Happiness, Optimism and Mental Health among Working and Non-Working Middle AdultIndian Women

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ABSTRACT

Happiness and optimism both contributeto an individual's wellbeing and are equally important as mental health. An Indian woman plays multiple roles throughout her life, some are housewives and some are working. With such differencesin work roles, their mental health level, happiness and optimism may also differ. This paper attempts to study the differences in optimism, happiness and mental health working and non-working middle adult Indian women. One hundred twoworkingand one hundred non-workingmiddle adult women (N=202) aged between thirty to forty-seven (Mean age= 36.25, SD= 4.57) from New Delhi, India was taken for this study. Findings revealed that there was no significant difference between the happiness and optimismofworking and non-working women but, a significant difference was found between the mental health.It was concluded that happiness and positive expectancies in life may not depend on the work but the mental health of working women requires much attention.

Keywords: Happiness, Optimism, Mental-Health, Indian-Women, Working, Middle-Adult

INTRODUCTION

Modern women of Indian society are generally involved in very vital roles in carrying up responsibilities. This generally includes taking care of their family, managing household, office, taking care of children and taking care of the budgets. A working woman is usually defined as a woman who works for wages. A woman who is not working or the housewife is considered as the married woman whose duty is to take care of her family and kids and look after the household chores (Maqbool, et al, 2014). A study was done on one career and two careers families suggested that personality traits of working wives and the working husband were similar which breaks very famous adage that men's world is the office and women's world is their home and women who work, the world must rebate on her femininity (Burke and Weir, 1976).Hence, their happiness, positive expectancy and mental health are of much importance, especially when during the country's developing phase, we are looking at the two classifications of Indian women- the working and the non-working.

Mental health is a very important and very essential component to live a balanced and happy life and also a significant contributor to the global diseases by fourteen percent(Prince, et al, 2007).The world health organization defines health as the complete state of physical, mental and social wellbeing which supports the fact that mental health involvesthe absence of any associated disability or disorder. A study reported that the mental health level of non-working women was much lower than working women, because of tremendous pressure on them as they are managing everything like taking care of children, keeping a good relationship with laws and fulfilling everybody's needs. (Parmar,2014). Another study demonstrated that chronic stress among the single employed and unemployed mothers was higher than partnered mothers. Findings also suggested that unemployed partnered mothers reported fewer rates of distress than unemployed single mothers(Maclean, et al, 2004).

Optimism can be understood as the propensity to anticipate the best result and to focus on positive parts of circumstances giving a broader space to the person to look at the positive or the optimistic point of view to any situation. It can be helpful in many ways: firstly, it encourages the positive view of life reducing the depression and anxiety; secondly, it increases the endurance of an individual to tackle the life obstacles, leading to great accomplishments;lastly, optimists work on their health more than the pessimistic person and also, they work on the potential health risks (Shaheen, 2015). A study revealed that higher the optimism more is the chances of healthy ageing, suggesting that optimism is a potentially modifiable wellbeing resource (James, et al, 2019). Another study conducted on African American women found out that exposure to optimism and the perceived control can lead to less severity of the depression (Grote, et al, 2007).The person who thinksoptimistically sees more advantageous points and less negative viewpoints. It was revealed that optimism and coping strategies which emphasize communal support and the positive conditions of disturbing situations and optimism may affect the physical and mental health of an individual. (Conversano, et al, 2010). This predicts that how our beliefs and the positive outlook helps us to maintain good mental health.

Happiness,a feeling of satisfaction, joy and well-being is also linked with such positive expectancy.A study on the association between the happiness and optimism with lifestylesuggested that the higher the level of happiness and optimism, lower the level of a person's ill/sick/mortality rate. It was also noted that women initially having unhealthy habits started adopting healthy lifestyle because of psychological well-being (Trudel-Fitzgeralda, et al, 2019). Happiness is related to self-improving and associated with humour styles, individuals having high extraversion, locus of control, confidence and optimism are generally happier and more contented, they tend to look on the positive side of a situation rather than just focusing on negative aspects only (Ford, et al, 2016). Bothhappiness and optimism are staunchly associated with each other and this was seen in working women who have to play many roles as they need to take care of the family, look after their work, household chores. A person who thinks positively or has a positive outlook towards the life they are tend to be happier and it was also noted that working women think more positively and are happier than non-working women. (Gorsy and Panwar, 2016). Working women were more satisfied by their life than non-working women as they earn money, they can fulfil the needs and can support the family and husband financially (Singh,2014).

Current study

In modern Indian society, a woman either working ora homemaker have so much to handle, but do they have the same pressure? Does their work affect their mental health differently? Is there any difference in their happiness or optimism level? Hence, the current paper aims to study the differences in optimism, happiness and mental health among working and non-workingmiddle adult Indian women. Following alternative hypothesis have been formulated to test the differences of these variables in working and non-working women.

- Hypothesis 1: there will be a significant difference between the optimism of working and non-working women.
- Hypothesis 2: there will be a significant difference between the happiness of working and non-working women.
- Hypothesis 3: there will be a significant difference between the mental health of working and non-working women.
- Hypothesis 4: there will be a significant difference between the different dimensions of the mental health of working and non-working women.

METHODOLOGY

Tools

- Oxford Happiness Questionnaire (OHQ): Developed by Michael Argyle and Peter Hills (2002), to measure the psychological well-being in terms of happiness of an individual. The tool consists of 29 items, the response scale from this tool ranges from 1 (strongly disagree) - 6 (strongly agree). The measure of internal consistency of the questionnaire

and retest stages were 0.84 and 0.87 respectively. There was a significant difference in high and the low groups of the (oxford happiness inventory) OHI and OHQ which indicates all the items present in the OHI and the OHQ are making a valid contribution to the assessment of overall happiness.

- Mental Health Inventory (MHI): Developed by Jagdish and Srivastava (1983), contains total 56 items for measuring the mental health of normal individuals across six dimensions- positive self-evaluation (PSE), perception of reality (PR), integration of personality (IP), autonomy (A), group-oriented attitudes (GOA) and environmental competence (EC). The response scale from this tool ranges from never (1) to always (4). The measure of internal consistency was found to be 0.73.

- Life Orientation Test-Revised (LOT-R): Developed by Scheier, Carver and Bridges (2013), consists of 10 items for assessing how an optimistic/ a pessimistic individual feels about the future. The item two, five, eight are fillers. The Scores Range is between zero (strongly disagree) to four (strongly agree). The internal consistency for the entire 6 items was 0.78, suggesting the acceptable level of reliability. The test-retest correlations were 0.68, 0.60, 0.56 and 0.79.

Participants

The sample of one hundred two working and one hundred non-workingmiddle adult women (N=202) aged between thirty to forty-seven (Mean age= 36.25, SD= 4.57)from New Delhi, India was taken for this study.Participants with the education level to postgraduation or higher studies were only taken for the studies. Average family income for all the participant was 5-8 lakh per annum.

Normality Testing

Variable happiness and autonomy were found to be distributed normally. A Shapiro- Wilk's test (p>0.05) (Shapiro & Wilk, 1965; Razali & Wah, 2011) and a visual inspection of their histograms, normal Q-Q plots and box plots showed that the happiness scores were approximately normally distributed for both working and non-working women, with skewness of -0.06 (SE=0.23) and kurtosis of -0.13 (SE= 0.47) for the working and skewness of 0.32 (SE= 0.24) and kurtosis of -0.35 (SE= 0.47) for the non-working (Cramer, 1998; Cramer & Howitt, 2004; Doane& Seward, 2011).Similarly, the autonomy scores were approximately normally distributed (p>0.05) for both working and non-working women, with skewness of -0.04 (SE= 0.23) and kurtosis of -0.60 (SE= 0.47) for the working and skewness of -0.17 (SE= 0.24) and kurtosis of -0.05 (SE= 0.47) for the non-working.

Variable optimism, mental health, positive self-evaluation, perception of reality, integration of personality, group-oriented attitude and environmental mastery were not found to be distributed normally.A Shapiro- Wilk's test (Shapiro & Wilk, 1965; Razali & Wah, 2011) and a visual inspection of their histograms, normal Q-Q plots and box plots showed that the optimism scores were approximately normally distributed (p>0.05) for working women with skewness of -

0.09 (SE= 0.23) and kurtosis of -0.18 (SE= 0.47) but, not normally distributed (p<0.05) for non-working women with skewness of -0.54 (SE= 0.24) and a kurtosis of 0.42 (SE= 0.47)(Cramer, 1998; Cramer & Howitt, 2004; Doane& Seward, 2011).The mental health scores were approximately normally distributed (p>0.05) for working women with a skewness of 0.31 (SE= 0.23) and a kurtosis of 0.47 (SE= 0.47) but, not normally distributed (p<0.05) for non-working women with skewness of -0.00 (SE= 0.24) and kurtosis of -0.72 (SE= 0.47).The positive self-evaluation scores were not normally distributed for both working and non-working women, with skewness of -0.11 (SE= 0.23) and kurtosis of -0.72 (SE= 0.47) for the working and skewness of -0.25 (SE= 0.24) and kurtosis of -0.84 (SE= 0.47) for the non-working.The perception of reality scores was approximately normally distributed (p>0.05) for working women with skewness of -0.02 (SE= 0.23) and a kurtosis of 0.21 (SE= 0.47) but, not normally distributed (p<0.05) for non-working women with a skewness of0.19 (SE= 0.24) and kurtosis of -0.49 (SE= 0.47).The integration of personality scores wasnot normally distributed for both working and non-working women, with a skewness of 0.33 (SE= 0.23) and kurtosis of -0.75 (SE= 0.47) for the working and skewness of-0.15(SE= 0.24) and kurtosis of-0.55 (SE= 0.47) for the non-working.The group-oriented attitude scores were not normally distributed for both working and non-working women, with a skewness of 0.17 (SE= 0.23) and kurtosis of -0.69 (SE= 0.47) for the working and skewness of 0.45 (SE= 0.24) and kurtosis of -0.98 (SE= 0.47) for the non-working.The environmental mastery scores were not normally distributed for both working and non-working women, with skewness of -0.75 (SE= 0.23) and a kurtosis of 1.66 (SE= 0.47) for the working and skewness of -0.33 (SE= 0.24) and a kurtosis of 0.26 (SE= 0.47) for the non-working.

RESULTS

Table 1Independent sample parametric test between working and non-working women across normally distributed variables

Variables		Mean	S. D.	T-statistics
Happiness				
	Non-Working	122.68	19.56	1.956
	Working	117.18	20.33	
Autonomy				
	Non-Working	17.90	3.11	4.917**
	Working	15.33	4.20	

Table one indicates the t statistics betweenworking women and non-working women for the aspects which were normally distributed.Results reveal that difference between the happiness of working and non-working women was not significant. (t=1.956, p>0.01,0.05). But there was a significant difference between theautonomydimensions of mental health of working women and non-working women. (t= 4.917, p<0.01).

Table 2Independent sample non-parametric test between working and non-working women acrossvariables which were not normally distributed

Variables	Mean Rank	Sum of Ranks	U-statistics
Optimism			
Non-Working	98.02	9802	4752
Working	104.91	10701	
Mental health			
Non-Working	120.95	12094.50	3155.50**
Working	82.44	8408.50	
Positive self-evaluation			
Non-Working	114.17	11417	3833*
Working	89.08	9086	
Perception of reality			
Non-Working	112.66	11266	3984
Working	90.56	9237	
Integration of personality			
Non-Working	126.16	12615.50	2634.50**
Working	77.33	7887.50	
Group-oriented attitude			
Non-Working	113.59	11359	3891*
Working	89.65	9144	
Environmental mastery			
Non-Working	106.28	10628	4622
Working	96.81	9875	

Table two indicates the U statistics betweenworking women and non-working women for the aspects which were not normally distributed.Results reveal that the difference between the optimism of working and non-working womenwas not significant (U= 4752, p>0.01,0.05). But the difference between the mental health of working women and non-working women was significant (U=3155.50, p<0.01). The differences on two dimensions of mental health- positive self-evaluation (U=3833) and group-oriented attitude (U= 3891) were significant at 95% level (p<0.05),while the other dimension- integration of personality was significant at 99% level (U= 2634.50, p<0.01). Environmental mastery dimension of mental health showed no significant difference between working women and non-working women(U= 4622, p> 0.01, 0.05).

DISCUSSIONS

The current paper demonstrates the differences in the level of optimism, happiness and mental health among working and non-working middle adult Indian women. Findings suggest that there is no significant difference in the optimism of working and non-working women, rejecting our first hypothesis. Our results contradicted with a previous study which concludeda higher level ofoptimism in working women than non-working (Shaheen, 2015). Our results also revealed that there is no significant difference in the happiness of working and non-working women, rejecting our second hypothesis. An early study reported no consistent difference in the life satisfaction

patterns of working and non-working women which somehow parallel to our finding as happiness and life satisfaction are interchangeably used in many domains (Wright, 1978).

It was found that significant differencedid exist between the mental health of working women and non-working womensupporting our third hypothesis. It was further observed that non-working women had better mental health than working women. Results were somehow parallel to a previous study reporting that non-working women in Islamabad were more satisfied and had better psychological well-being than working women (Arshad, et al, 2015), but were contradicting with another previous finding(Sinha, 2017).The results further suggested that there was a significant difference in four dimensions of mental health (autonomy, positive self-evaluation, integration of personality and group-oriented attitude) between working and non-working women. It was also observed that the non-working women had a higher score than working women on these dimensions.The other two dimensions, (perception of reality and environmental mastery) displayed no significant difference between both the groups. Hence, our fourth hypothesis is partially accepted for only four dimensions of mental health.Similar results were found instudies associated with mental health and depression (Dudhatra, 2012) and, depression of working and non-working women (Balaji, et al, 2013)done previously but,contradictory results were found related to the aspect of dimensions of mental health with another study (Kiranben Vaghela, 2014).

The study overall indicates that there is no difference in happiness and optimism of working and non-working women which means that whether a middle adult woman works at the office or do the household chores, it isn't related to the happiness or optimism level. This helps us to understand that happiness and positive expectancies in life may not depend on the work but it may depend on other factors. It was further found that the mental health of the non-working women was good than the working women, possibly due to the stress aworking woman goes through in the office and playing multiple roles in the Indian society whichmaysometimes lead to the decline in mental health. An intensive quality-quantitative study with a larger sample across the different geographical region and more controlled demographic variables may provide much vivid picture. But it also brings our notice to the fact that effective measures should be taken to improve the mental health of women with work responsibilities.

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