

International Journal of Agriculture Extension and Social Development

Volume 7; SP-Issue 9; September 2024; Page No. 264-267

Received: 06-07-2024
Accepted: 16-08-2024

Indexed Journal
Peer Reviewed Journal

The influence of income on mental health status of working and non-working women

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DOI: <https://doi.org/10.33545/26180723.2024.v7.i9Sd.1155>

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Abstract

The current study aimed to assess the mental health status of working and non-working women of Pantnagar, Uttarakhand with respect to their income. For the research sample, 320 working and non-working women between the ages of 26 and 55 were chosen. The researcher first used the convenience sampling method to choose the study location (the Pantnagar area), taking into account the presence of a significant number of working and unemployed women, as well as factors like accessibility, connectivity, and familiarity with the area. The sample was then further sorted using a basic random sampling technique. The researcher collected data utilizing both online and offline methods in order to guarantee the respondents' convenience, accessibility, and appropriateness. For said purpose, researcher created an online Survey a Google Form Link of the selected rating scale for online respondents while photocopies of rating scale were distributed among the offline respondents. The Mental Health Inventory (MHI), developed by Dr. Jagdishand A.K. Srivastava was utilized to assess and measure the mental health of working and non-working women. To determine the research findings, appropriate statistical techniques, such as frequency, percentage, p-value, and Chi-square, were applied to the data that was gathered. The research's conclusion, after the data were analyzed and compared, showed that family income has been linked to mental and social wellbeing.

Keywords: Family, family income, mental health, working women, non- working women

Introduction

Research on the connection between money and mental health has been conducted for decades. Family income has a big effect on mental health, especially for women because those with lower earnings may find it more difficult to retain a sense of stability or control over their life and to get goods and services that promote health. Income affects families' financial and emotional well-being in addition to their psychological and emotional health. Financial stability or instability has a significant impact on women's mental health, as it directly affects stress levels and overall life satisfaction.

Women are currently employed everywhere, both inside and outside of India. Women are becoming more rewarded and taking advantage of these chances as the government's programs for education, awareness, and empowerment for them grow daily. They are gradually becoming more equal to men in every aspect of life. Working women do various jobs at work alongside males, including raising children, being parents, teachers, taking care of aging parents, and many more, which can be extremely taxing on them. Working women have various responsibilities at work, including raising children, being parents, teachers, taking care of aging parents, and many more, all of which can be extremely taxing for them. They also work alongside males in this regard. Their psychological well-being is undoubtedly impacted by the additional responsibilities and

weight of chores, which increase their everyday problems or stress, particularly for working mothers with small children. According to role theory and role scarcity, a large portion of research on work-family conflict is predicated on the idea that having many roles would always lead to stress (Kaila, 2008) ^[1]. Over the past 15 years, a lot of research has been done on the effects of work-family dynamics, and the results, which include absenteeism, intentions to quit, and a decline in job, family, and life satisfaction, have been found to be significant for both individuals and organizations (Kossek and Ozeki, 1998) ^[2].

In India, the family is frequently viewed as a perfect, uniform entity with robust coping skills. Thus, a study was conducted to determine the impact of money on young individuals' mental health. The goal of the study was to gather baseline data for the purpose of designing interventions for young people as well as families that are struggling with structural changes in their families. It is believed that the study would open up new avenues for studying young adults who are working and those who are not in a fast changing environment with regard to mental health.

Methodology

In current research, A total number of 320 working and non-working women between the ages of 26 to 55 years were selected as sample of research. The researcher first used the

convenience sampling method to choose the study location (the Pantnagar area), taking into account the presence of a significant number of working and unemployed women, as well as factors like accessibility, connectivity, and familiarity with the area. The sample was then further sorted using a basic random sampling technique. The researcher collected data utilizing both online and offline methods in order to guarantee the respondents' convenience, accessibility, and appropriateness. Further, sample was sorted by using through simple random sampling technique. To ensure the convenience, accessibility and suitability of the respondents, the researcher, gathered data by using both online and offline modes of data collection. For said purpose, researcher created an online Survey a Google Form Link of the selected rating scale for online respondents while photocopies of rating scale were distributed among the offline respondents. The Mental Health Inventory (MHI) developed by Dr. Jagdishand A.K. Srivastava was utilized to assess and measure the mental health of working and non-working women. To determine the research findings, appropriate statistical techniques, such as frequency, percentage, p-value, and Chi-square, were applied to the data that was gathered [3, 4, 5, 6, 7, 8].

Results and Discussion

Decades of research have shown the relationship between income and mental health. However, it has been difficult to draw inferences about causality between income and mental health, which has hampered opportunities to inform public policy. The studies have shown that income has a diminishing marginal effect. This is because when the income reaches a certain threshold or the baseline, income would have already covered the basic necessities of life. According to Maslow's hierarchy of needs theory, higher-level factors influence well-being. After this point, changes in happiness depend more on factors such as social relationships and self-actualization.

The mental health of individuals is shaped by the social, environmental and economic conditions in which they are born, grow, work and age [9, 10, 11]. In context of overall mental health status, table no. 1 states that the majority of non-working women belonging to low (60.82%) and middle (59.02%) income families demonstrated good levels of mental health as compared to the non-working women belonging to high income families (55.84%). In contrast to this, the majority of working women belonging to high (58.06%) and low (48.58%) income families demonstrated good levels of mental health as compared to the working women belonging to middle income families (35.48%). Table 1 clearly states that non-working women living in the low, middle and high income group were found with good levels of overall mental health status as compared to working women. In addition to this, it was found that working women belonging to high income groups possessed a good level of overall mental health followed by low and middle income group working women. Furthermore, it was found that non-working women belonging to the low income group had better levels of overall mental health as compared to non-working women belonging to the middle and high income group.

In context of the first dimension of mental health - positive self-evaluation, table no. 1 the majority of non-working

women belonging to middle (70.49%) and low (61.86%) income families demonstrated a good level of positive self-evaluation as compared to the non-working women belonging to high income families (50.00%). In contrast to this, the majority of working women belonging to low (58.57%) and high (51.61%) income families portrayed a good level of positive self-evaluation as compared to the working women belonging to middle income families (46.43%). Table 1 clearly reflects that non-working women belonging to middle income group scored highest and were found with good level of positive self-evaluation as compared to respondents belonging to all other categories. In addition to this, it was found that working women belonging to low income groups possessed a good level of positive self-evaluation as compared high and middle income group working women. It can be concluded from table 1 that more than fifty per cent of the working women belonging to the high and low income families and majority of non-working women living in the low and middle income group were found with a good level of positive self-evaluation.

The second dimension of mental health – perception of reality table no. 1 shows that fifty per cent of non-working women belonging to high income families demonstrated a good level of perception of reality while non-working women belonging to middle and low income families were found with average (47.54%) and poor (45.36%) level of perception of reality. In contrast to this, the majority of working women belonging to high (51.61%) and middle (42.86%) income families reflected an average level of perception of reality while the majority of low income category working women were found with poor (54.29%) perception of reality. Both working and non-working women belonging to the low income group had a poor level of perception of reality 54.29% and 43.36% respectively. Table 1 clearly states that working and non-working women belonging to low income group were found with poor level of perception of reality as compared to respondents belonging to all other categories. In addition to this, it was found that working women belonging to middle and high income along with non-working women of middle income groups possessed a average level of perception of reality. Furthermore, it can be concluded from table 1 that non-working women belonging to the high income families were found with a good level of perception of reality.

In context of the third dimension of mental health - integration of personality, table no. 1 depicts that the majority of non-working women belonging to middle (75.41%) and low (64.95%) income families demonstrated a good level of integrated personalities as compared to the non-working women belonging to high income families (50.00%). In contrast to this, the majority of working women belonging to high income families (58.06%) portrayed a good level of integrated personalities as compared to the working women belonging to middle (46.43%) and low (40.00%). income families who had moderate levels of integrated personalities. It is very clear from table 1 that working women belonging to the high income families and majority of non-working women living in the low and middle income group were found with a good level of integrated personalities. Table 1 depicts that non-working women belonging to the middle income group were

found with a good level of integrated personalities as compared to respondents belonging to all other categories. In addition to this, it was found that working women belonging to high income groups possessed a good level of integrated personalities while working women belonging to low and middle income groups reflected average levels of integrated personalities. Furthermore, it can be concluded from table 1 that non-working women belonging to the low and middle income families were found with a good level of integrated personalities as compared to high income group.

In case of the fourth dimension of mental health - autonomy, table no. 1 depicts that 100 per cent majority of non-working women belonging to high income groups reflected a good level of autonomy while women belonging to middle (70.49%) and low (57.73%) income families demonstrated a good level of autonomy. In contrast to this, the majority of working women belonging to high income families (48.39%) portrayed a good level of autonomy as compared to the working women belonging to middle (46.43%) and low (44.29%). It can be derived from table 1 that approximately 44-48 percent of working women belonging to all income categories and majority non-working women belonging to living low and middle income groups were found with a good level of autonomy while all non-working women from high income groups had a good level of autonomy. Table 1 depicts that all non-working women belonging to the high income group were found with a good level of autonomy as compared to respondents belonging to all other categories. In addition to this, it was found that working women belonging to high income groups possessed a good level of autonomy followed by working women belonging to low and middle income groups. Furthermore, it can be concluded from table 1 that non-working women (belonging to the low middle and high income families) were found with a comparatively good level of autonomy as compared to working women.

In response to the fifth dimension of mental health - group oriented attitude, table no. 1 depicts that majority of non-working women belonging to low (67.07%) and middle (57.38%) followed by non-working women belonging to high income group (50.00%). In contrast to this, majority of working women belonging to middle (82.14%) and high (77.42%) income families portrayed very poor level group oriented attitude followed by working women belonging to low income families (48.57%). It can be derived from table 1 that the majority of working women belonging to middle and high income scored highest and were found with a very poor level of group oriented attitude. In addition to this, it was found that all non-working women (belonging to high, middle and low income groups) possessed a poor level of group oriented attitude followed by working women belonging to low and middle income groups. Furthermore, it can be concluded from table 1 that non-working women (belonging to the low middle and high income families) were found with a comparatively average level of group oriented attitude.

In the sixth dimension of mental health – the environmental competence table no. 1 reveals that the majority of non-working women belonging to high (50.00%) and low (40.21%) showed a good level of environmental competencies followed by non-working women belonging to the middle income group (57.38%) with average level of environmental competencies. In contrast to this, the majority of working women belonging to the low income group (62.86%) portrayed a good level of environmental competencies followed by working women belonging to low and middle income families with average (46.77%) and poor (39.29%) level of environmental competencies. Table 1 depicts that working women belonging to the low income group were found with a good level of autonomy as compared to respondents belonging to all other categories. In addition to this, it was found that non-working women belonging to low and high income groups also possessed a good level of environmental competencies. Furthermore, it can be concluded from table 1 that non-working women belonging to the middle income families were found with an average level of environmental competencies while working women belonging to middle income were found with a poor level of environmental competencies.

According to table 4.2.5, it is observed that the Positive self-evaluation (PSE), Integration of Personality (IP) and Autonomy (AUTNY) plays a significant role in mental health of working women with year of experience towards work. Rest of components Perception of reality (PIJ), Group oriented attitudes (GOA) and Environmental Competence (EM) doesn't play a significant role in mental health of working women with respect to their working experience. In case of non-working women none of the component plays a significant role on mental health i.e., integration of personality (IP), Positive self-evaluation (PSE), Perception of reality (PIJ), Autonomy (AUTNY), Group oriented attitudes (GOA) and Environmental Competence (EM) doesn't play significant role on mental health of non-working with their experience in management of family lives.

Socio economic status of working women was found to be positive and significantly related to perception of reality. This could be due to higher socio economic status results in better access to education, better standard of living conditions, better health facilities etc which helped them to improve their mental health status. The income of the working women was positively and significantly related to Perception of reality, Integration of personality, Environmental mastery and overall mental health. This could be explained by the fact that a better financial position contributes to good mental health. In the present study majority of the working women were from upper middle socio economic status which provides better accessibility to all the health facilities to improve their mental health status. The findings are in contradiction with the study conducted by Bharathi and Reddy ^[1, 2] which found no significant relationship between income and stress.

Table 4: Distribution of mental health status of women with respect to their Family income (N=320)

Dimensions of M.H.	Levels of M.H.	Status of women											
		Working Women (n=160)						Non-Working Women (n=160)					
		Low Income Group (n=70)		Middle Income Group (n=28)		High Income Group (n=62)		Low Income Group (n=97)		Middle Income Group (n=61)		High Income Group (n=02)	
		f	%	f	%	f	%	f	%	f	%	f	%
PSE (Positive self-evaluation)	Poor	11	15.71	02	07.14	02	03.23	03	03.09	10	01.64	00	00.00
	Average	18	25.71	13	46.43	28	45.16	34	35.05	17	27.87	01	50.00
	Good	41	58.57	13	46.43	32	51.61	60	61.86	43	70.49	01	50.00
PIJ (Perception of reality)	Poor	38	54.29	10	35.71	09	14.52	44	45.36	20	32.79	01	50.00
	Average	26	37.14	12	42.86	32	51.61	38	39.18	29	47.54	00	00.00
	Good	06	08.57	06	21.43	21	33.87	15	15.46	12	19.67	01	50.00
IP (Integration of personality)	Poor	17	10.71	03	10.71	03	04.84	13	13.40	02	03.28	00	00.00
	Average	28	40.00	13	46.43	23	37.10	21	21.65	13	21.31	01	50.00
	Good	25	35.71	12	42.86	36	58.06	63	64.95	46	75.41	01	50.00
AUTNY (Autonomy)	Poor	10	14.29	08	28.57	02	12.50	08	08.25	03	4.92	00	00.00
	Average	29	41.43	07	25.00	30	48.39	33	34.02	15	24.59	00	00.00
	Good	31	44.29	13	46.43	30	48.39	56	57.73	43	70.49	02	100.00
GOA (Group oriented attitudes)	Poor	34	48.57	23	82.14	48	77.42	67	69.07	35	57.38	01	50.00
	Average	36	51.43	05	17.86	14	22.58	30	30.93	26	42.62	01	50.00
	Good	00	00.00	00	00.00	00	00.00	00	00.00	00	00.00	00	00.00
EM (Environmental Competence)	Poor	08	11.43	11	39.29	16	25.81	21	21.65	11	18.03	01	50.00
	Average	18	25.71	08	28.57	29	46.77	37	03.14	35	57.38	00	00.00
	Good	44	62.86	09	32.14	17	27.42	39	40.21	15	24.59	01	50.00
Overall	Poor	20	28.57	06	21.43	04	06.45	09	09.28	03	04.92	01	50.00
	Average	26	37.14	08	28.57	22	35.48	29	29.90	22	36.07	00	00.00
	Good	24	48.58	22	35.48	36	58.06	59	60.82	36	59.02	01	50.00

Conclusion

In light of present study and other research review that family income has a significant influence on the mental health of working and non-working women. Current research revealed that half of the working women belonging to the high and low income families were found with good levels of mental health status. With respect to family income, it is observed that the Positive self-evaluation (PSE), Integration of Personality (IP) and Autonomy (AUTNY) plays a significant role in the mental health of working women. In case of non-working women none of the components were found significantly associated with their mental health. The study is useful in providing an understanding of the factors contributing to the mental health status of working and non-working women. The study can also be useful for counselors, educationists, psychiatrists and scholars of human developments and family studies to understand the significance of family income on mental health of working and non-working women.

Acknowledgments

This research was supported by Advisory Committee from GBPUAT, Pantnagar (Dr. Ritu Singh, Associate Professor, HDFs, Dr. Govind Kushwaha, Professor, Department of Humanities & Social Sciences, Sandhya Rani, Assistant Professor, R.M.C.S. and Kiran Rana, Assistant Professor, Deptt. of Agri. Communication) of Ms. Shweta Godara and Department of Human Development and Family Studies, College of Home Science.

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