



Mental Health among Married and Unmarried Women of Haripur

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Abstract

This research was aimed to examine the Mental Health of Married and Unmarried Women. The sample of this study consisted of 200 women in which 102 were unmarried and 98 were married women from the city of Haripur, Pakistan. In order to study the mental health adopted version of General Health questionnaire (Sanam, 2001) was utilized. It consists of 28 items. The objectives were to study mental health among married and unmarried women and to establish the psychometric properties of scale. The alpha coefficient reliability of scale found out to be .80 . The results indicated no significance difference exists between married and unmarried women on mental health. The results also show non-significant differences between women of nuclear & joint family system; of different age groups and at socioeconomic status on mental health scale. But significant differences were found between students, working and nonworking women and in level of education on mental health scale.

Key Words: Mental Health, Working, Non-Working Women, Married, Un-Married, Demographic, Education, Family System.

Introduction

Human is a social animal having different thoughts and standard of living according to his society and approach, so their level of mentality and living style are not the same. They are having different physical and mental health and quality of life also. Mental health depicts psychological well-being and the absence of mental illness. Positive psychology explains mental health as an individual's ability for life enjoying, and balancing between activities of life and efforts for achieving resilience.

Mental health is defined as the emotional expression and as flourishing adaptation to a range of demands. But when individual have some psychological or mental problem due to any reason then he feels disturbance in his life and cannot perform his daily task properly. Some events of life also leave a huge effect on mental health they make the person mentally ill, these events includes poverty, death of love one, divorce, unemployment etc.



Women being more reported than men of most affective disorders and non affective psychosis. Women are prone more than men for developing quick cycling of illness and co morbidity, negative and bad experiences (death, abuse etc.) and depression (Mitchell et.al., 1997; Jill,1999; Maqbool, Srivastava and Pandey, 2014; Maqsood, Akhtar and Latif, 2019). In particular, serious mental illness lowers health related quality of life (HRQOL). Mental health is a state of wellbeing of emotion and social life where to cope with normal stress of life and attain their potential (WHO, 2011).

There are different types of mental illness. Anxiety disorders are feeling of apprehension and constant worrying about certain objects or situations with fear. Symptoms include nervousness, sweating and rapid heartbeat. Types of anxiety disorders include post traumatic stress disorder, generalized anxiety disorder, panic disorder, obsessive compulsive disorder, phobias. Mood disorders include feelings of sadness and happiness fluctuates from extreme happiness to extreme sadness. It is also called affective disorders including mania, depression, and bipolar disorder (Goldberg, 2012). Psychotic disorders include distorted thinking and awareness. The most common symptoms of psychotic disorders are hallucinations the experience of images or sound that are not real such as hearing voices and delusion, which are false beliefs that the ill person accepts as true, despite evidence to the contrary, Schizophrenia is an example of a psychotic disorder. Eating disorders include extreme feelings about weight and food. Eating disorder includes anorexia nervosa, bulimia nervosa and binge eating disorders. Impulse control disorders include being unable to resist urges, or impulses to perform acts that could be harmful to themselves or others. Pyromania (starting fires), Kleptomania (stealing) and compulsive gambling are examples of impulse control disorders. Alcohol and drugs are common objects of addictions. Often, peoples with these disorders become so involved with the objects of their addiction that they being to ignore responsibilities and relationships. People of personality disorders have extreme and inflexible personality traits that are distressing to the person and or cause problems in work, school, or social relationships. In addition the persons patterns of thinking and behavior significantly differ from the expectations of society and are so rigid that they interfere with the persons normal functioning. Examples include antisocial personality disorder, obsessive-compulsive personality disorder, and paranoid personality disorder (Goldberg, 2012).

The causes of mental illness may include conditions caused by a combination of biological, psychological and environmental factors. The mental illnesses have also been linked the imbalance of neurotransmitters and hormones, defects or injury to areas of brain, developmental delays, prenatal damage, substance abuse, poor nutrition and exposure to toxins inheritance of the diseases and disorders, abnormalities in genes, interaction of multiple genes, other psychosocial factors such as stress, abuse or a trauma, derangement or malfunctions of women's reproductive organs and hormones, abortion, pregnancy, menstruation, childbirth, miscarriage, premature delivery, infertility, and menopause and women's higher rate of depression proneness of women as innate tendency to mental disorder. Pediatric autoimmune neuropsychiatric disorder (PANDA) associated with Streptococcus bacteria is linked to development of OCD and mental illnesses among children. The neglect death or divorce- relationship, domestic violence, wife battering, parental divorce poor parenting, lost of jobs, underemployment also enhance stress and other negative effects of families. Frustration because of lack of work and loss of skills cause depression (Wright, Perez and Johnson , 2010; Extremera and Rey, 2016; Maqsood, Akhtar and Latif, 2019).

Arber (1997) stated health outcomes related aspects of women's social position underlining educational qualifications, occupational class and employment status for both genders that were key factors linked with long standing illness. Macran, Joshi and Clarke, (1998) found potential occupational differences leading to various health outcomes for women that should be changed. Uddin et.al. (2019) concluded relatedness between women's health and socioeconomic factors as complex and dynamic. More women suffer psychological disorders than men as more women attempt suicide than men because of psycho-social stressors of superiority, domestic violence etc. that are present through the life-cycle of women i.e. in childhood, adolescence, adulthood, middle age and old age



(Qadir and Khan, 2011). The present research is an attempt to study the effect of demographic variable (marital and working status) upon mental health of women of area of Haripur.

Method

A cross-sectional survey research design was chosen to study the mental health between married and unmarried women. The instrument used in this study was adopted Urdu version of General Health questionnaire (Sanam, 2001), originally developed by Goldberg (1978). It consists of 28 items, subdivided into four subscales; anxiety, psychosomatic symptoms, social dysfunction, insomnia and depression. There are 7 items in each subscale, regarding recent experience of particular symptoms of behavior on rating scale ranging from 0-3. The minimum score of this scale is '0' while maximum score is 20 that indicate poor mental health. The high score on mental health scale show low mental health level while low score indicates good mental health. The reliability of the scale established is .89 (Ashraf, 2012).

Objectives

- To re-established the psychometric property of the instrument mental health scale.
- To study the mental health among women with different demographic variables.

Hypothesis

1. The mental health of the married women would be better than unmarried women.
2. Joint family system would score high on mental health scale than nuclear family system.
3. The young adults would score high than mature adults on mental health scale
4. There will be significant difference between working women, nonworking and students on mental health.
5. Higher the education, higher would be the mental health.
6. Higher the socio-economic status, higher would be the mental health.

Sample and Procedure

The convenient sampling technique was used in this study. The target sample consisted of 98 married and 102 unmarried women from different areas of Haripur city. The age of participants ranged from 18 and above. The study requirement include that the sample must be literate to read and respond the questionnaire. The participants were approach and were briefed about the purpose of study. They were requested to fill the questionnaire. After that, the scale was administered at the above mentioned sample. The subjects were instructed and assured of confidentiality before the administration of the scale. They were thanked for their cooperation and responses were analyzed for results using SPSS. The data was put to statistical analysis to meet the objectives of the present study. The *Alpha Reliability Coefficient* of the study variables was computed. The *t-test* was preformed to examine the differences on mental health regarding different demographic variables.

Results

Table 1 Descriptive Statistics and Alpha Reliability Coefficient of Mental Health Scale (N=200)

Variables	No. of items	Mean	SD	Score Range		Alpha- coefficient
				Minimum	Maximum	
Mental Health	28	26.24	11.69	3	75	.80



Table 1 shows descriptive statistics of scales of the mental health scale. The reliability coefficient have been determined by computing Cronbach's alpha coefficients for the mental health scale. The alpha reliability coefficient determined for the mental health scale is .80 . The alpha reliability coefficient indicated that scale is internally consistent and reliable measure for the present study.

Table 2: t-Test Results for Comparing Married and Unmarried Women on Mental Health(N=200)

Marital Status	N	M	SD	t	p
Married	98	26.40	10.99	.19	.84
Unmarried	102	26.07	12.37		

df=198

Table 2 shows the mean, standard deviation and t-test for the demographic variable marital status on mental health scale. The mean value of the married women is 26.40 and for the unmarried women is 26.07. The results indicate that the difference is non-significant.

Table 3: t-Test Results for Comparing Family Systems on Mental Health (N=200)

Family System	N	M	SD	t	p
Separate	85	26.67	11.98	.44	.65
Joint	115	25.92	11.50		

df=198

Table 3 shows the mean, standard deviation and t-test for the demographic variable family system on mental health scale. The mean value of the women from separate family system is 26.67 and for the women of joint family system is 26.07. The results indicate that the difference is non-significant.

Table 4: One Way Analysis of Variance (ANOVA) by Mental Health on the scores of different age groups (N=200).

Sources	Sum of Squares	df	Mean Square	F	p
Between Groups	411.68	2	205.84	1.51	.22
Within Groups	26784.79	197	135.96		
Total	27196.48	199			

The results in the table show that the women with different age groups on mental health differ non-significantly where $F(2, 197) = 1.51$. There are no significant differences between women of different age groups on mental health.

Table 5: One Way Analysis of Variance (ANOVA) by Mental Health on the scores of working status (working, nonworking and students) (N=200).

Sources	Sum of Squares	df	Mean Square	F	p
Between Groups	141.01	3	47.00	2.86	.03
Within Groups	3218.85	196	16.42		
Total	3359.87	199			

p<.05

The results in the table show that the women (working, non-working and students) differ significantly on mental health where $F(3, 196) = 2.86$. There are significant differences between women (working, non-working and students) on mental health.



Table 6: One Way Analysis of Variance (ANOVA) by Mental Health on scores of different socioeconomic status levels (N=200).

Sources	Sum of Squares	df	Mean Square	F	p
Between Groups	98.82	3	32.94	.23	.87
Within Groups	27097.66	196	138.25		
Total	27196.48	199			

The results in the table show that the women with different socioeconomic status differ non-significantly on mental health where $F(3, 196) = .23$. There are non-significant differences between women on socioeconomic status regarding mental health.

Table 7: One Way Analysis of Variance (ANOVA) by Anxiety on scores of different educational levels (N=200).

Sources	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1227.32	5	245.46	1.83	.10
Within Groups	25969.15	194	133.86		
Total	27196.48	199			

The results in the table show that the women with different levels of education on mental health differ non-significantly where $F(5, 194) = 1.8$. The differences are non-significant among women with different educational level.

Table 8: Table showing significant mean differences on education level on Post Hoc Tests (N=200)

(I) education	(J) education	Mean Difference (I-J)	p
Master	Bs honors	-1.21	.58
	Diploma	-14.10*	.005
	Fsc	-2.45	.35
	Matric	.47	.85
	Middle and primary	-1.76	.52
BS honors	Master	1.21	.58
	Diploma	-12.89*	.01
	Fsc	-1.24	.65
	Matric	1.68	.53
	Middle and primary	-.55	.85
Diploma	Master	14.10**	.005
	BS honors	12.89*	.01
	Fsc	11.64*	.02
	Matric	14.58**	.005
	Middle and primary	12.34*	.02



FSc	Master	2.45	.35
	BS honors	1.24	.65
	Diploma	-11.64*	.02
	Matric	2.93	.34
	Middle and primary	.69	.83
Matric	Master	-.47	.85
	BS honors	-1.68	.53
	Diploma	-14.58**	.005
	Fsc	-2.93	.34
	Middle and primary	-2.23	.48
Middle and primary	Master	1.76	.52
	BS honors	.55	.85
	Diploma	-12.34*	.02
	Fsc	-.69	.83
	Matric	2.23	.48

The results show the Least Significant Difference on different educational levels. The table shows that the women within the level of their education (middle and primary, Metric, FSc, Diploma, BS honors and Master) differ significantly on mental health. The results show that the women with diploma have significant differences with women with primary and middle, Metric, FSc, BSc and Master level of education at level of significance $p \leq .01$ and $p \leq .05$. The women with diploma have low mental health as compared to women with other levels of education.

Discussion

The aim of these studies was to study the mental health among married and unmarried women. For this purpose the adopted version of General Health questionnaire Sanam (2001) was used. The reliability coefficient have been determined by computing Cronbach's alpha coefficients for the mental health scale. The alpha reliability coefficient determined for the mental health scale is .80. The alpha reliability coefficient indicated that scale is internally consistent and reliable measure for the present study.

The mean value of the married women is 26.40 and for the unmarried women is 26.07. The results indicate that the difference is non-significant. The mean value of the women from separate family system is 26.67 and for the women of joint family system is 26.07. The results also indicate that the difference is non-significant. The women with different age groups on mental health differ non-significantly where $F(2, 197) = 1.51$. There are no significant differences between women of different age groups on mental health.

The result also show that the women (working, non-working and students) differ significantly on mental health where $F(3, 196) = 2.86$. There are significant differences between women (working, non-working and students) on mental health with $p < .05$. The women with different socioeconomic status differ non-significantly on mental health where $F(3, 196) = .23$. There are non-significant differences between women on socioeconomic status regarding mental health. The results also have shown the least significant difference on different education levels. The results show that the women with diploma have significant differences with women with primary and middle, Metric, FSc/Intermediate, Graduation/ BSc and Master level of education at level of significance $p < .01$ and $p < .05$. The women with diploma have low mental health as compared to women with others level of education.

Previous researches have supported the results of the present study. Women gave reasons of their health problems including stressed heavy workload, the gendered division of labor, financial insecurity, responsibility for children, unemployment or underemployment other negative effects of families which can intensify ones overall



mental health (Avotri and Walters, 1999; Wright, Perez and Johnson , 2010; Ashraf,2011; Jabri, 2013; Extremera and Rey, 2016; Uddin et.al. 2019).

Limitations and Suggestions

Only women in city of Haripur have been studied. Mental health can be studied in more detail by comparing women from other cities of Pakistan. The sample included women only. Other members of the society ie men and children should also be studied. Due to time and economic constraints the sample taken was small. Sample size can be enhanced in further studies. Mental health has been studied regarding marital, social and socioeconomic status. In further studies other variables and their relationship with mental health can be studied with these and other demographic variables. The results of present study allow future researchers to anticipate suitable therapeutic interventions. Mental health of women in future can also be studied in relation with other variables.

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