Married	53	105.94	18.259		
High age	Unmarried	38	96.24	22.149	0.643	0.522
	married	58	98.90	18.155		

* significant at 5%, ** significant at 1% level

Table: 1 indicated that there is significant difference (t=2.126, p<0.05) found between mental health scores of unmarried and married women. So the hypothesis Ha_1 is rejected. There is no significant difference (t=1.911, p>0.05) found between mental health scores of unmarried and married women. So the hypothesis Ha_2 is accepted. There is no significant difference (t=1.936, p>0.05) found between mental health scores of unmarried and married women. So the hypothesis Ha_3 is accepted. There is no significant difference (t=0.643, p>0.05) found between mental health scores of unmarried and married women. So the hypothesis Ha_4 is accepted.

Table:2 Descriptive statistics and significant values of Mental Healthscores between Married and Unmarried women.

Service Category	Women category	N	Mean	Std. Deviation	t	P
I	Unmarried	50	102.88	19.938	0.719	0.474
	married	50	105.67	18.710		
II	Unmarried	50	102.64	16.477	0.076	0.940
	married	50	102.38	17.112		
III	Unmarried	50	91.02	16.195	3.246**	0.002
	married	50	103.27	21.099		

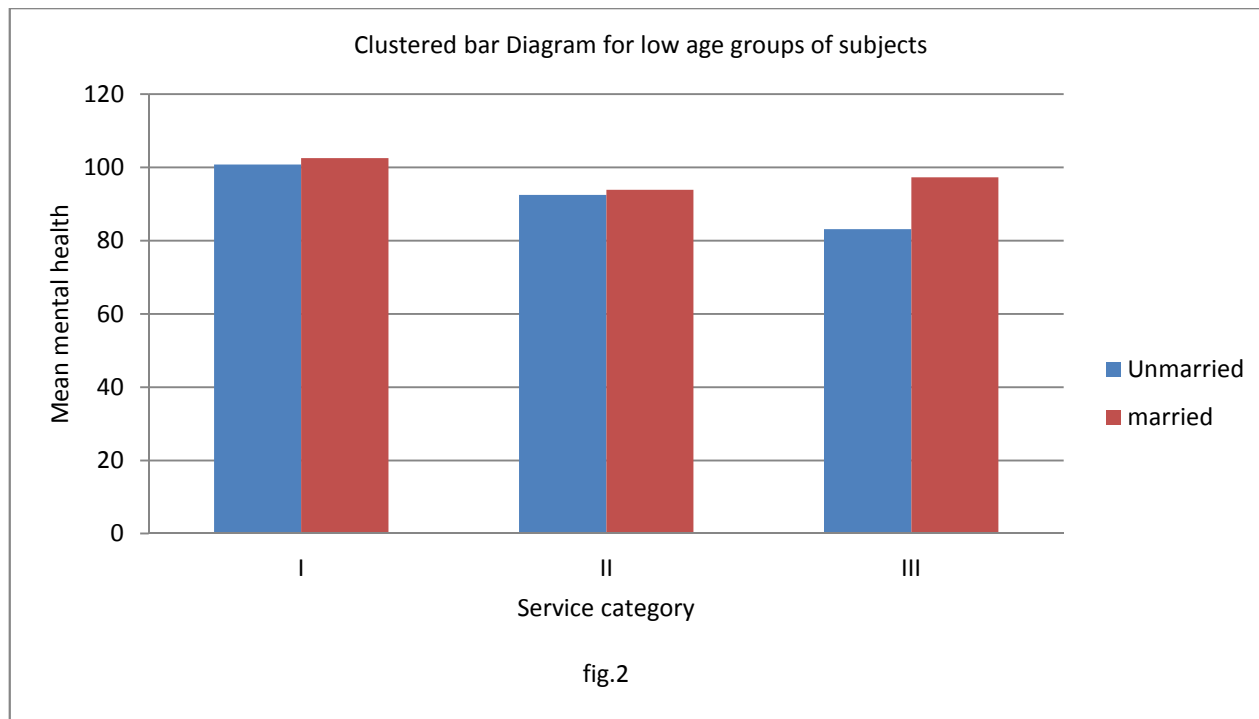* significant at 5%, ** significant at 1% level
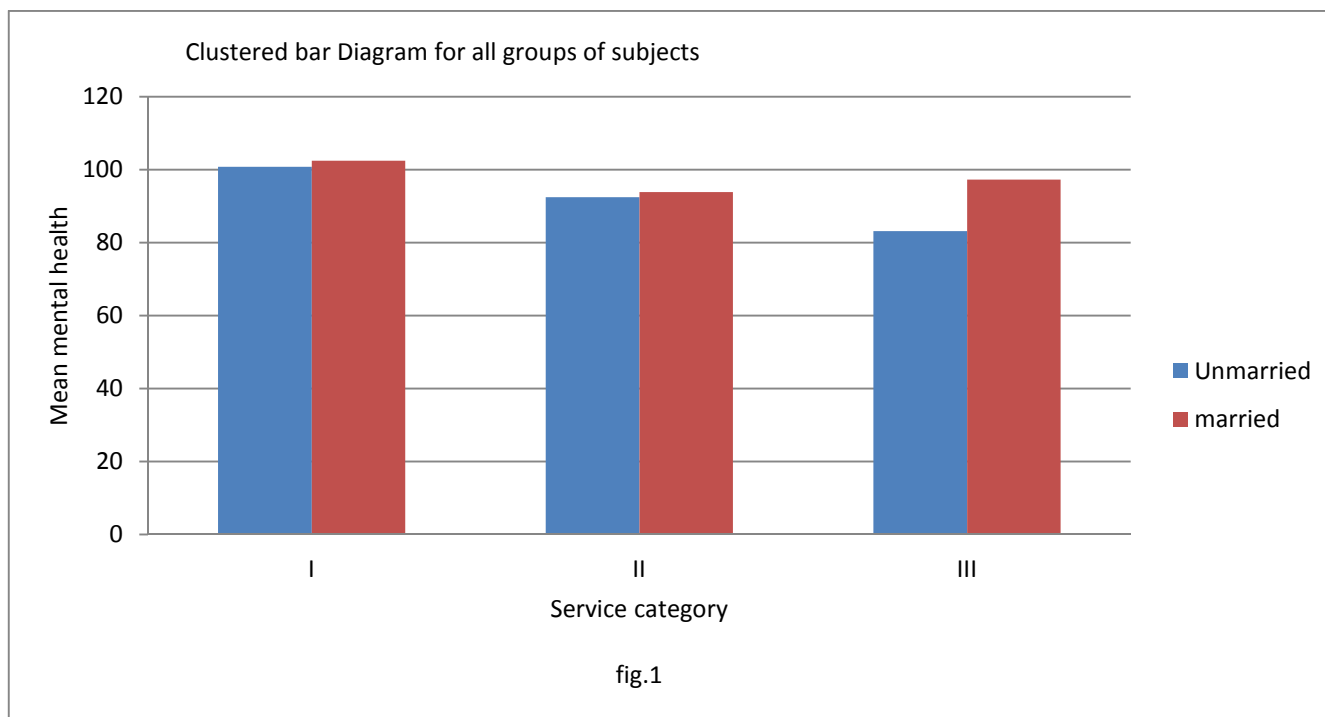
fig.1

From table-2, it is evident that the mean mental health scores of unmarried women groups is found low as compare to married women group for service classes, which is also show in fig.1 between service classes and mean mental health scores. In this context, there is no significant difference (t=0.719, p>0.05) found their mental health scores between unmarried and married women in service class I. So the null hypothesis H_{b1} is accepted. In service class II there is significant differences (t=0.076, p>0.05) is found between their mental health scores of unmarried and married women group. So the null hypothesis $H_{b2}$is accepted . In service class III there is significant differences (t=3.246, p<0.01) is found between their mental health scores of unmarried and married women group. So the null hypothesis $H_{b3}$is rejected.

Table:3 Descriptive statistics and significant values of Mental Healthscores between Married and Unmarried women for low age group.

Service Category	Women category	N	Mean	Std. Deviation	t	P
I	Unmarried	7	107.56	13.286	0.887	0.380
	married	10	113.14	11.349		
II	Unmarried	30	103.93	18.072	1.630	0.111
	married	13	112.81	16.096		
III	Unmarried	30	96.20	13.599	0.733	0.468
	married	16	100.38	25.221		

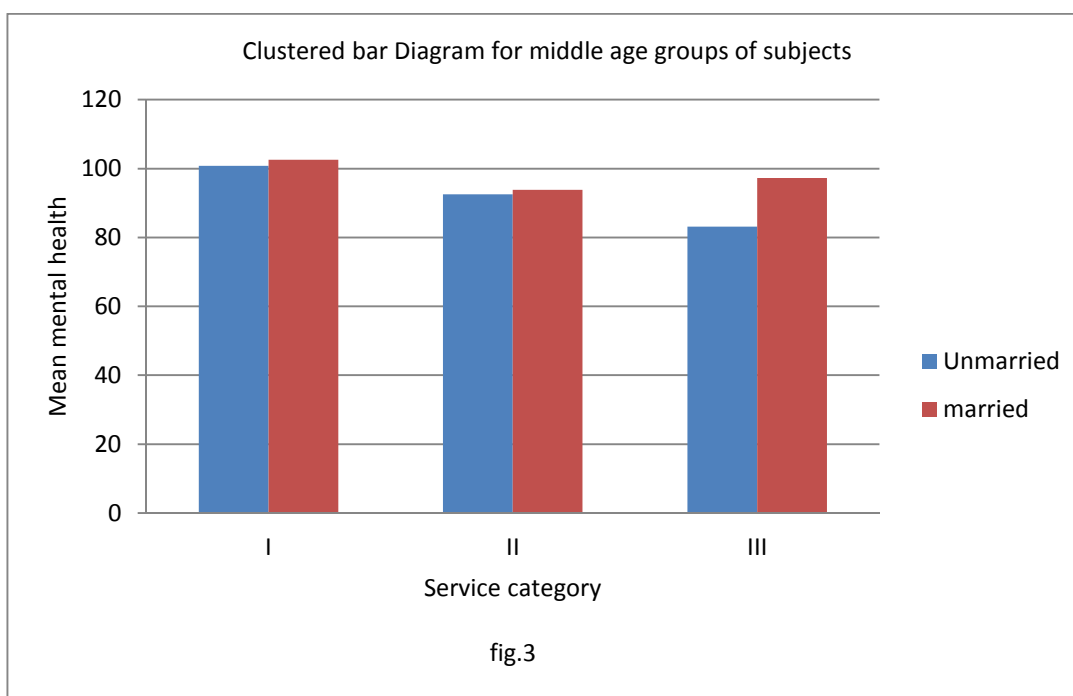* significant at 5%, ** significant at 1% level

fig.2

From table-3, it is evident that the mean mental health scores of unmarried women groups is found low as compare to married women group for service classes, which is also show in fig.2 between service classes and mean mental health scores. In this context, there is no significant difference (t=0.887, p>0.05) found their mental health scores between unmarried and married women in service class I. So the null hypothesis H_{c1} is accepted. In service class II there is significant differences (t=1.630, p>0.05) is found between their mental health scores of unmarried and married women group. So the null hypothesis $H_{c2}$is accepted. In service class III there is significant differences (t=0.733, p>0.01) is found between their mental health scores of unmarried and married women group. So the null hypothesis $H_{c3}$is accepted.

Table:4 Descriptive statistics and significant values of Mental Healthscores between Married and Unmarried women for middle age group.

Service Category	Women category	N	Mean	Std. Deviation	t	P
I	Unmarried	21	103.32	15.195	0.944	.353
	married	13	108.64	15.397		
II	Unmarried	14	104.54	15.059	0.746	.461
	married	20	100.00	18.238		
III	Unmarried	10	81.00	20.127	3.945[**]	.000
	married	20	110.00	18.896		

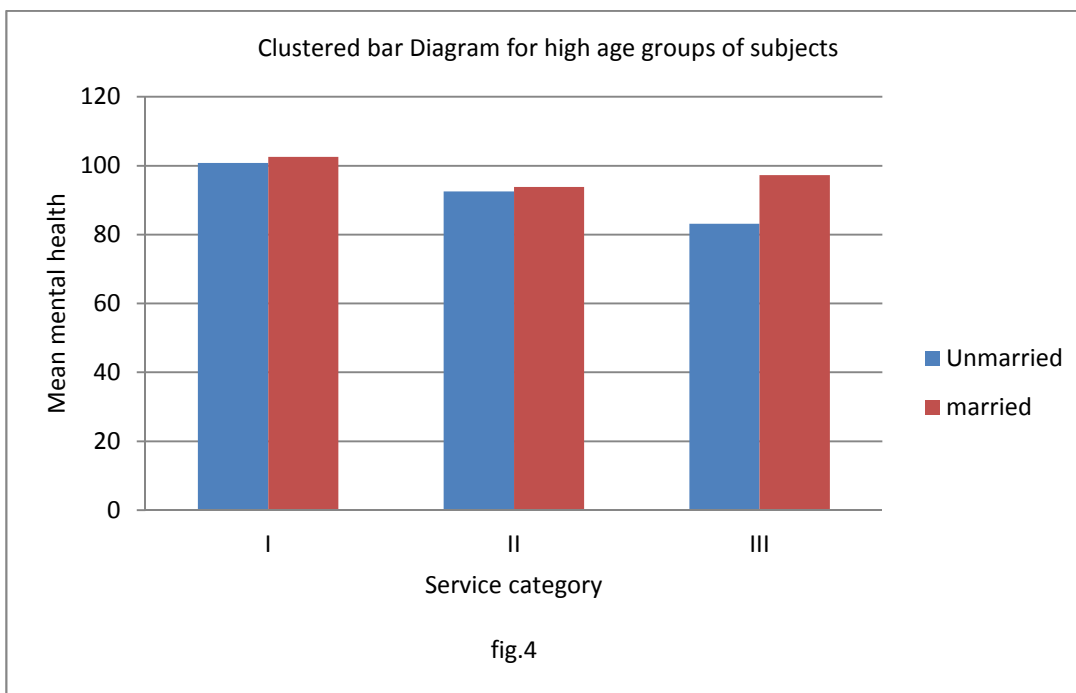* significant at 5%, ** significant at 1% level

fig.3

From table-4, it is evident that for middle age groups of subjects the mean mental health scores of unmarried women group were found low as compare to married women group for service classes I &II, which is also show in fig.3 between service classes and mean mental health scores. In this context, there is no significant difference (t=0.944, p>0.05) found their mental health scores between unmarried and married women in service class I. So the null hypothesis H_{d1} is accepted. In service class II there is significant differences (t=0.746, p>0.05) is found between their mental health scores of unmarried and married women group. So the null hypothesis $H_{d2}$is accepted. In service class III there is significant differences (t=3.945, p<0.01) is found between their mental health scores of unmarried and married women group. So the null hypothesis $H_{d3}$is rejected.

Table:5 Descriptive statistics and significant values of Mental Healthscores between Married and Unmarried women for high age group.

Service Category	Women category	N	Mean	Std. Deviation	T	P
I	Unmarried	22	100.80	25.244	0.267	0.790
	married	27	102.52	21.034		

II	Unmarried	6	92.50	6.921	0.304	0.765
	married	17	93.86	9.883		
III	Unmarried	10	83.14	11.639	1.896	0.071
	married	14	97.29	18.134		

* significant at 5%, ** significant at 1% level

fig.4

From table-5, it is evident that the mean mental health scores for high age groups of subjects of unmarried women groups is found low as compare to married women group for service classes, which is also show in fig.4 between service classes and mean mental health scores. In this context, there is no significant difference (t=0.267, p>0.05) found their mental health scores between unmarried and married women in service class I. So the null hypothesis H_{e1} is accepted. In service class II there is no significant differences (t=0.076, p>0.05) found between their mental health scores of unmarried and married women group. So the null hypothesis H_{e2} is accepted. In service class III there is no significant differences (t=1.896, p>0.05) is found between their mental health scores of unmarried and married women group. So the null hypothesis H_{e3} is accepted.

Table:**6**two-way classification for variable mental health with respect to women category and service category

Source	Sum of Squares	df	Mean Square	F	Sig.
Women category	1184.137	1	1184.137	3.402	0.066
Service category	2474.940	2	1237.470	3.555*	0.030
Error	103022.528	296	348.049		
Total	3190503.000	300			

* significant at 5%, ** significant at 1% level

From two-wayANOVA table-6, there is no significant difference (F=3.402,p<0.01) is found between married and unmarried women's mental health scores, so we accept the null hypothesis H_{f1} vice-versa there is also significant (F=3.555,p<0.05) difference is found on their mental health scores with respect to service classes. Hence we reject the null hypothesis H_{f2}.

Table:7 Two-way classification for variable mental health with respect to women category and age

Source	Sum of Squares	df	Mean Square	F	Sig.
Women category	1695.494	1	1695.494	4.872*	0.028
Age	2480.925	2	1240.463	3.564*	0.030
Error	103016.542	296	348.029		
Total	3190503.000	300			

* significant at 5%, ** significant at 1% level

From two-wayANOVA table-7, there is significant difference (F=4.872.402,p<0.05) is found between married and unmarried women's mental health scores, so we reject the null hypothesis H_{f3} vice-versa there is also significant (F=3.564,p<0.05) difference is found on their mental health scores with respect to age groups. Hence we reject the null hypothesis H_{f4}.

CONCLUSION

Most of the results are show significant difference between mental health with respect to marital status and service class category. So we concluded mental health affected by marital status and service category

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