EDUCATION AND LEVEL OF MENTAL HEALTH OF THE MARRIED WORKING WOMEN IN PATNA, BIHAR

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Abstract: Education is an important aspect of the personal profile, which makes a person to attain status in both society and profession. It helps a person to think differently, rationally, emotionally, and to understand any problem in their own views. It also helps a person, places to handle and manage work and family responsibilities. The aim of this study was to find out the level of mental health of married working women as per their level of education. For this purpose, 304 married working women aged 18 years and above were purposively selected as a sample from different Government Organizations in Patna Municipal Corporation Area in Patna (Bihar). For measuring the level of mental health of married working women the “Employee’s Mental Health Inventory” constructed and standardized by Jagdish (1981) was used. The result shows that (i) the majority of the married working women had ‘medium level’ of mental health scores followed by the ‘very high level’ and ‘high level’ and (ii) education and mental health are positively associated. A higher level of education had a higher level of mental health status.

Key Words: Married Working Women, Mental Health, Education.

I. INTRODUCTION

The term woman is usually used for an adult girl. Womanhood generally refers to the period after the age of 18 years in the life of a female. The woman is the great creation of God, a multi-faceted personality with the power of benevolence, integrity, adjustability, and tolerance. Complete womanhood comes after marriage in India, the woman who earns a salary, wages, or other income through regular employment outside the home is known as a working woman. Married working women can utilize their abilities and skills not only for themselves but for their families and society as well. Rich experiences out of the home may consist of intellectual stimulation, problem-solving, and handling challenges. These experiences are the source to enhance their self-esteem, self-confidence, and sense of satisfaction. They have their own income, which offers independence, security, and freedom.

Mental health is an attitudinal concept toward us, and others and it presents a humanistic approach towards the understanding and assessment of the self, positive feelings, and attitudes towards self and others. Six indices of mental health were highlighted such as (i) Emotional Stability, (ii) Adjustment, (iii) Autonomy, (iv) Security-Insecurity, (v) Self/Concept, and (vi) Intelligence.

There is little difference between health and mental health concepts both encompass the well-being of individuals. Mental health has been defined by the World Health Organization (WHO) as “A state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to her or his community. It connotes those behaviours, perceptions, and feelings that determine a person’s overall level of personal effectiveness, success, happiness, and excellence of functioning as a person.”
The status of women in society is changing rapidly due to many factors such as increasing the levels of education, awareness of rights, industrialization, urbanization, and media influence. Today, majority of the women like to be engaged in employment to contribute financially to their family or to become financially independent. Apart from their primary responsibility to take care of family members and children they have to do their jobs. Thus, performing duties and responsibilities at both home and workplace causes them to over stress, role conflicts, mental fatigue, frustration, anxiety, depression, anger, etc. The result of all these problems can affect the mental well-being of married working women.

Education is an important aspect of the personal profile, which makes a person attain status in both society and profession. It helps a person to think differently, rationally, emotionally, and to understand any problem in their own views. It also helps a person, places to handle and manage work and family responsibilities. Therefore, this study was to find out the level of mental health of married working women as per their level of education. This paper is an outcome of research work on the topic “A Study of Mental Health of Working Women in Patna: Role of the family”.

II. OBJECTIVE OF THE STUDY

The objective of this study was to find out the level of mental health of married working women as per their level of education on their mental health.

III. HYPOTHESIS OF THE STUDY

i. Level of education will be positively correlated to the level of the mental health of married working women.

IV. METHOD OF THE STUDY

4.1 Sample and Universe

The geographical area of this study was limited to the Patna Municipal Corporation (PMC) area in Patna district urban areas (Bihar). The universe of the study was all the married working women aged 18 years above. The sample size of the study was 304 married working women purposively selected from different government offices situated in Patna (Bihar).

4.2 Tools of Data Collection

For measuring the level of mental health of married working women, the “Employee’s Mental Health Inventory” was constructed and standardized by Jagdish (1981)\(^8\). This mental health inventory consists of 24 items of which 4 are positive and 20 are negative. The response indicating “yes” regards positive (indicate good mental health) has been awarded a score of ‘1’, and ‘no’ alternatives have been awarded a score of ‘0’. The scoring would be reversed for negative items. A low score indicates ‘very low mental health statuses and a high score indicate ‘very good’ mental health statuses of married working women. This scale is found very appropriate, suitable, valid, and reliable for measuring the mental health status of working women in the Indian context.

4.3 Techniques of Data Collection

The data were collected from the respondents through establishing a comfortable rapport and face-to-face interaction. The purpose of the study was explained, and verbal consent was taken from the respondents. Only after giving proper instructions, the tools were administered to them. Those who were not willing to participate in this research were excluded from the sample and accordingly new respondents were included. Subjects were assured that their responses would be kept strictly confidential and would be used only for research purposes. It was expected that the subjects would generally take 1-hour time for complete the tool, but in some cases, the time limit was expanded. In a few cases, the testing was not completed in one sitting but it was taken another session on the same subject.

V. RESULTS AND DISCUSSIONS

5.1 Level of Mental Health

Out of the total sample of 304, it was found that 48.68% of the respondents fall under the ‘medium (moderate) category’ of mental health status. It means that around half of Working Women had a ‘medium’ level of mental health which is neither ‘bad’ nor ‘very good’ (Table 1, Graph 1). The second-highest proportion of respondents was 28.29% which comes under the ‘very high (very good)’ on their mental health scale. It indicates that they were able to handle their problems more comfortably. The third highest
proportion of working women was 12.17% which comes under the High level of mental health. The proportion of ‘Low’ levels of mental health was very few (7.24%) and the proportion of ‘very low’ levels of mental health was further lesser (3.62%). It could be established that the majority of the respondents (40.46%=28.29%+ 12.17%) come under the categories of ‘very high’ and ‘high’, levels of mental health. It indicates that a little less than half of the married working women had a ‘very good’ or ‘good’ level of mental health. Very few respondents came under the ‘low’ or ‘very low’ 10.86% (7.24%+3.62) categories of mental health. It indicates that they have some life stresses and are unable to do psychosocial adjustments thus they are subject to provide psychological interventions and to find out the causes of their low level of mental health further research is required.

Overall, it could be concluded that out of a total of 304 respondents, 89.14% (28.29%+12.17%+48.68%) come under ‘very good’ or ‘good’ or ‘moderate’ level of mental health except for 10.86% the low and the lowest (Table-1). So, the majority of married Working Women had either a high, very high, or moderate (comfortable) level of mental health which indicates that they are able to adjust in their lives as well as to the workplace and family.

<table>
<thead>
<tr>
<th>Level of Mental Health of the Married Working Women</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very high (Above 22)</td>
<td>86</td>
<td>28.29</td>
</tr>
<tr>
<td>High (22)</td>
<td>37</td>
<td>12.17</td>
</tr>
<tr>
<td>Medium (16-21)</td>
<td>148</td>
<td>48.68</td>
</tr>
<tr>
<td>Low (13-15)</td>
<td>22</td>
<td>7.24</td>
</tr>
<tr>
<td>Very low (12 and below)</td>
<td>11</td>
<td>3.62</td>
</tr>
<tr>
<td>Total</td>
<td>304</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Graph-1

5.2 Level of Mental Health as per their Level of Education

To see the correlation/associations between education and mental health of working women, all respondents interviewed had been categorized into six groups according to their educational qualifications such as ‘below matric’, ‘matric’, ‘intermediate’, ‘graduation’, ‘post-graduation’ and ‘M.Phil./Ph. D.’ (Table-2).

It was found that the working women who were below the Matric in education, their proportion on ‘very high’ and ‘high’ mental health was only 9.09%. while the majority (18.18%+27.27%) were found in the ‘low’/’very low’ category of mental health. It means that working women whose education is below Matric majority of them had not well mental health status.

It was also found that 35.57% of graduate women (out of a total graduate 143=47.04%) had ‘very high’ mental health status, 11.89% had ‘high’, 46.85% had ‘moderate’, while 7.69% (5.59%+2.10%) had a ‘very low’ or ‘low’ mental health status (Table-2). If we combine the proportion of ‘very good’ ‘good’ and ‘moderate’, it could be 94.31% (35.57%+11.89%+46.85%) of graduate working women who had a good or moderate level of mental health’. It indicates that they had not very bad mental health status. It indicates that higher education at least graduation of working women denotes better mental health in comparison to lower the level of education (below Matric and Matric).

Further, it was found that 33.33% ‘M.Phil./Ph.D.’ women had ‘very high’ mental health status, 5.56% had ‘high’, 50.55% had ‘moderate’, while 11.12% (5.56+5.56) had ‘very low’ or ‘low’ mental health status (Table-2, Graph-2). If we see all these proportions majority of the working women had ‘good’ mental health.
status. About all post-graduation working women, 26.53% were found on ‘very high’ and 14.29% on ‘high’ while 46.94% fell on ‘medium’ and 8.16% were found on ‘low’, and 4.08% had on ‘very low’ mental health. We can say the working women of this group had also good mental health status.

Overall, it is seen that level of education is associated with the level of mental health. As the lower levels of education below-Matric, Matric, and Intermediate had lower or zero percentage of working women were found under the ‘very good’ mental health status whereas the higher education level of women such as Graduates, postgraduates and M.Phil., Ph.D. had a higher percentage of women who had ‘very good’ mental health status.

But as we see the association of education of working women on the ‘good’ and ‘Medium’ levels of mental health, it could be seen that there was not much difference in the association of level of education and mental health. However, about “low” and “very low” levels of mental health, lower educated women had a higher percentage (18.18%, 27.27%) but on the same higher education graduation, PG, and M. Phil and Ph. D. had a lower percentage of women fall under the’ low’ and ‘very low’ mental health. So, it infers that higher education better the mental health, while lower the education lowers the mental health. So, education has a positive role in the mental health of working women. It also indicates that due to higher education they might be enjoying higher posts in comparison to lower educated working women at lower posts. It means that our hypothesis is proved to be true.

### Table 2

<table>
<thead>
<tr>
<th>Education of Working Women</th>
<th>Total</th>
<th>Very High (Very Good)</th>
<th>High (Good)</th>
<th>Medium (Moderate)</th>
<th>Low</th>
<th>Very Low</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Matric</td>
<td>11</td>
<td>0.00</td>
<td>9.09</td>
<td>45.45</td>
<td>18.18</td>
<td>27.27</td>
<td>100.0</td>
</tr>
<tr>
<td>Matric</td>
<td>7</td>
<td>0.00</td>
<td>14.29</td>
<td>71.43</td>
<td>14.29</td>
<td>0.00</td>
<td>100.0</td>
</tr>
<tr>
<td>Intermediate</td>
<td>27</td>
<td>22.22</td>
<td>11.11</td>
<td>59.26</td>
<td>7.41</td>
<td>0.00</td>
<td>100.0</td>
</tr>
<tr>
<td>Graduation</td>
<td>143</td>
<td>35.57</td>
<td>11.89</td>
<td>46.85</td>
<td>5.59</td>
<td>2.10</td>
<td>100.0</td>
</tr>
<tr>
<td>Post-Graduation</td>
<td>98</td>
<td>26.53</td>
<td>14.29</td>
<td>46.94</td>
<td>8.16</td>
<td>4.08</td>
<td>100.0</td>
</tr>
<tr>
<td>M. Phil/Ph. D.</td>
<td>18</td>
<td>33.33</td>
<td>5.56</td>
<td>50.00</td>
<td>5.56</td>
<td>5.56</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>304</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Graph 2

[Graph showing the percentage distribution of mental health levels by education level]
VI. CONCLUSIONS

To conclude it may be said that:

I. The majority of married working women had either a high, very high, or moderate comfortable level of mental health which indicates that they are able to adjust in their lives as well as with the workplace and family, and

II. Education has a positive role in the mental health of married working women. Higher the education better the mental health, and lower the education lower the mental health.

VII. ACKNOWLEDGMENT

I express my deep sense of gratitude to Dr. Habibullah Ansari, Associate Professor, and Head, Division of Social Psychology, A N Sinha Institute of Social Studies, Patna for his inspiring and valuable guidance throughout the period of my research work.

References