
Assessment of Mental Health Status of Middle-Aged Female School Teachers of Varanasi City

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Citation

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Abstract

Background: A working woman bearing dual role responsibility one in family and other at job, when can not discharge her duties equally efficiently feels tense and continuous tension creates stress which in turn may affect her mental health status. During middle age some biological changes like menopause, aging coupled with psychosocial factors and work-family conflict may generate irritation, frustration, anxiety, depression etc. in these women. There is a need to assess the mental health status of working middle-aged women so that some programmed interventions may be planned for maintaining and improving the quality of their life.

Aim: To assess the psychosocial stress, work-family conflict and the level of anxiety, depression, somatic symptoms and social dysfunction of middle-aged female school teachers.

Methodology: A sample of 50 middle-aged (mean \pm sd = 49.42 \pm 3.46) female school teachers was selected randomly from 15 government recognised girl's schools of Varanasi city in the year 2001-2002. An interview schedule and two questionnaires namely General Health Questionnaire and Psycho Social Stress Scale were administered simultaneously.

Result: Psycho Social Stress Scale score showed moderate to high level of stress in 54% subjects whereas, 18% cases had low scores while, 28% cases were in between low to moderate level of stress. Anxiety level was observed low in 64% cases and moderate in 32% cases. Depression level was low in 92% cases. Somatic symptom score was moderate in 44% cases while, social dysfunction score had been observed moderate in 80% cases.

Conclusion: The overall assessment reveals that though the subjects are normal in general, but a substantial proportion is at risk of developing psychosocial stress generated problems that may affect their mental health. Modification in coping strategies and planned interventions are desirable.

INTRODUCTION

Middle age is the bridge between adulthood and old age, which requires special attention. During this period, in addition to physical and social changes some psychological changes also occur like fear of losing control, dependence on someone, beginning of realization that youth is getting over and old age is nearer, fatigue, lack of sexual interest, loss of memory, more tension etc. which may affect the overall well-being and positive mental health of men and women both. Woman being the nucleus of a family around which the members live their family life tied with forces of love, affection, emotion, needs proper attention during middle age (40–60 years of age). Preferably, working women require more care due to their dual role

responsibility. It becomes slightly difficult for them to manage all their activities with same efficiency as earlier.

This may cause feeling of guilt, irritation, stress etc. in these working women. Physical relaxation, emotional support and essential care are needed for healthy living. They should also think about some suitable modification in their life style and coping strategy.

Mental well-being is an essential component in the health of all individuals. Mental health refers to the full and harmonious functioning of our total personality as well as to our bio-socio-psychological and spiritual well-being. It has positive aspects like originality, satisfaction, hope, creativity, happiness, self-actualisation etc. and also has

negative aspects like frustration, disability, emotional instability or neuroticism, psychoticism, anxiety depression, hopelessness, paranoid tendency, jealousy, fear etc.^{1,2}

There are many factors responsible for change in life and life style of women in middle age like biological, social and psychological. Middle age is mainly affected by the hormonal factors. The hormonal changes of the climacteric, chiefly the decline in ovarian estrogen production manifest in the menopause, contribute directly to depression.³ The social factors are concerned with social aspects of stress such as social support, socio-economic issues, social roles, social desirability and psychological factors are more relevant to adjustment, stress, coping, emotional, behavioral, psychological disorders etc.

The aim of the present work was to assess the mental health status of middle aged (45–55 yrs) women working as school teacher. Thus the objectives were (1) to find out the psychosocial stress in this age group. (2) to assess the work-family conflict of middle aged female school teachers and (3) to find out the level of anxiety, depression, somatic symptoms and social dysfunction of these women.

METHODOLOGY

SAMPLE

From total 76 government recognized girl's schools at Varanasi city, 15 schools were randomly selected. From 227 middle-aged (age group 45–55 years) female teachers of these 15 schools, 50 were randomly selected for the present study. The mean and standard deviation of age (in years) of subjects were 49.42 and 3.46 respectively. The size though small yet may be worth acceptable because, the sample was fairly homogeneous on a number of variables.

TOOLS

An interview schedule and two questionnaires namely Hindi adaptation⁴ of General Health Questionnaire (GHQ) and Psycho Social Stress Scale⁵, were simultaneously administered to the selected subjects.

1. INTERVIEW SCHEDULE

An interview schedule was prepared to collect detail information from the subjects related with the objectives of the present study. Schedule had five categories. First category had questions related to socio-economic status and general health status. Second category had questions on mental health and feeling during middle age. Questions in third category were related with work place environment.

Fourth category had questions of family/social atmosphere, relationship, support, tension, coping with tension etc. To determine work family conflict a 5-point rating scale comprising of 11 items was also used in addition to the interview schedule.

2. HINDI ADAPTATION OF GENERAL HEALTH QUESTIONNAIRE (GHQ)

The Hindi adaptation of GHQ was used in the present. It was tested (Hindi adaptation of GHQ-28 was tested for validation and approved. The questionnaire version was validated in PhD thesis and was approved by board of examiners. study. The GHQ-28 developed by Goldberg and Hillier⁶ detects symptoms of non-psychotic psychological disturbances. This is a measure of pure state that measures how much a subject feels that his/her present state is unlike his/her usual state. It consists of 28 items divided into 4 sub-scales such as anxiety, depression, somatic symptoms and social dysfunction each having 7 items. This is a four point scale, each item recorded from 1 to 4. Thus a subject can get a minimum total score of 7 and maximum 28 on each sub-scale.

3. PSYCHO SOCIAL STRESS SCALE

The psycho-social stress scale was designed to assess the extent of individual's feelings of the basic components of psychological stress (such as pressure, tension, anxiety, conflict, frustration etc.) resulted from perceived stress situations (such as adversities, hardships, threats, afflictions, failures, constraints, excessive demands, conflicting role etc) in various spheres of their social life. The questionnaire consisted of 40 items. In addition to the questionnaire consisting of the routine or chronic situations of psychological stress, a short measure of the psycho-social stress arising from 'crucial life events' taken place in respondents life in last one year was also prepared in order to cover the broader area of the psychological stress.

DATA ANALYSIS

The collection of data was done during the year 2001-2002. The observed data were analyzed using SPSS statistical software.

RESULTS

The analysis of data collected on the sampled 50 middle-aged female school teachers showed some interesting findings.

The marital status and number of children of middle-aged

female school teachers are shown in Table 1 and 2. Percentage of married women was 82 while 8% were unmarried. The percentage of women having two children was highest (44%). Socio-economic status of the studied women is shown in Table 3. The percentage of women belonging to upper class was highest (68%) whereas, 24% belonged to middle and 8% to lower social class. The family income was high (above Rs.20000/ p.m.) for 46% middle-aged female school teachers whereas, 22% reported medium and 32% had low family income (below Rs.10000/ p.m.).

Figure 1

Table 1: Marital Status of Middle-aged Female School Teachers

Marital Status	No. of Women	% of Women
Married	41	82%
Separated	02	04%
Unmarried	04	08%
Widow	03	06%
Total	50	100

Figure 2

Table 2: Number of Children of Middle-aged Female School Teachers

No. of Children	No. of Women	% of Women
Nil	05	10%
One	05	10%
Two	22	44%
Three	10	20%
Four	07	14%
Five	01	02%
Total	50	100

Figure 3

Table 3: Socio-economic status of Middle-aged Female School Teachers

Family Income (Rs.)	Social Class			Total	
	Upper	Middle	Lower		
High > 20,000	18	03	02	23	46%
Medium 10000-20000	05	06	00	11	22%
Low <10000	11	03	02	16	32%
Total	34 (68%)	12 (24%)	04 (08%)	50 (100%)	

36% of total subjects reported depressive feeling as prime

'mental change' during middle age of their life (Table-4) whereas, 18% reported mature feeling. Remaining women had irritation, frustration or anxiety. This shows that large number of women has some kind of negative mental change in this period of life. When subjects were asked about their feeling in middle age, 14% reported depressive feeling, 18% fear about aging and 10% anxious feeling, 6% frustration and 6% reported loneliness. Nearly 26% women have no negative feeling (Table-5).

Figure 4

Table 4: Mental change as reported by Middle-aged Female School Teachers

Mental Change	Total	
	Number	Percent
Depressive feeling	18	36
Irritation	08	16
Frustration	07	14
Anxious feeling	08	16
Mature feeling	09	18
Total	50	100

Figure 5

Table 5: Feeling about middle age as reported by Middle-aged Female School Teachers

Middle-age feeling	No of Women	Percent
No negative feeling	13	26
Depressive	07	14
Frustrated	03	06
Loneliness	03	06
Fear about aging	09	18
Anxiety	05	10
Other	10	20
Total	50	100

Score of Psycho Social Stress Scale showed moderate to high level of stress in 54% subjects whereas, 18% cases had low scores. 28% cases were in between low to moderate level of stress (Table-6). The second component of scale that measured the life event scores showed low score in most of the cases. Therefore the psychosocial stress present in these women was not due to any major life event occurred in last one year.

Figure 6

Table 6: Psycho Social Stress Scores of Middle-aged Female School Teachers

Psycho-Social Stress Scores		Total No.	%
Low	0-19	09	18
Between Low to Moderate	20-30	14	28
Moderate	31-37	06	12
High	38-40	05	10
Very high	41 & Above	16	32
Total		50	100
Mean ± SD		33.26 ± 14.96	

Hindi adaptation of GHQ-28 was administered in these subjects. The range of total score in each sub-scale can be 7 to 28. In present work this range has been divided into three categories viz., low (7-13), moderate (14-20) and high (21-28). Anxiety level was found low in 64% cases and moderate in 32% cases whereas, 4% had high level of anxiety (Table-7). Depression level was low in 92% cases while remaining 8% had moderate depression score. Somatic symptom score was observed low in 54% cases and moderate in 44% cases. Social dysfunction score had been found low in only 18% subjects while it was moderate in 80% cases, which proved the presence of psycho-social stress in large number of subjects.

Figure 7

Table 7: GHQ Scores of Middle-aged Female School Teachers

GHQ Scores	Anxiety	Depression		Somatic Symptoms		Social dysfunction			
		No.	%	No.	%	No.	%		
Low	7-13	32	64	46	92	27	54	09	18
Moderate	14-20	16	32	04	08	22	44	40	80
High	21-28	02	04	00	00	01	02	01	02
Total		50	100	50	100	50	100	50	100
Mean ± SD		12.60 ± 3.75		9.12 ± 2.71		13.28 ± 3.34		15.80 ± 2.76	

Data obtained on 5-point Work Family Conflict Rating Scale on 11 items were shown in Table-8. Item 4 to 10 here had reversed ordering. Higher rating on item 4 to 10 had been observed indicating work family conflict in majority of subjects under study. It may be noted that the incidence of work family conflict observed through rating scale showed higher number of women than the number of women reporting conflict.

Figure 8

Table 8: Work Family Conflict Rating Scores of Middle-aged Female School Teachers

S. No.	Work-Family Conflict	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	To career relationships work best when....	1	2	3	4	5
1.	Both partners share responsibility for housework and children.	0	0	5	23	22
2.	Neither partner has stereotypical or traditional ideas about men's or women's family roles.	0	2	12	17	19
3.	I am satisfied with my present family relationships	2	7	11	23	7
4.	My family relationships are very frustrating to me.	4	16	11	16	3
5.	It is easier for a man to combine a successful career, relationships and parenthood than it is for a woman.	0	4	11	17	18
6.	Children whose mothers are employed suffer because their mothers are not there when they need them.	1	3	12	13	21
7.	Because of my family responsibility I have to turn down job activities or opportunities that I should take on.	2	13	9	11	15
8.	Because of family responsibilities, the time I spend on my job is less enjoyable and more pressured.	2	16	11	16	5
9.	The demand of family life interferes with achieving success in my career.	1	18	11	11	9
10.	I can achieve greater success in my career if I make sacrifices in my family and personal life.	2	9	9	10	20
11.	The conflicting demands of career and family require that I decide which is more important.	1	1	9	26	13

Avoidance coping was the style for coping with work place tension in 66% of studied middle-aged female school teachers whereas, 24% and 10% had behavioral approach and cognitive behavioral approach of coping respectively (Table-9). Avoidance coping approach may develop depression in these women.

Figure 9

Table 9: Coping style for work place tension of Middle-aged Female School Teachers

Coping for work place tension	No. of Women	% of Women
Cognitive avoidance coping	33	66
Behavioral approach coping	12	24
Cognitive behavioral approach coping	05	10
Total	50	100

DISCUSSION

The problems of working women are multidimensional and differ from woman to woman. Many studies have been done related to women and their mental health. A study on working women, family environment and mental health indicated that there were significant differences in the family environment and mental health of working and non-working women. Mental health scores highlight that working women are trapped in a situation where they are getting difficulty in

coping strategies to deal with it effectively and get mentally strained. Excess work, less freedom, high need for motivation and working situations are powerful source of stress among working female. Therefore, emotional balance, adjustment process, tolerance level and other personality attributes are under great threat, which affect negatively the mental health. This study also reveals that if their problems are left unnoticed they may become a mental case in future. Questionnaire scores of these subjects show that though they are normal subjects, their somatic symptoms (mean score=13.28) and social dysfunction scores (mean score=15.80) are higher in most subjects, expressing stress in them. Anxiety (mean score=12.60) is high while depression (mean score=9.12) level is low in most of the cases. Since these subjects are not psychological cases, low scoring are observed on these items.

An important issue concerns the validity of self reported data. Women with negative affectivity may perceive their environment more negatively, creating an artificial correlation between work environment and health outcomes. A prospective study of 21 290 female nurses in the United States found that low control in their jobs predicted significant declines in physical function and mental health. The effects of job strain on functioning were independent of socioeconomic status, baseline functioning, and other confounders.⁸

When a woman starts working outside also she bears dual responsibility that requires double labour. In this situation, if she cannot discharge her duties equally efficiently, she feels tense and continuous tension creates stress that in turn may affect her mental health status. With growing age, problems may also grow. When they cross the age of 40–45 years

some kinds of changes starts in them. Now dual role responsibility may generate irritation, frustration, anxiety, depression etc. This is a time when more care is needed by self and by the family members also. Programmed interventions like, meditation, relaxation and other sensitization programs may reduce stress and add quality of life to their grey years.,

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