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Tension and Stress Among Women in Mumbai Metropolitan Areas

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Abstract

This study makes an effort to identify the reasons of tension and stress among women because it is common among women, particularly Indian women. It also examines the women's access to assistance, including any social or institutional support.

Introduction:

According to the WHO definition, someone is considered healthy if they are both physically and psychologically well. Studies show that women are more likely than men to experience mental health issues (Piccinelli & Homen, 1997). Going to work can add stress and tension to a woman's life because of the multiple roles she juggles as a mother, caretaker, and homemaker. The Nielsen Company (2011) conducted a study which found Indian women to be the world's most stressed-out women. Stress can lead to cognitive issues, which can compromise the immune system (Mariotti, 2015). According to a study by National Institute of Mental Health and Neurosciences (NIMHANS), it was found that 20 percent of women and 10 percent of men are living with a mental disorder (PIB, 2025). This study makes an effort to identify the reasons of tension and stress among women because it is common among women, particularly Indian women. It also examines the women's access to assistance, including any social or institutional support.

1. To comprehend and investigate the relationship between numerous socioeconomic elements that lead to tension or stress among women.
2. To research the strategies women employ to deal with stress and tension.

Literature Review

The study by (Mankani, R., and Yenagi, 2012) compares the status of mental health of working and non-working women in Karnataka state. The sample consisted of 90 working and 90 non-working women from urban and rural areas of Dharwad district, Karnataka. For the study in rural areas, 2 villages were selected, 50 women working on farms, and 40 housewives were chosen. Forty-five primary school teachers and 45 housewives from Dharwad city constituted the urban sample. The age group of the sample was 18-40 years. A pre-tested structured questionnaire was constructed for the study. The questionnaire was used to understand the personal information.

The mental health status was studied using a mental health inventory by (Jagadish, S., and Srivastava, 1983). The socioeconomic status was analysed using the socioeconomic status developed by (Aggarwal et.al, 2005). From the analysis it was found that rural housewives had better mental ability. In urban areas, working women had better mental health compared to non-working women. Socioeconomic status had a positive relationship with the mental health of women.

(Saravi, F.K., Navidian, A., Rigi, S.N., Ali, 2012) has taken the sample of 220 women, who were married in the age group of 14-45 and analysed the quality of life of employed and unemployed. A sample of 220 women was chosen for the study. Another part of the study used questions to measure the quality of life using Short-Form Health Survey. Quality of life was analysed using analysis of covariance (ANCOVA) and descriptive analysis was also used. Women who were employed showed better health than unemployed women and health was in terms of mental health, emotional that means, overall psychological health. Unemployed women reported better health in terms of physical activities. Women who are employed can have more social support. The findings of the study may be limited as it is a cross-sectional study. There were differences in data collection as the questionnaire of the illiterate women was filled by the researchers and that of the others was done by themselves.

A comparative study on depression of working and non-working women in Chennai, India found that depression is prevalent among working women (Balaji, Sarumathi, V., Saranya, 2014). The respondents were selected from women in a community near a medical college between June-July, 2013. Data was collected from women who were 18 years of age and above. The main objective of the study was to understand the depression of working and non-working women. The socio-demographic, economic profile and relationship problems were also analysed. So, this study mainly analysed the prevalence and risk factors of depression among working and non-working women.

Fewer personal problems and economic problems were seen among working women. Among many other problems, economic problems were important. Insufficient time and workplace stress were the major reasons for working women. These women found it difficult to face these problems. To understand the risk factors and grades of depression, a chi-square test was done. The overall prevalence of depression was high and was associated with the higher socioeconomic status, married females, family problems, economic problems. The comparative study of depression among the working and non-working women population had explored that both the groups were showing a similar type of trend of depression with the working women showing more prevalence of depression than the non-working women.

Qualitative study (Travasso, S, M., Divya R., Sally, 2014) analysed the specific needs of low-income working mothers in urban areas in India. Low-income working mothers in Bangalore were chosen to understand factors affecting mental health in this growing population and inform strategies to address them. Mothers of children between the ages of 0-8 years old who were currently working in informal sectors were eligible to participate in the study. The number of respondents was 48.

The study was done using a short closed-ended questionnaire. The Kessler psychological distress questionnaire was also administered to the second phase participants.

The results of the study show that women in urban areas with low income were at a higher risk. It was found that women in the study do not seek professional help for anxiety and depression. Intimate partner violence, routine child care concerns were the main causes of depression and anxiety. It was found that many women opted to go to work mainly due to the psychological and emotional support they got from employers and colleagues.

This study has certain limitations: the sample taken is small, limited to one city, and focused mainly on four occupation groups. So, the findings cannot be taken as general. There has to be more studies with women from different occupational status.

A recent survey conducted by state health department of Maharashtra shows that nearly 44 per cent of women aged 30 years or more suffers from mental health problems and many women are brought for counselling for issues related to substance abuse, domestic violence, stress (Mishra, 2022).

Data Sources and Methodological approach:

For studying the mental health of women, Mumbai and Navi Mumbai was selected as the area of study. Mumbai was divided into regions based on the division of the region in the Human Development Report of Mumbai. Thane district is selected as it is the fastest growing urban economy and depending on the labour force participation rate and proportion of migration, Navi Mumbai was selected for the study from Thane district. The wards of Navi Mumbai were taken from Navi Mumbai Municipal Corporation (NMMC) office. The respondents were women in the age group of 18-59 which is the reproductive age group and women are expected to be involved in economic activities mainly in this age group. A tool was prepared based on the pilot survey of a selected area and the structured questionnaire was prepared to collect responses from women. The primary information was collected by visiting households and even schools, colleges, banks, and other places where women normally assemble for any work. Sample data was collected with the help of a structured questionnaire containing both open-ended and closed-ended questions complementing each other. The questions in the questionnaire were asked to the women in the sample.

Data Analysis and Findings:

Socio Economic Profile of the Sample:

As the socio economics variables are important indicators of health status and health seeking behaviour, various socio-economic variables of the sample are shown here:

Table 1: Descriptive Statistics of the Sample

Variables	Number	Mean	Median	Min	Max	Standard Deviation
Age	531	36.99	36.0	18	59	10.87
Years of Education	531	9.34	10.00	0	19	5.187
Family Size	531	4	4	2	7	0.8270
Age at marriage	447	19.9	19.0	11	35	9.83
Monthly Income	497	8246.17	0	0	400000	30855.487
Family monthly income	531	40870	0	0	1507000	94628.298

Source: Primary data Survey

The table shows the sample profile of the respondents taken in the sample. Proportion of women were highest among the age group of 25-31. Highest proportion of women has education till secondary class. The education of the respondents' husbands was also secondary class. Those who had very less monthly family income that is, upto rupees 5000 was around 12 percent (11.7 percent). Those who had more than 1 lakh was 5.5 percent.

Table 2: Occupational Status of Women

Occupational Status	Number	Percentage
Employed	202	38
Unemployed	297	55.9

Student	12	2.3
No answer	20	3.8
Total	531	100

Source: Primary data survey

More than half the sample (55.9 percent) of the sample are unemployed. 38 percent are employed and around 2 percent (2.3 percent) are students. It is a matter of concern as half the sample is unemployed.

Tension and Stress among Women

The following tables show the various socio economics factors that cause tension/stress among women in Mumbai. Here the factors which affect the tension and stress are also shown.

Table 3: Women who underwent Tension/Stress

Undergone any tension/stress	Number	percent
Not at all	275	51.8
Several days	124	23.4
Several weeks	10	1.9
Every day/routine	105	19.8
Can't say	17	3.2
Total	531	100

Source: Primary Survey

Tension and stress also lead to many health problems. A study by (Patel et al, 2016) shows that how occupational status can affect the mental health. The study also confirms that there is high stress and anxiety among Indian women. This survey found that more than half the sample (51.8 percent) did not have any tension at all. There was more than 20 percent of the women (23.4 percent) who had tension during several days. Somewhere around 20 percent (19.8 percent) of women underwent tension/stress as every day/routine. Women who underwent tension/stress every day is around 20 percent (19.8 percent). Around 2 percent (1.9 percent) of women respondents said that they had tension and stress for several weeks.

Table 4: Women who undergone Tension/Stress according to Age Group

Age group	Undergone any tension last year				Total
	Not at all	Several days	Several weeks	Every day/routine	
18-31	62.2	18.4	1.6	17.8	100
32-45	47.1	27.5	2.0	23.5	100
46-59	51.2	27.2	2.4	19.2	100
Total	53.5	24.1	1.9	20.4	100

Source: Primary Survey

It was seen from table 3 that more than half the sample does not have tension/stress. From table 4, it is seen that the highest proportion where the women who do not have any tension is among the younger age group of 18-31(62.2 percent). Among the age group of 32-45 the proportion of women who have tension/stress is 47.1 percent. Around 51 percent of women (51.2 percent) in the older age group of 46-59 have tension/stress. Those who have tension or stress for several days are highest among the age group of 32-45 (27.5 percent).

Women in the age group of 18-31 are proportionately more in the no tension category. Those who have tension/stress several days (27.5 percent) and tension/stress as everyday routine (23.5 percent) is highest among 32-45 age group. The older women in the age group of 46-59 have proportionately more tension for several weeks as reported in the study.

Table 5: Proportion of Women who undergone Tension/Stress given the Occupational Status

Occupational status	Undergone any tension/stress last year				Total
	Not at all	Several days	Several weeks	Everyday/routine	
Employed	45.1	26.9	3.6	24.4	100
Unemployed	59.5	23.4	1.0	16.2	100
Total	53.7	24.8	2.1	19.4	100

Source: Primary Survey

Tables 4 and 5 show certain socio-economic variables and the relation to undergoing tension/stress. Logistic regression was done here as the Undergone tension/stress was recorded as a binary variable. The dependent variable here is

'Undergone tension/stress' which was to answered either positively (1) or negatively (0). Several socio-economic variables were here as independent variables and the significant ones are reported in table 6.

Table 6: Factors which lead to Tension/Stress among Women

Variables	B	SE	Significance	Exp (B)	95% CI for Exp (B)	
					Lower bound	Upper bound
Contribution in household expenses (yes)	-1.043	0.244	0.000	0.352	0.219	0.568
Type of family (joint)	2.564	1.201	0.033	12.983	1.234	136.578
Social category(SC)	-0.927	0.368	0.012	0.396	0.192	0.814
Social category (OBC)	-1.32	0.643	0.040	0.266	0.076	0.939
Constant	0.101	1.216	0.934	0.904		
Cox and Snell R Square=0.165 Negelkerke R square=0.222 Hosmer and Lemeshow sig=0.941						

Source: Primary Survey

Level of significance at 0.05

Dependent variable: Undergone any tension/stress last year

As the women contribute to household expenses, the tension/stress decreases from have tension to no tension/stress. Contribution to the household (yes) can be seen as significant as (P=0.000) which is less than 0.05. The column of B is -1.043, so they are negatively related. So, it shows that as the contribution to household expenses is done by women the tension/stress decreases. This could be interpreted as importance of economic independence for the women. The significance column for Type of family (joint) is 0.033, which is less than 0.05 and so this is significant. The column of B is positive (2.564) and shows that when women are in a joint family the tension/stress increases.

Exp (B) is the odds ratio. The odds ratio here is 0.352. For an additional increase in the contribution in household expenses, the chances of getting tensed or stressed are lowered by 0.352.

The column Exp (B) is 12.983, so when women are in joint families, the odds of getting tensed/stressed increase by around 12.98.

When the social category is Schedules Caste (SC), the significance column is 0.012 which is less than 0.05 and it is significant.

Column B is -0.927. So, they are negatively related. The women get tensed or stressed when they are in the SC category, as the coding of 'have tension' is 1 and no tension is 0. For an additional increase in the change to SC the chances of getting tensed/stressed is 0.396

The social category of OBC is significant as the significance column is 0.040 and the column of B is -1.32. So, the dependent variable 'underwent tension/stress' and social category OBC are negatively related. So, women undergo tension/stress when they are in OBC category.

The Exp(B) column shows 0.266. For an additional increase in the change to OBC the chances of getting tensed/stressed is 0.266.

From the analysis, it is shown that when women are in a joint family, SC and OBC they undergo tension/stress and they are not tensed/stressed when they are contributing to household expenses.

Y= 0.101-1.043 (contribution to household expense, yes) +2.564 (type of family, joint) -0.927(social category SC) -1.32(social category OBC) + ε

Here Y is the dependent variable and ε is the error term.

It was seen from the survey and the FGDs done that tension and stress were not considered the important topic of discussion. But this leads to several health issues later on. So the frequency of getting tensed is shown here.

Table 7: Frequency of getting Tensed/Stressed according to Occupational Status

Occupational Status	Frequency of tension/stress				
	Not at all	Several days	Several weeks	Every day/routine	Total
Employed	45.1	26.9	3.8	24.4	100
Unemployed	59.5	23.4	1.0	16.2	100
Total	53.7	24.8	2.1	19.4	100

Source: Primary Survey

Table 7 showed that employment is a factor for getting tension/stress among women. From the same table we can see that those do not get tension is highest among unemployed women. Around 60 percent (59.5

percent) of the women in the sample do not have tension/stress. The proportion of women who have tension for several days, several weeks, every day/routine are highest for employed women. According to (Barati et.al, 2015) employed women face tension as work and family is important for them. They have to deal with family problems and job issues.

Many women who work as domestic workers voiced worry during the FGD that they are not content with their jobs because they are not given time off, not even for medical emergencies. Hence, tension and stress may also be caused by a person's discontent with their work.

More over half of the sample (55.6%) are unable to explain what made them anxious or stressed. Around 23 percent (23.4%) of respondents admitted to becoming anxious or agitated without cause. Concerningly, more than 20% of the respondents reported feeling tense for no apparent cause; they were unable to even pinpoint the source of their stress.

Women devote a lot of time to taking care of their family members' needs. Does someone look after them, or even just share their stress? As everyone is aware, sharing our feelings with others helps us release tension and stress.

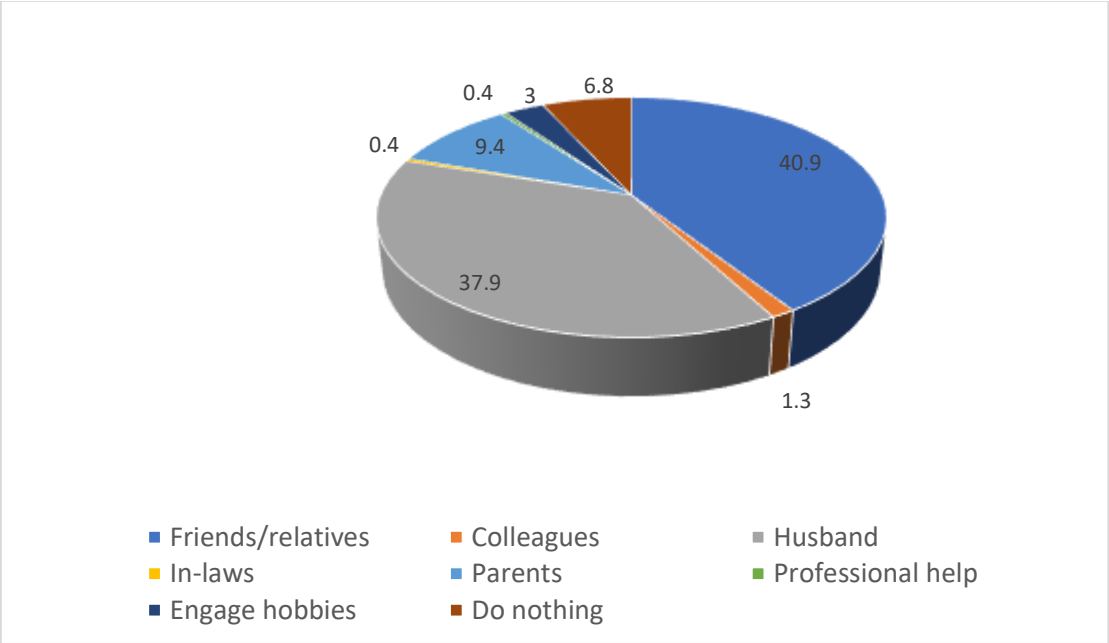

Figure 1: People with whom they Share Tension/Stress
Source: Computed from Primary Survey data

Around 41 percent of women (40.9 percent) said that they share their tension/stress with their friends/relatives. So, we can see that family/relatives are the greatest help to a woman to ease her tension/stress. 38 percent (37.9 percent) of the women said that they share their tension with their husbands. 0.4 percent said they seek professional help.

Policy Recommendation

Importance must be given to women's mental health, tension/stress. During the questionnaire with survey and during FGDs, tension/stress was not given importance by the women and considered it to be normal to have tension and to feel stressed. Women in marginalized communities, joint families need special attention as they are significant factors for the tension/stress of women. Many women did not know what

is the reason for their tension. They must be encouraged to share their tension/stress and get professional help if there is a need. This study also show that majority of the women share their tension/stress with friends and relatives. So, public places, community spaces and women's groups should be encouraged to form as they can share their tension/stress with other women. Women and their families should be made aware that talking about the reasons for tension/stress can reduce.

Conclusion

Stress and tension-related questions weren't given much weight. Twelve of the 36 women who participated in the FGDs mentioned having experienced stress in the past. Fighting at home, stress at work, stress regarding children's education, and health issues were the top sources of tension and stress. They viewed stress or anxiety as an everyday occurrence. More than anybody else, they liked to talk about their tension with their pals. The prevalence of mental diseases is higher in urban than rural settings, according to research like those by Reddy and Chandrashekhar (1998). According to studies, women in metropolitan areas experience mental stress from long distance travel because they cannot use clean restrooms (Hussain, 2021).

Way Forward

Stress and tension-related questions weren't given much weight as observed by the researcher in several contexts. Twelve of the 36 women who participated in the focus groups reported having increasing mental health problems for women, which should also be taken into account when formulating policies because women do not view this as a significant issue. It has been shown that metropolitan women experience more mental stress than their counterparts in rural areas. Thus, in-depth research on Indian metropolitan women's mental health is required.

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