

# Effect of Family Support on Mental Health and Depression among Working Women

Dr. Kanchan Singh

Assistant Professor, Bhagalpur National College, Tilka Manjhi Bhagalpur University, Bhagalpur  
IAHP Life Membership no. – 463

**Abstract:** *Current societal setting demands a woman to become financial independent. The equality between men and women is not possible without financial independence. Today women are more vocal towards their rights. They want to bear all responsibilities on their own choice and decisions. But still it is a truth that the Indian women are encountering a traditional societal mindset, which is often force them to conform to traditional female role stereotype and this doesn't allow them to work for earning money. The financial needs and traditional family system creates a conflict among a woman and her family. The current research examines the relationship between family support and mental health of a woman. The study was conducted upon working women in Ranchi district of Jharkhand. A total 160 working women were participated in the study. Half of them are working in private firms and half are working in government sector. Each section having 40 Hindu and 40 Christian participant. To Know the status of family support "Family Support and Strain" scale were used and for mental health and Depression GHQ - 12 and Beck Depression Inventory were applied. The data analysis of scores upon the above - mentioned scales showing that the women who getting appropriate support of their family shown good mental health, whereas those who are feeling lack of family support found more depressed. Clearly, it is concluded that family support can enhance mental health among not only working but every woman.*

**Keywords:** Family Support, Mental Health, Working women

## 1. Introduction

Family is most important support system for any individual's personal and social cognition development as well as psychological well - being. Family ensures emotional security, teaches moral values, and provides identity and belongingness. It has considered in traditional Indian belief that home is our first school and parents are first teachers. The most important thing is, our traditional family system considered, in - law's family is equally important, especially women are supposed to more dedicated towards in - laws rather than their own family. Women in the family playing dynamic role, moreover taking various commitment for their family. This typical role in the family is creating stress and strain for women. If women are working and earning money, they are supposed to balance work and job. Many studies identified that if a woman not getting proper support by family especially if married and spouse not supporting it can cause numerous mental health issues.

In current era most of women are trying to break the social barrier and become economically independent. This independence limits their ability to meet family commitments on key occasions, potentially causing strain. They need support for proper upbringing to their children, but societal norms demand a woman to be more responsible for child care rather than by a man. The care of elderly people as well as care of entire family is her responsibility, which normally causes career - family or work - family conflict. A large population of women suffering with such conflict. Women must have to decide their priority and most of the time they sacrifice their career.

It has proved by many psychological and sociological studies that if a person feeling supported by his family, the risk of getting any kind of mental health problem is lesser than who not feeling have supported by family. Researchers have also found that, family support not only minimize the health -

related risks, but also ensures speedy recovery of ill members of the family not only for mental health but also physical health.

The concept of mind - body dualism suggest that healthy mind and healthy body cannot exist without each other. Our mental health is depending upon various external factors and family support or strain is a major source of it.

The present study is trying to investigate the importance of family support in relation with mental health and depression.

## 2. Research Methods:

### Objective:

The main objective of the study is to find out the effect of family support upon mental health and level of depression.

### Specific objective:

- 1) To find out the relation between family support and status of mental health.
- 2) To find out effect of lack of family support and high risk of depression.

### Hypotheses:

- H<sub>1</sub> Family Support and strain will correlate positively with mental distress.  
H<sub>2</sub> Less family support will associate with high level of depression.  
H<sub>3</sub> Mental health status and level of depression will highly correlated.

## 3. Research Design

Sub - Groups	Government sector	Private sector
Hindu	40	40
Christian	40	40
Total=160		

Volume 14 Issue 3, March 2025

Fully Refereed | Open Access | Double Blind Peer Reviewed Journal

[www.ijsr.net](http://www.ijsr.net)

**Selection of the sample:**

Selection was made according to research design. Total 160 working women were participated in the research, who is selected via purposive sampling technique. It was decided to select all respondent working in various government and private firms in Ranchi district, whose income per annum must have 8 - 10 lacs and they must have graduation degree.

**Size of the Sample:**

The study was conducted upon a total 160 working women of Ranchi district of Jharkhand. Half of sample is government sector employee and other half is working in various private sector firms. Each section of the sample consists 40 Hindu and 40 Christian participants.

**Tools:**

**Personal Data Questionnaire or PDQ:**

A self - made personal data questionnaire was used to collect information regarding respondent’s name, age, family income, working affiliation, religion, and educational qualification.

**Family Support and strain Scale:**

The family support and strain scale were made by Tonya Schuster et. al. in 1990. This scale is generally used to measure a person’s perception towards their family support or strain. The scale consists total 8 items, in which 4 are positively constructed and other 4 are negatively constructed.

Respondent can attain minimum 8 and maximum 32 score. High score is showing high family strain and less support and vice - versa.

**General Health Questionnaire - 12 (GHQ - 12):**

General Health Questionnaire - 12 or GHQ - 12 is very popular scale to measure mental health as well as perceived physical health of respondent. The scale was originally developed by David Goldberg and Paul Williams (1979). This scale is also adopted in Hindi by Shamsunder et. al. (1986) and Goutam et. al. (1987). The questionnaire consists a total 12 questions, in which half were positive and half negatively framed. Respondent can score 0 to 12 and high score showing high mental distress. Reliability (0.83) and validity (0.73) of the scale is very satisfactory.

**Beck Depression Inventory or BDI - II:**

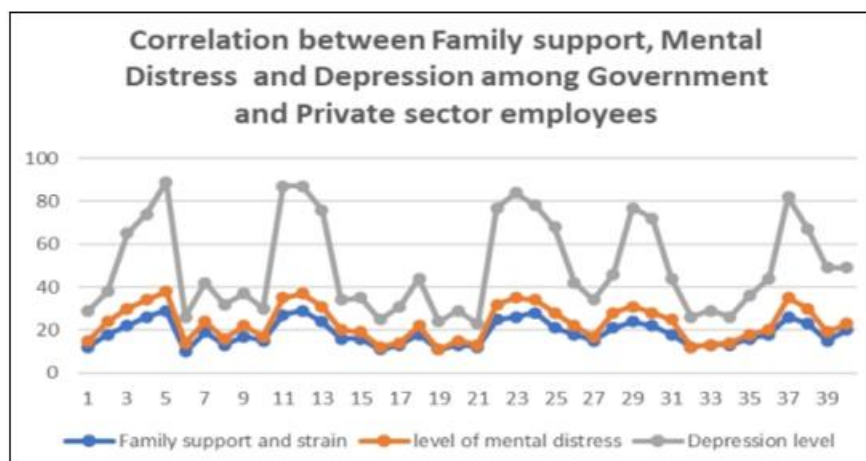
Beck Depression Inventory or BDI - II is a self - reporting Inventory and applicable upon people aged 13 or above, made by Aron T. Beck in the year 1961 and revised in 1978. The questionnaire consists total 21 question with multiple choice answers. Each alternate answer having specific score from 0 to 3, so respondent can score 0 to 63. High score is showing high level of depression. The coefficient alpha of the test is 0.80 on construct validity, so scale effectively differentiate depressed and non - depressed persons.

**4. Results**

**Table 1:** Correlation between family support, Mental health, and Depression among Private and government sector women employees:

	Family Support	Mental Distress	Level of Depression
Family Support	*****	0.88**	0.91**
Mental Distress	0.88**	*****	0.81**
Level of Depression	0.91**	0.81**	*****

\*\*significant at.01 level



**Figure 1**

The above table - 1 and figure - 1 showing clearly that:

- The correlation between family support and mental distress is 0.88, which is very high and significant at 0.01 level. So, hypothesis 1 “Family Support and strain will correlate positively with mental distress” is accepted. Also, figure - 1 shows the same.
- The correlation between family support and level of depression is 0.91, which is very high and significant at

0.01 level. So, hypothesis 2 “Less family support will associate with high level of depression” is accepted. Also, figure - 1 shows the same.

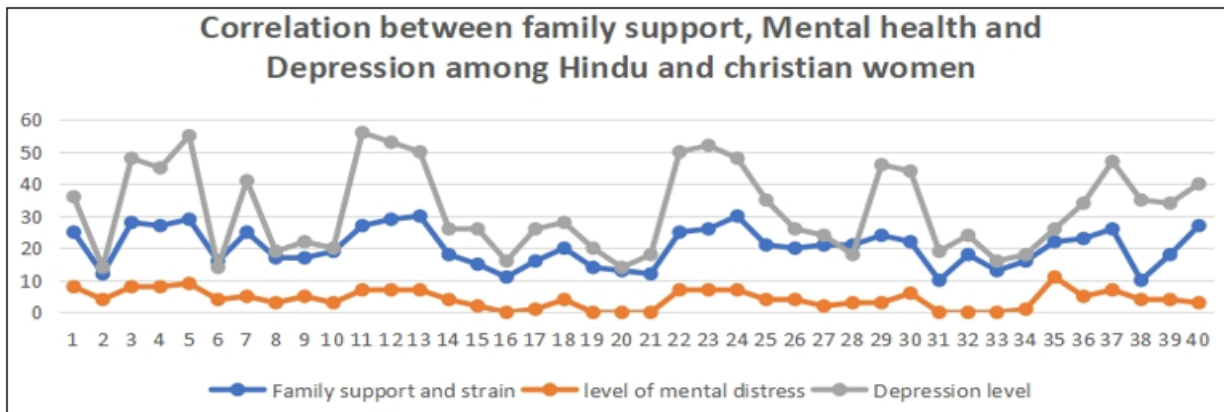
- The correlation between mental distress and level of depression is 0.81, which is very high and significant at 0.01 level. So, hypothesis 3 “Mental health status and level of depression will highly correlated” is accepted. Also, figure - 1 shows the same.

- Finally, it is concluded that all three variables are highly correlated and clearly showing that family support and strain having remarkable impact upon mental health and level of depression.

**Table 2:** Correlation between family support, Mental health and Depression among Hindu and Christian women:

	Family Support	Mental Distress	Level of Depression
Family Support	*****	0.77**	0.85**
Mental Distress	0.77**	*****	0.72**
Level of Depression	0.85**	0.72**	*****

\*\*significant at.01 level



**Figure 2**

The above table - 2 and figure - 2 showing clearly that:

- The correlation between family support and mental distress is 0.77, which is very high and significant at 0.01 level. So, hypothesis 1 “Family Support and strain will correlate positively with mental distress” is accepted. Also, figure - 2 shows the same.
- The correlation between family support and level of depression is 0.72, which is very high and significant at 0.01 level. So, hypothesis 2 “Less family support will associate with high level of depression” is accepted. Also, figure - 2 shows the same.
- The correlation between mental distress and level of depression is 0.85, which is very high and significant at 0.01 level. So, hypothesis 3 “Mental health status and level of depression will highly correlated” is accepted. Also, figure - 2 shows the same.
- Finally, it is concluded that all three variables are highly correlated and clearly showing that family support and strain having remarkable impact upon mental health and level of depression.

### 5. Conclusion and Discussion

Above figures and findings revealing many important facts related to family support, as shown above it is very clear that if a working women having adequate support by her family, especially by her spouse, she can tackle her life challenges easily. There many studies whichever outlined the fact that if support and facilitation by family is lacking, the home environment getting problematic and enhance the chances of various mental health.

There are many studies which focused upon the status of mental health among women. Some of them also investigates the various causes which affects the problem of mental health among women but only few are concern towards the status of this issue among working women. **Woods** (1985) investigated that those young married women who bounded in typical

gender role typing and very less family and spouse support are not performing well and caught in various mental health issues like anxiety and depression. In one another study (Zhou et. al.2018) which was conducted upon air force employee women found that the work - family conflict and marital distress have adverse effect on mental health, if women get adequate parental support, they can manage their career and marriage effectively. **Carvalho et. al** (2018) Found that work - family conflict is stronger among female than male. **Lennon and Sarahrosenfield** (1992) have tried to find family conditions as determinants of employment of women as well as their work performance. **Grzywacz** (2003) has strongly advocate that, if work - family conflict and family facilitation is well balanced, so families can make a better environment for their members, obviously for female members too.

Many studies showing that it is a common experience by women world - wide that achieving work - family balance is stressful and large population of female also experienced that lack of family support making this problem more difficult (**Bildt, 2002; Poms et. al.2016; Umberson, 1999; Torre, 2019**). High family demand also a trigger for poor mental health among working women (**Nilsen et. al.2016**).

Some Indian researchers also studied and supported this issue in almost same way. In a Bhubaneshwar based study **Panigrahi et. al.** (2014) found that large number of married working women facing any kind of mental health issue, they also suggested that personal and community mental health services will reduce the crisis. **Batth** (2014) summarized by his study that work and family facilitation has very remarkable positive effect on mental health. **Sinha** (2017) noted that challenging and competitive role of working women and commitment for family creates many stresses and strain for working women. Some other researchers also study the problem in Indian context and found that family’s especially husband’s attitude towards support to working women may affect mental health of these women (**Avasthy,**

2010; Basu, 2012; Sackey, 2011; Travasso, 2014, Yadav, 2015).

## 6. Future Suggestions

- Future studies like this study can add more religious groups and compare them.
- Add different socio - economic sections.
- Should be study on more larger sample size to achieve more significance.

## 7. Implication of the research

- This research has clearly outlined the importance of family and its supportive environment.
- Family support can reduce the chances of mental health problems.
- It is also considered that work - family clashes can affect overall quality of life.
- To achieve maximum in career family support is needed.

## 8. Limitations of the research

- Study was done on a small sample group, so result cannot be generalized.
- Due to boundation of resources and time very limited variables have been studied.
- Gathered data requires more transactional analysis to reveal more facts.

## References

- [1] Avasthi, A. (2010). Preserve and strengthen family to promote mental health. *Indian journal of psychiatry*, 52 (2), 113 - 126.
- [2] Basu, S. (2012). Mental health concerns for Indian women. *Indian Journal of Gender Studies*, 19 (1), 127 - 136.
- [3] Batth, N., & Darolia, C. R. (2014). Impact of psychological distress, work family interface and social support on mental health of working women. *Indian Journal of Health & Wellbeing*, 5 (7).
- [4] Bildt, C., & Michélsen, H. (2002). Gender differences in the effects from working conditions on mental health: a 4 - year follow - up. *International archives of occupational and environmental health*, 75, 252 - 258.
- [5] Carvalho, V. S., Chambel, M. J., Neto, M., & Lopes, S. (2018). Does work - family conflict mediate the associations of job characteristics with employees' mental health among men and women?. *Frontiers in Psychology*, 9, 966. Found that work - family conflict is stronger among female than male
- [6] Grzywacz, J. G., & Bass, B. L. (2003). Work, family, and mental health: Testing different models of work-family fit. *Journal of marriage and family*, 65 (1), 248 - 261.
- [7] Panigrahi, A., Padhy, A. P., & Panigrahi, M. (2014). Mental health status among married working women residing in Bhubaneswar City, India: a psychosocial survey. *BioMed research international*, 2014 (1), 979827.
- [8] Poms, L. W., Fleming, L. C., & Jacobsen, K. H. (2016). Work-family conflict, stress, and physical and mental health: a model for understanding barriers to and opportunities for women's well-being at home and in the workplace. *World Medical & Health Policy*, 8 (4), 444 - 457.
- [9] Lennon, M. C., & Rosenfield, S. (1992). Women and mental health: The interaction of job and family conditions. *Journal of health and social behavior*, 316 - 327.
- [10] Nilsen, W., Skipstein, A., & Demerouti, E. (2016). Adverse trajectories of mental health problems predict subsequent burnout and work - family conflict—a longitudinal study of employed women with children followed over 18 years. *BMC psychiatry*, 16, 1 - 10.
- [11] Sackey, J., & Sanda, M. A. (2011). Social support as mental health improver for managerial women in the organizational work environment. *Business Intelligence Journal*, 4 (2), 362 - 368.
- [12] Sinha, S. (2017). Multiple roles of working women and psychological well - being. *Industrial psychiatry journal*, 26 (2), 171 - 177.
- [13] Torre, J. A. D. L., Molina, A. J., Fernández - Villa, T., Artazcoz, L., & Martín, V. (2019). Mental health, family roles and employment status inside and outside the household in Spain. *Gaceta sanitaria*, 33, 235 - 241.
- [14] Travasso, S. M., Rajaraman, D., & Heymann, S. J. (2014). A qualitative study of factors affecting mental health amongst low - income working mothers in Bangalore, India. *BMC women's health*, 14, 1 - 11.
- [15] Umberson, D., & Williams, K. (1999). Family status and mental health. *Handbook of the sociology of mental health*, 225 - 253.
- [16] WOODS, N. F. (1985). Employment, family roles, and mental ill health in young married women. *Nursing Research*, 34 (1), 4 - 10.
- [17] Yadav, S. (2015). Work - family conflict and mental health of women in banking and teaching profession. *Indian Journal of Health and Wellbeing*, 6 (3), 277.
- [18] Zhou, S., Da, S., Guo, H., & Zhang, X. (2018). Work-family conflict and mental health among female employees: A sequential mediation model via negative affect and perceived stress. *Frontiers in psychology*, 9, 544.