STRESS, ANXIETY, AND DEPRESSION AMONGST WORKING MOTHERS IN THE IT INDUSTRY

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ABSTRACT

Women are continually challenged in society and women have been struggling for ages in a mostly masculine environment. Mother and employee women have an important role to play in our country's development through moulding children into the future. Many mothers now work and retain their dual position as both an employee and a housekeeper with financial help for their family. Working moms are thus mostly depressed and worried about their childcare methods since they can't offer their kid and their house more time.

Keywords: Stress, anxiety, depression, Mother, IT Industry

INTRODUCTION

WHO defines mental and psychological health as a condition of mental well-being in which each person achieves their own potential and is capable of dealing with ordinary life stress, productive and fruitful working and can contribute to their own communities. The socio-economic, biological and environmental variables determines mental health. Mental health.

'Mental health is the ability of an individual, a group and an environment to interact with one another so that the subjective well-being is fostered, the mental abilities (cognitive, affective and relational), individual and collective goals are achieved and equality conditions have been achieved and preserved in the best possible way.'[1]

Stress is the reaction of your body to specific circumstances such as abrupt hazard or long-term difficulty. Your body produces substances such as adrenaline during stressful situations, known as hormones. Adrenaline provides you an explosion of energy to deal with and react to stress. One kind of stress, for example, is the shock that may be felt if you have a vehicle before you. This adrenaline surge enables you to apply the brakes immediately and prevent an accident. Stress may vary from moderate, brief to longer and more severe. Chronic (long-term) stress may damage your physical and mental health. Women are also more prone to develop stress-induced mental health problems, such as depression or anxiety. [2]

Depression is India's most prevalent mental health issue and is expressed in various ways and at varying levels. It is characterised by one or more of many symptoms including sadness or misery; an unexplained fatigue and fatigue; feelings of almost impossible even little tasks; loss of appetite for food, sex or a company; an excessive concern; a sense of insuffering; an unjustified feeling of

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guilt. [3] In particular during the working day, anxiety and stress symptoms afflict women most of the time. More and more women confront the challenge of balancing mother wife-worker responsibilities. The working mother was more stressful compared to working mothers.' (Pierre, S. S. (1974). Job-family spillover may also arise because of numerous responsibilities and when work pressure affects one's attitude and conduct in the home. [4] Stress, depression or anxiety in the workplace is described as a negative response to excessive pressure and expectations. Stress is hard to quantify by its very nature. The Labor Force survey auto-reports on HSE's chosen data source for rates and estimates of work-related stress, depression or anxiety (LFS). An estimated 828,000 employees were afflicted by stress, depression or anxiety linked to work in 2019-20. This accounts for 2440 per 100,000 employees and resulting in an anticipated loss of 17.9 million days. Stress, sadness or anxiety in work-related situations in 2019/20 accounted for 51% of all occupational health conditions and 55% of all days missed because of poor health in the workplace. [5] Job stress may be described as the physical and emotional negative reaction when the work demands do not correspond with the worker's capacity, resources or needs. Employment stress may lead to ill health and can raise the incidence of injuries and accidents linked to employment. Overwork, a lack of clear directives, unreasonable deadlines, a lack of decision making, insecurity at work, isolated working circumstances, supervision and insufficient child care arrangements are some causes of work-related stress.

LITERATURE REVIEW

Nirmita Panchal, et al. (2021) Many individuals have been adversely impacted by the COVID-19 epidemic and the following economic crisis and creating additional obstacles for those with preexisting mental illness and drug use problems. During the pandemic, about 4 in 10 individuals experienced anxiety or depressed disorder, a proportion which was essentially uniform in one in ten people reported from January to June 2019. The number was approximately 1 in 10 adults. A KFF health tracking poll dated July 2020 revealed that several adults had certain negative effects on their mental health and wellness, such as sleeping (36%) or having difficulties eating (32%), increasing alcohol consumption or drug use (12%) and worsening chronic diseases (12%) because of coronaviral problems and stresses. As this epidemic continues, many individuals are exposed to current and essential public-health interventions that are related to poor mental health outcomes, including isolation and job losses. [6]

Matthew H. E. M. Browning, et al. (2021) Cross-sectional data were gathered from seven institutions in the United States via web-based surveys. Sampling was utilised to ask students to complete surveys between mid-March and early May 2020 when most coronavirus sheltered orders were in place. We have received 2,534 replies, 61% of which were by women, 79% by non-Hispanic whites and 20% by graduate students. Analysis of exploratory factor on close-ended reactions produced two latent structures to establish latent-profile student profiles comprising high (45%), modest (40%), and low (14%) psychological effect levels. The students who were non-Hispanic women, in fair/poor health, had low average relative family income or knew someone who had COVID-19 was more psychologically affected and exhibited bivariate correlations. Students who

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were non-Hispanic white, and above average socioeconomic status, were likely to have a reduced psychological effect at least two hours outdoors or fewer than eight hours on electronic displays. [7]

Zeeshan Maqsood, Rahila Akhtar, and Latif Humaira (2019) Depression is a major issue and many academics are interested in finding out how the causes of depression are known. This research examined the factors of depression between working and non-working married women. The drivers include sadness, guilt, past failure, autocratically, agitation, loss of interest, energy loss, and fatigue. Lahore, Pakistan collects data. The method of logistic regression for testing hypotheses. The results indicate that working women experience greater depression than non-workers. The summary thus emphasizes the importance of all variables. This research helps to ensure that non-working women are free from depression in comparison to working married women. They are free of depression. [8] Al-Farsi Omar et al (2016) Previous research in Euro-U.S. populations has clearly shown that excessive levels of stress, anxiety, and depression may cause CASD psychiatric problems (caregivers of children with autism spectrum disorder). This is because a kid with neurodevelopmental problems needs to be taken care of. While autistic spectrum disorder reports have been reported in Arab/Islamic nations like Oman, no studies from this area describe the performance of indices of stress, anxiety, and depression in CASD to our knowledge. This research examined if there were variances in CADS, childcare workers with intellectual impairments, and carers for children normally developing children in the performance of stress, depression, and anxiety indices investigated via the depression, anxiety, and stress scale 21. [9]

Laura Vismara, Luca Rollè, Francesca Agostini et. al (2016) In this sample, there were 362 parents of healthy infants (such as 181; MAge for the women = 35.03; SD = 4.7; MAge for the dads = 37.9; SD = 5.6). Both parents filled out the Parenting Stress Index-Short Form, Edinburgh Postnatal Depression Scale, and the State-Trait Anxiety Inventory at 3 (T1) and 6 (T2) months postpartum in a counterbalanced sequence. In terms of postpartum anxiety, sadness, and parental stress, moms reported higher ratings than dads. All measures have been measured in all rates from T1 to T2 between moms and dads. The persistence of both maternal and paternal postnatal depression was nevertheless strongly affected by anxiety and parental stress among the parent themselves, as well as the existence of depression in the partner. [10]

RESEARCH METHODOLOGY

The long-range aim of the study was to allow more effective programs to be developed to address problems in working mothers' families, as well as to give information to healthcare professionals. The particular aim of this research was to obtain insight into the views of working moms and family problems caused by occupational stress, as well as the connections between work stress and home problems. A cross-sectional non-experimental survey methodology enabled the study among a sample of moms working with more than one kid. Researchers are moms working in one of India's biggest cities, Agra. Random sampling was used to acquire the sample from the study. This research included 60 married moms working with 2 or more children. Most participants were between 23-49 years of age in 2020. Each mother worked with the demographic information form, The SOSI, and

Family Adaptability and Cohesion Evaluation scales-II in order to gather the information (FACES-II).

> The type of demographic information consists of the socio-demographic (age, financial and educational) features of females and their spouses and the information on working time, the number of children and sex, and their age.

The Work Stress Inventory (SWSI) is an instrument designed for providing an accurate level of work stress in South Africa that not only shows a general stress level but also highlights potential triggers or stress causes. The information collected by means of the questionnaire may be used to detect and treat causes of stress, which can ultimately contribute to a healthier work environment. There are two components to SWSI: the General Scale of Work which constitutes the first half of the questionnaire and the second section of the Stress Scale Sources. The General Work Scale comprises statements on a Likert scale designed to measure work stress levels and includes comments about stressful elements of work. Answers must be given on a five-point Likert style scale, in which they must specify how frequently they feel. Eight potential stress causes are provided for the stress scale: role ambiguity and relationships, tools and equipment, safety at work, career progress, lack of autonomy, work/home interface, and workload. It takes about 20-30 minutes to finish the SWSI consisting of a total of 59 elements. The values of Cronbach alpha for SWSI were 0.92, which seems extremely high (De Bruin and Taylor, 2005).

FAMILY ADAPTABILITY AND COHESION EVALUATION

2nd scale (FACES-II). Family functioning has been evaluated by the family adjustment and cohesion assessment scale- II (Place, 2005). This 30-item self-report tool was designed to evaluate on a five-point scale (1=never nearly usually to 5=) the occasions of reported circumstances, reflecting how the informant perceives the adaptability and cohesion of his or her family. FACES II has 16 elements of cohesiveness and 14 items of adjustment. The size is intended to assess the perspective of family dynamics by insiders and focuses on all families residing in the house at present. Interior coefficients were r = 0.88 for the subcale of cohesion and r = 0.78 for the subcale of adaptability.

They requested the moms to complete the questionnaires. The data were gathered with the program Scientific Science Package (SPSS). Multivariate and correlation analyses were used to examine the information. In order to study connections between variables, multivariate analyses were utilised. The reliability of internal coherence was evaluated for all scales. Connection analysis utilized used to assess the correlation between job stress and working women's family problems. The items have been put into a reliability alpha calculation using SPSS 18. In this SWSI research, the original Cronbach alpha was 0.81, whereas in FACES-II it was 0.86, which showed a good degree of internal consistency.

For the research a total of 60 women were chosen from urban areas of Agra City (30 moms working, 30 non-working mothers). The data were gathered using Beck, Word, Mendelson & Erbaugh(1961)

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and the Speilberger et al. State-Trait Anxiety Inventory(STAI), two tool questionnaires - The Beck Depression Inventory(BDI) and others (1970). The resulting data were examined by conventional statistical techniques by applying the abovementioned instruments. Meanwhile, the findings were calculated using a S.D and t-test.

RESULT

Table 1 and Table-2 show the findings derived from the statistical analysis of the data collected

Table 1 Showing comparison among Depression State Anxiety and Trait Anxiety   in working mothers

Values	MEAN	SD	t- value
State Anxiety	50.1	7.5	12.03(p<0.05)
Trait Anxiety	56.4	8.1	16.2(p<0.01)
Depression	35.0	6.1	11.9(p<0.05)

The mean values of depression anxiety in the state and anxiety in functioning are 35.0, 50.1, and 56.4 perusal in table no.1 correspondingly. It indicates that among working moms, there is also a considerable difference between state anxiety and feature anxiety.

Because a random sample could not be utilized, at least two working moms with children under 18 years of age who lived at home were included. At least all respondents had a secondary school with a college degree of 59 percent. In this research, there were an average of 2 children per household with 2 to 5 children. The average age was 8.2 years, of whom 45% were young and 55% were girls. 61% of working women had below-average yearly income. When asked to express their view of income sufficiency, 58% stated they could fulfill just needs, and 22% indicated that their income enabled them to purchase more than simply requirements. The remaining 20% stated that their revenues were insufficient. The employment time was between 1-10 years indicated by respondents. The average working time was 3.2 years. The responders' average age was 32.

Descriptive statistics (mean and default deviations and Cronbach's alpha) were calculated before testing the hypotheses of the research to ensure that inferential assumptions were fulfilled. These are shown in table 1.

The first major issue is whether the connection between job stress and family problems is significantly favorable among working women. The general scale of work, stress sources, and FACES-II were utilized to respond to this query with simple correlations (Table 2). Results showed that the overall work scale is significantly (p <0.01) positive

Table 2: The current study's means, standard deviation, and reliability statics for the SWSI and FACES-II

Measure	Means	SD	Cronbach's Alpha
Role ambiguity	13.71	5.04	0.78
Relationships	16.02	8.01	0.90
Tools and equipment	11.18	5.01	0.92
Career advancement	12.01	5.41	0.81
Job security	9.00	4.03	0.84
Lack of authority	14.87	5.12	0.85
Work/Home interface	16.45	7.10	0.74
Workload	16.11	6.04	0.79
General work stress	15.13	6.00	0.83
Cohesion	6.25	7.78	0.81
Adaptability	7.91	7.66	0.80
p<0.01			

Table 3: Correlations between general work scale, sources of stress

Measure	GWS	Cohesion	Adaptability
Role ambiguity	0.41	0.34	0.38
Relationships	0.32	0.54	0.48
Tools and equipment	0.43	0.31	0.39
Career advancement	0.30	0.34	0.41
Job security	0.45	0.35	0.40
Lack of authority	0.42	0.45	0.39
Work/Home interface	0.58	0.61	0.74
Workload	0.54	0.51	0.67
Cohesion	0.56	-	0.61
Adaptability	0.59	0.61	-

Table 4: Coefficients obtained from the regression between FACES-II and sources of stress scale

Model	Beta	t	Sig.
Work/home interface	0.470	1.62	0.000
Workload	0.581	2.64	0.002
p<0.01			

Stress scale sources and FACES II. Source. The amplitude of correlations varied from 0.30 to.59. Those findings confirmed the first hypothesis, which is that workplace stress and family problems have a strong positive connection.

The aim was to get information on the variance in family problems, as described by the different causes of stress, i.e. measurements by SWSI, in a number of regression studies. For regression findings, the R square value is given. Table 3 shows the summer model and shows that the different causes of stress and family problems are very closely related (MR=0.59; p=0.000). This finding has supported the second prediction that there would be considerable multiple connections between stress sources and family problems in working women.

Table 4 presents the standardized coefficients. Results showed that the strongest predictor of family problems were work-home interface ($\beta = 0.470$; p = 1.500) and workload (β =.582; p = 0.000). The third hypothesis, which is that the working/home interface is better for the family problems in working women, was validated. This result

DISCUSSION

This research investigated the working women's relationships between job stress and family problems in Iran. The findings showed that occupational stress (measured by the scale of the general work and by stress sources) was significantly linked to working women's household problems. The connection was substantial and suggests that moms who have high-stress levels would also have a tough time adapting to their families and cohesiveness. The research examined how women are still very concerned about their current situation and fearful of major changes in the adaptability and cohesiveness of their families, work, and economic position although they are more involved in the professional and professional work.

This research carried out multiple regression analyses to show the many relationships between different stress sources (as SWSI and family issues have been assessed and to establish the best source of stress that may be foreseen for the development of family problems. There was significant multiple connections between different stress causes and familial problems (MR = 0.59; p = 0.000). In addition, the Work/Home interface and Workload have been shown to best predict family problems.

CONCLUSION

In this research, the impact of the working condition of mothers is abundant in comparison with non-working conditions, especially in the traditional socio-cultural framework of India's families. The primary reasons for this are the bad environment produced both by society and by the person. Working moms have, in particular, suffered the issue of anxiety and satisfaction with the continuous demands for work and labour in their homes. Furthermore, there is a paucity of research in the Indian setting on anxiety and the happiness of working and unworked moms.

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