

Dual Responsibility: A Contributing Factor to Psychological Ill-being in Married Working Women

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ABSTRACT

The aim of present paper was to examine the psychological ill-being in married working women as a consequence of dual responsibility they pay at home and workplace. A sample of about fifty (N=50) married working women was compared with fifty (N=50) married non-working women. The entire sample was taken from general population. Data was gathered using Semi-Structured Brief Interview Form, General Health Questionnaire (GHQ-28), Anger and Hostility, subscales of Aggression Questionnaire (AQ). Obtained data was statistically analyzed by computing frequencies, percentages and independent t-test. Independent t-test, show that married working women significantly reported more somatic complaints ($t=2.00$, $df=98$, $p<.048$), social dysfunction ($t=2.31$, $df=98$, $p<.023$), anger ($t=2.10$, $df=98$, $p<.038$) and hostility ($t=2.27$, $df=98$, $p<.025$) than non-working married women. However, working and non-working married women did not significantly differ on the variables of insomnia ($t=.773$, $df=98$, $p<.441$) and depression ($t=.709$, $df=98$, $p<.375$). Paying dual responsibility at home and workplace is quit hectic causing psychological problems among married working women.

Keywords: Married, Working women, dual responsibility, psychological ill-being

INTRODUCTION

Leading marital life along with employment puts dual responsibility on married working women that demands to be paid equally up to the expected level as determined by society. In Pakistan, assuming the role of working women is not always a passion. There are women who need to go out to earn enough money to meet their household expenses. Sometimes, their husbands and in-laws do not fulfill their basic needs that compel them to work for being self-supporting. Moreover, living in joint family, they have to take care of their in-laws along with husband and children. As a result, a huge burden is put on women leading psychological ill-being.

It is empirically evident that working women pay dual responsibility and only 7 % women seemed to balance their dual roles (Pillai & Sen, 1998). Doing paid job and household activities are not easy for married women belonging to all social classes (Davendran, 2008). Married working women have to pay second shift at home (Hochschild, 1989). They were overburdened with household chores along with jobs (Tripathi & Bhattacharjee, 2012). Women with home roles and non-home roles had conflicts while completing role demands (Begum & Tasneem, 1984). Working women are more prone to job stressors due to assuming multiple roles. They face different quality and intensity of work stressors (Vermeulen & Mustard, 2000).

Exposure to job stressors along with family demands has negative impact on mental health of women (Lennon & Rosenfield, 1992). Balancing dual roles, at workplace and home, is a big challenge for married working women that physically and psychologically disturb them (O'Neil & Greenberg, 1994). In a study, married working women were found to be suffering from more occupational stress than unmarried working women due to multiple roles/responsibilities of a mother, wife and homemaker, more demands from society and traditional trends as well (Parveen, 2009).

Working outside reduces some negative effects of marital stress but it does not give relief and stress related to childcare (Krause, 1984). Employment outside of home affects the psychological well-being of married women. Less cooperation from husband, more responsibilities and difficulties at home and workplace have deleterious effects on psychological well-being of married working women (Kessler & McRae, 1982).

Empirical data depicts that married working women suffer from more stress (Hashmi, khurshid & Hasan, 2006), aggression and frustration (Sexena, n.d), anxiety (Mukkhupadhah, 1996) and depression (Dudhatra & Jogsan, 2012) as compare to non-working women. Job hassles and pressure contributed to anxiety in dual career women in India (Aleem & Danish, 2008). Working women, while managing work and family, tried to cope with the situation via reactive role behavior (Ahmed, 1995). Working women encountered more problems at home and workplace (Manas & Mubeen, 2011). A study addressing the family and psychosocial health status reveals that about 36% married working women, out of total sample, reported family responsibilities and day to day tension affecting their mental health. Moreover, about 56% women, in the same study, reported work-family conflict and mental tension at their workplace (Singh & Singh, 2005).

Following same path, the present investigation is going to be carried out to highlight the role of dual reasonability in developing mental health problems among married working women in comparison of non-working married women. Pakistani married working women have several obligations; to be a perfect mother/wife/daughter-in-law and to be a good employee at workplace. The basic learning of Pakistani women is to manage household activities besides pleasing husbands and in-laws. In this society, women from their childhood are learned to be homemakers and men are to be bread earners. This cultural training, most of the time, make the women skilled merely in handling household tasks. For this reason, going out for paid job becomes an additional burden for them which, sometimes, contradict to their temperament. Dual responsibility (at home and workplace) consumes double energy, time and intellectual resources which, sometimes, result in exhaustion and psychological problems. For this purpose, it has been assumed that;

Married working women will significantly report more somatic complaints, insomnia, social dysfunction, depression, anger and hostility than married non- working women

METHODOLOGY

Participants

This was a comparative study done on married working and non-working women dwelling in Karachi, Pakistan. Among hundred participants, fifty ($N=50$) women were working, whereas fifty ($N=50$) were non-working. Working women were included in the present study via convenient sampling technique and non-working married women were approached through referral sampling technique. Demographics were controlled for all participants. Grade ten was considered as a minimum educational level of all but working women were holding the diploma/short course certificates along with secondary school certificates. Working women

were employed in primary and secondary schools, beauty salon, vocational training institute and health care centers. Comparative group of the present study comprised of housewives (fulltime home makers). The age range of entire sample was 21 to 50 years. The minimum duration of marriage was 3 years and they must have at least one child. They were hailing from middle class joint family. In joint family, they were living with their in-laws (parents and siblings of husbands, spouses and children of siblings-in-law).

Measures

Data for the current study was collected using four measurements. Semi-Structured Brief Interview Form covered the information about demographic characteristics of the participants, daily responsibilities at home (cooking, dusting/cleaning, washing clothes, washing dishes), having facility of maid/servant, having cooperation from husbands and in-laws while doing household chores, criticism over daily task and spare time for taking rest.

Psychological ill-being was examined by using Urdu Version of General Health Questionnaire (GHQ-28) and two subscales of Aggression Questionnaire (AQ), Anger and Hostility. General Health Questionnaire (GHQ) by Goldberg (1981) comprises of 28 items and 4 subscales (Somatic Complaints, Insomnia, Social Dysfunction and Depression). There are 7 items for each subscale which are scored at 4-point scale.

Subscales of Anger and Hostility by Buss and Perry (1992) comprise of 15 items. There are 7 items for Anger subscale and 8 items for Hostility subscale.

Procedure

Brief interview and administration of all scales were done at home and workplace (only working women) of the participants. Initially, purpose of the study along with ethics of confidentiality and responsibility were briefed to all participants. On their verbal consent for volunteer participation, interview was conducted using Semi-Structured Brief Interview Form. Then, General Health Questionnaire (GHQ-28), Subscales of Anger and Hostility were administered individually to all women of the present study.

Information gained through Semi-Structured Brief Interview Form (SBIF) was described in terms of frequencies and percentages. To test all hypotheses of the present study, independent t-test was computed using SPSS, Version, 17.

RESULTS

Regarding daily responsibilities at work and home, results (Table 1) show that both working and non-working were performing household activities such as; cooking, dusting/cleaning, washing clothes, washing dishes etc. However, non-working women were more involved in household chores. Among working women, about 92% were responsible for preparing meal for entire family, 72% were involved in dusting/cleaning, 38 % were washing clothes and 70% were washing dishes. Approximately, 22 % were having facility of maid/servant, 42% were having cooperation from in-laws and husbands of only 18% women were cooperative in this regard. Criticism over daily work and routine was faced by 46% working women. Most of them (58%) were not financially supported at all or given insufficient amount for daily expenses. About 38 % found time for taking rest. Besides that, at workplace, they had to follow job description properly. About 44% were school teachers in public and private sector, 26% were working in beauty salon, 16% were vocational teachers and 14 % were responsible for dealing health issues of community or working as lady health workers.

Table 1

<i>Nature of Responsibilities</i>	<i>Working Women (N=50)</i>		<i>Non- Working Women (N=50)</i>	
	<i>F</i>	<i>%</i>	<i>F</i>	<i>%</i>
<i>Responsibilities at Home</i>				
Cooking	46	92	50	100
Dusting/cleaning	36	72	45	90
Washing clothes	19	38	41	82
Washing dishes	35	70	45	90
Having facility of servant	11	22	6	12
Having cooperation from in-laws	21	42	25	50
Having cooperation from husband	09	18	4	08
Spare time for taking rest	19	38	31	62
Criticism over work	23	46	28	56
<i>Responsibilities at Workplace</i>				
<i>Nature of work</i>				
Teaching school children	22	44	X	X
Grooming women in beauty salon	13	26	X	X
Training vocational students	08	16	X	X
Dealing health issues of community	07	14	X	X
<i>Daily duty hours</i>				
6 hours	32	64	X	X
More than 6 hours	18	36	X	X
<i>Duty Shift</i>				
Morning shift	29	58	X	X
Evening shift	21	42	X	X

Majority (64%) were paying duty for 6 or less than 6 hours, whereas 58% were employed in the morning shift.

On the other hand, all married non-working women (100%) had to prepare meal for entire family, 90% were involved in dusting/cleaning, 82% were washing clothes and 90% were washing dishes. Approximately, 56% were facing criticism from in-laws, 12 % had the facility of servant, 50% were having cooperation from in-laws and 8% women had cooperation from their husbands. About 56% were being criticized over work. Furthermore, majority (62%) reported to have spare time for taking rest.

Table 2. Independent t-test shows significant difference among working and non-working married women with regards to psychological ill-being

Variables	Working Women (N= 50)		Non-Working Women (N = 50)		df	t	P
	M	SD	M	SD			
Somatic Complaints	2.940	2.36824	2.040	2.10887	98	2.00	.048
Insomnia	2.600	2.24063	2.240	2.41221	98	.773	.441
Social Dysfunction	2.160	2.12238	1.300	1.55511	98	2.31	.023
Depression	1.460	2.17790	1.300	2.09226	98	.709	.375
Anger	20.94	5.56010	18.36	6.63559	98	2.10	.038
Hostility	22.14	6.68538	19.04	6.93986	98	2.27	.025

Independent t-test (Table 2) depicts that married working women reported significantly more somatic complaints ($t= 2.00, df = 98, p < .048$), social dysfunction ($t= 2.31, df = 98, p < .023$), anger ($t = 2.10, df = 98, p < .038$) and hostility ($t=2.27, df = 98, p < .025$). Analysis further reveals that there is a non-significant difference among women of both groups related to the variables of insomnia ($t= .773, df = 98, p < .441$) and depression ($t = .709, df = 98, p < .375$).

DISCUSSIONS

In South Asian societies, where men are only deemed as bread earner, due to that, they are fully dependent on women for minor things. Women are responsible for serving meal and preparing attire for men on times. They are usually expected to accomplish daily household tasks perfectly. At the same time, they have to deal workplace issues. This dual responsibility leads to role conflicts in women. Role conflicts between family and work create tension because working women are in a continuous struggle to come up to the expectations of family and employer at the same time (Ahmed, 1999). As the findings of present study also show that, owing to dual responsibility, married working women significantly reported more somatic complaints ($t= 2.00, df = 98, p < .048$), social dysfunction ($t= 2.31, df = 98, p < .023$), anger ($t = 2.10, df = 98, p < .038$) and hostility ($t=2.27, df = 98, p < .025$) than married non-working women.

Middle class married working women have to perform all household duties besides doing paid job. Assuming the dual roles of bread earner and homemaker, married working women spend more time and energy on daily tasks of two opposite environment (Gani & Ara, 2010). At home, after returning from workplace, they pay additional duty of a home maker socially assigned to them. In Pakistan, household activities are deemed as women’s domain (Hussain, 2006). Inside home, women are seen in forms of multiple roles such as; mother, wife and daughter-in-law. These multiple roles increase work load with more input of energy, time and resources that put profound impact on women’s health (Waldron, Weiss & Hughes, 1998).

In the present study, married working women also seemed to be balancing their family and work responsibilities. They were having more pressure of work in form of home management, dealing husbands/in-laws and employer at workplace. In comparison to them,

married non-working women were confined to single environmental activities. They were having less time pressure and were only responsible for home related tasks. Previous researches also show that full time house workers, as compare to working women, reported fewer time pressure and less responsibilities regarding the situation beyond of their control (Lennon, 1994). Whereas, married working women were engaged with two different environmental activities, as also reported by participants of the present study. As a result, they got exhausted and eventually suffered from more psychological problems in form of somatic complaints, social dysfunction, anger and hostility as compare to non-working women. It was also documented by a study conducted in Malaysia that married working women were found exhausted while balancing work, family and studies (Davendran, 2008).

It is noteworthy that majority of the participants including both working and non-working women in the current study reported to be facing criticism from in-laws over daily routine work, and were having less cooperation from husband regarding household chores but it seemed to affect working women more. The reason is that working women were utilizing their energy at workplace, too. They were in constant pressure of doing quality of work at job and home. This constant pressure of work served as daily hassles for working women. According to Thakkar and Misra (1995), working women encounter more daily hassles as compare to non-working women. Daily hassles faced within workplace and home were significant stressors which might have produced psychological or emotional distress among them.

Many working women, in the present study, also had reported the workload of household chores along with paid job. Due to these problems, they might have come under more stress leading psychological or emotional distress. That emotional distress, later on, might have been transformed into somatic complaints. Emotional distress is the indication of stressful life events occurred in one's life (Young, 1995) and somatic complaints are the representation of psychological conflict or emotional distress (Kirmayer, 1984). It could be suggested that being responsible for two different environmental issues, married working women reported more somatic complaints than non-working married women in the current research. Furthermore, in case of having less cooperation from husbands or in-laws, their life becomes a ball rolling from home to workplace and vice versa. Moreover, they face criticism over not completing given tasks on time. Working women contribute to family finance; therefore they expect cooperation and respect from close relations. In the absence of deserve respect and cooperation, working women develop negative perception of self and environment that provoke anger and hostility as shown in the present paper (Table 2).

It was also found in the present study that both working and non-working women did not differ while reporting insomnia ($t = .773$, $df = 98$, $p < .441$) and depression ($t = .709$, $df = 98$, $p < .375$). Previous studies also did not demonstrate significant difference in the level of depression among working and non-working women (Hashmi et al, 2006). Non-working women, staying at home, suffer from tension because of misbehavior of family, whereas working women face burden of office work along with marital/ home life. However, statistical analysis further reveal that the mean scores of married working women on insomnia ($M = 2.600$, $SD = 2.24063$) are slightly greater than mean scores of non-working women ($M = 2.240$, $SD = 2.41221$). Similarly, married working women scored more on depression ($M = 1.460$, $SD = 2.17790$) than non-working women ($M = 1.300$, $SD = 2.09226$).

Dual responsibility, criticism from in-laws and less cooperation from husband might have induced frustration, hopeless and suicidal thoughts in working women. Despite being bread earner, they were not given support as they deserved. The feelings of having family support lessen the risk of depression. More support from parents, relatives and spouse reduces the

level of depression in women (Kendler, Myers & Prescott, 2005). Married working women also have several engagements in daily routine. Major portion of their time is spent in performing duties at home and workplace. Married women spending more time at work were suffering from more depression (Keith & Schafer, 1982). Employed wives felt more satisfied when their husbands cooperated with regards to domestic responsibilities (Saenz et al, 1989). In the present study, only 18% working women reported to have cooperation from their husbands. Majority of them were trying to come up to expectation of others and majority of them were having no spare time for taking rest. As a result, they reported slightly more insomnia and depression. On the other hand, non-working women were also facing the stressful family environment due to criticism at work, household responsibilities and less support from their husbands. All these problems might have led to insomnia and depression in married non-working women. Previous study also reveals that lower involvement of husband in household activities increases psychological distress among wives (Khawaja & Habib, 2007).

CONCLUSION

Thus, it is deduced that married working women suffer from more somatic complaints, social dysfunction, anger and hostility than married non-working women because of being overburdened with dual responsibilities. Managing workplace and family problems, taking care of children, husbands and in-laws in the absence of insufficient time for taking rest are major issues of married working women with middle class socio-economic status. All these factors are playing distal role in making them psychologically ill. Besides, psychological issues of married non-working women must be addressed in the context of household responsibilities they pay from dawn to dusk.

LIMITATIONS & RECOMMENDATIONS

The main limitation of the present study was that all participants were belonging to only middle class joint families. Middle class working women travel in public transport to go to office, try to manage family budget in limited amount and prepare meal for their own. Furthermore, they have to attend their children being good mothers. On the other hand, working women belonging to upper-class benefit from facilities available to them such as; personal vehicle plus driver, more than one servant/maid, baby sitter, etc. Future researches must address the psychological issues of married working women in the context of class differences and luxuries. Furthermore, married working women included in the present study were school teachers, beautician, vocational trainers and lady health workers. Further investigations should focus on other professional women such as; doctors, engineers, advocates, assistant professors, professors and so forth.

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