

A Comparative Study on Mental Health and Nutritional Status Among Housewives and Working Women in Berhampur City, Odisha

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Abstract:

This comparative study was conducted to assess and compare the mental and nutritional status of housewives and working women. Women play a vital role in family and society, but their physical and mental health is often influenced by workload, lifestyle, stress, dietary habits, and socio – economic conditions. The study aimed to evaluate the differences in- being between housewives and employed women. A cross-sectional research design was adopted the study. Data were collected from a selected sample of housewives and working women 120 numbers of respondents using structured questionnaires methods. The findings of the study revealed that working women experienced higher levels of mental stress due to dual responsibilities at home and workplace. The study concludes that both housewives and working women face unique mental and nutritional challenges. The study emphasizes the need for awareness programs and health interventions to promote better mental and nutritional health among women in society.

Keywords: Mental health, Nutritional status, Housewives, working women.

Introduction:

Women play a vital role in the family as well as in society. Traditionally, women were mainly involved in household responsibilities. However, with modernization, urbanization, and increasing educational opportunities, many women have entered the workforce. Today, women perform dual roles as homemakers and professionals.

Mental health and nutritional status are two important aspects of overall health. According to the World Health Organization (WHO), health is not merely the absence of disease but a state of complete physical, mental, and social well-being. Mental health includes emotional stability, stress management, self-confidence, and the ability to cope with daily life challenges. Indian women have been gradually coming out of traditional roles and entering into the male dominated areas. In recent years the role and status of the women have been changed

tremendously. With increasing female education and more liberty for their rights and privileges, women's attitude towards their stereotyped role is changing. Their participation in education and work place has also led to their increased socio-familial roles. Women who work outside the home are required to make many socio-familial adjustments that may contribute more stress and anxiety. The problem of stress in women, particularly working women, is an important aspect on the process of social and emotional change.

Women in India today have more opportunities to pursue their higher education and more and more

women have started taking up the jobs outside their homes. Women are existing under cultural norms and values so the working women have to make an adjustment with the family members are expected to make such adjustments. So, this in turn leads to a number of stress and strain among working women. WHO defines health as a state of ‘complete physical, mental and social well-being, and merely the absence of disease or infirmity’. Mental health has been reported as an important factor influencing an individual’s various behaviours, activities, happiness and performance. Mental pressure is a vital cause of the mental health problems which arise due to various conditions. If the mental condition is good, a women can take various responsibilities of a family and herself, understand the complications, try to solve them, plan for future and adjustment with others by becoming mentally strong. Mental health can be defined as the ability to make adequate social and emotional adjustments to the environment, on the plane of reality. In other words, it is the ability to face and accept the realities of life (Bhatia, 1982). The interface between the work place and the family life is more stressful for the women who work outside the home and they have to perform both familial as well as professional roles. This in turn, leads to stress of a person and affects mental health. Rastogi and Kashyap (2001) reported that significant negative relationship existed between occupational stress and mental health among married employed in teaching, nursing and clerical jobs. The sources of stress for working and non-working women are heavy workload, lack of co-operation from colleagues or neighbours and negative community attitude. Ojha and Rani (2004) observed significant negative correlations between life stress and positive self-evaluation and between life stress and integration of personality among working and non-working women Dudra and Jogsan (2012) found that the basic area of mental health reveals significant difference of working and non-working woman (House wives). The non-working woman received higher mean score 73.92 as compared to the working woman 68.80. There has mean difference is 5.12 and the standard deviation score of working women received 9.26 and the non-working woman received 10.72. So, we can say that non-working woman has a good mental health than the working woman. The t value of mental health is 2.36. It is clearly revealed from the calculated data that there is a significant difference of mental health on working and non-working woman. In simple terms it was concluded that mental health of working woman is lesser than non-working woman. R. V. Mankan (2012) The study was conducted to assess the status of mental health of the working and non-working women. The random sample consisted of 90 working and 90 non-working women of rural and urban area was selected from Dharwad district in Karnataka state. The study emphasized on the influence of socio-economic status on mental health of the working and non-working women. Mental health inventory by Jagdish and Srivastav (1983) and socio-economic status scale by Agrawal et al. (2005) was used to assess the mental health status and socio-economic status of the selected respondents or sample. The results revealed that there was no significant association between mental health dimensions of the working and non-working women. The working women had better mental health when compared to non-working women. The demographic factors such as age, education, income and number of children had a positive and significant relationship with working women and family size had negative but significant relationship with mental health of the working women.

Objective of the Study:

- To assess the mental health status of housewives and working women and to evaluate and compare the nutritional status of housewives and working women.
- To identify the factors affecting mental health among housewives and working women.

Materials and Methods:

The present study adopted a descriptive and comparative research design. The descriptive design was used to assess the existing level of mental health and nutritional status among women, while the comparative design was used to compare housewives and working women.

Area of the Study:

The study was conducted in selected urban areas of Berhampur. The area was selected due to accessibility and availability of both housewives and working women from different socio-economic backgrounds.

Population of the Study:

The population of the study consisted of married women aged between 30–45 years residing in the selected area. The population included:

Housewives (not engaged in paid employment)

Working women (engaged in government or private sector jobs)

Sample Size

A total of 120 respondents were selected for the study: 60 Housewives and 60 Working Women. The sample size was considered adequate for comparison within the limited time and resources.

Sampling Technique

The respondents were selected using Convenience Sampling Method (or Simple Random Sampling, if applicable). Participants who were willing and available during the period of data collection were included in the study. Married women aged 30–45 years

Collection of data:

For the purpose of the data collection the researcher made field visits for the purpose of the data collection the researcher made field visits to both rural and urban areas. To meet the research objective the researcher has collected both primary and secondary data by establishing rapport with the local community.

Analysis of Data

Data analysis was carried out using both qualitative and quantitative data. Data was analysed quantitative data was tabulated and statistically tabulated and analysed using MS excel. Qualitative data was interpreted using based in the information collected from field. Data will be analysed using different statistical methods like. The frequency distribution tables, percentage, pie diagram and bar chart were calculated using the same software. Accordingly, analysis and interpretation were made with inferences.

Result and Discussion:**Table no. 1: Socio demographic profile of the respondents (f=120)**

Variables	Frequency=120	Percentage%
Age		
21- 30	34	28.34%
30-35	26	21.66%

35- 40	30	25%
40-45	30	36.67%
Qualification		
Under matric	37	30.84%
Matric	39	32.5%
Graduation	35	29.16%
Above	9	7.5%
Family type		
Joint	55	45.84%
Nuclear	65	54.16%
Annual-economic status		
Middle class	89	74%
Lower class	13	10.84%
Upper middle	18	15%
Area		
Rural	44	36.67%
Urban	76	63.33%

The data shows that respondents are fairly distributed across age groups. The highest proportion falls in the 40–45 years category (36.67%), followed by 21–30 years (28.34%) and 35–40 years (25%). The lowest proportion is in the 30–35 years group (21.66%). This indicates that the study mainly represents middle-aged women, suggesting that the findings may reflect experiences of individuals with more family and social responsibilities. Regarding education, the majority of respondents are matric (32.5%), followed closely by under matric (30.84%) and graduates (29.16%), while only a small proportion has education above graduation (7.5%). This suggests that most respondents have basic to moderate educational backgrounds, which may influence their awareness, employment opportunities, and decision-making capacity. The results reveal that nuclear families (54.16%) are more common than joint families (45.84%). This reflects a shift towards nuclear family structures, which may impact the level of support available to women in managing household and work responsibilities. A large majority of respondents belong to the middle class (74%), while 15% are upper-middle class and 10.84% are lower class. This indicates that the study predominantly represents middle-income households, suggesting relatively moderate economic stability among participants. Most respondents are from urban areas (63.33%), whereas 36.67% belong to rural areas. This shows an urban dominance in the sample, which may influence access to resources, employment opportunities, and lifestyle patterns.

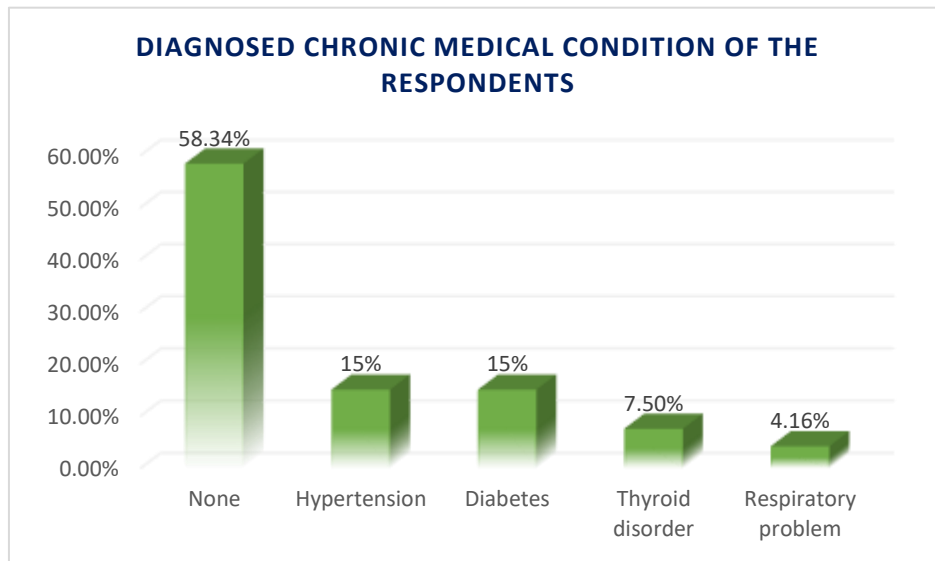
TABLE NO. 2: BMI categories of working women and house wife (f= 120)

BMI Categories	Group			
	Working women		House wives	
	Frequency	Percentage	Frequency	Percentage
Under wight-<18.5	2	3.34%	4	6.66%
Normal weight-18.5-24.9	43	71.66%	39	65%
Over weight-25-29.9	11	18.34%	13	21.68%

Obesity-30.0-39.9	4	6.66%	4	6.66%
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The results show that among working women, 2 respondents (3.34%) were underweight, 43 respondents (71.66%) had normal weight, 11 respondents (18.34%) were overweight, and 4 respondents (6.66%) were obese. Among housewives, 4 respondents (6.66%) were underweight, 39 respondents (65%) had normal weight, 13 respondents (21.68%) were overweight, and 4 respondents (6.66%) were obese. Thus, the majority of respondents in both groups fall within the normal BMI category, indicating generally acceptable nutritional status.

Figure no. 1 : Diagnosed chronic medical condition of the respondents (f=120)



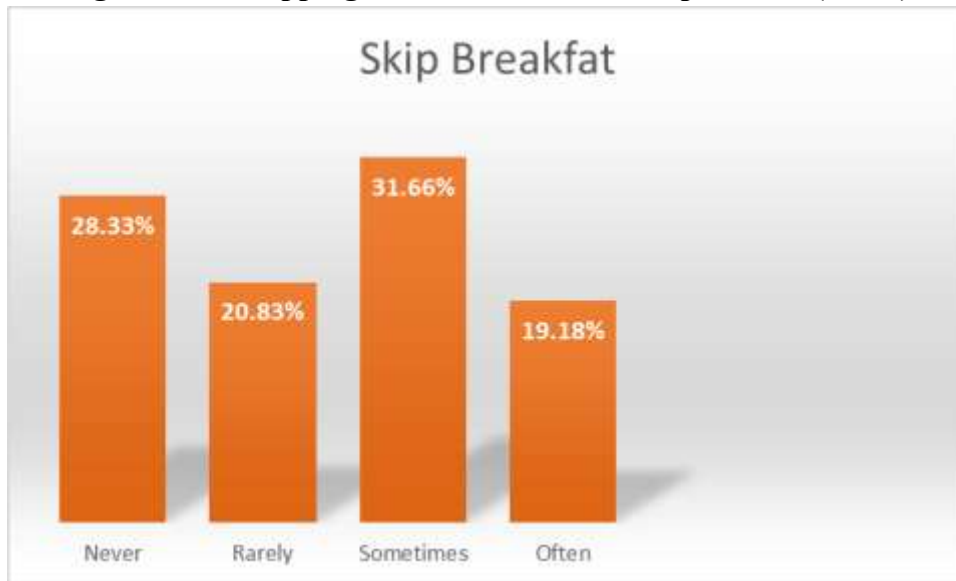
Diagnosed chronic medical condition of the respondents

The findings suggest that more than half of the respondents are not affected by chronic diseases, indicating a relatively healthy population group. However, the presence of hypertension and diabetes (15% each) highlights the growing prevalence of non-communicable diseases (NCDs) among the respondents.

Hypertension and diabetes are often associated with lifestyle factors such as unhealthy diet, stress, lack of physical activity, and obesity. The equal percentage of these two conditions suggests that both are common health concerns in the study population.

The occurrence of thyroid disorders (7.5%) may be linked to hormonal imbalance, nutritional deficiencies, or genetic factors. Meanwhile, respiratory problems (4.16%) could be related to environmental pollution, smoking, or allergies.

Figure no. 2 Skipping the breakfast of the respondents (f=120)



The table presents the frequency and percentage distribution of respondents based on how often they skip breakfast.

The highest proportion of respondents, 31.66% (38 individuals), reported that they sometimes skip breakfast. This indicates that irregular breakfast consumption is quite common among the study group. A significant portion, 28.33% (34 respondents), stated that they never skip breakfast. This suggests that a considerable number of individuals maintain a consistent and healthy eating habit. Meanwhile, 20.83% (25 respondents) reported rarely skipping breakfast, indicating occasional lapses but generally regular consumption. The lowest percentage, 19.18% (23 respondents), falls under the often category, showing that fewer respondents frequently skip breakfast.

Figure no. 3 Nutritional habits affect mental health of the respondents(women)

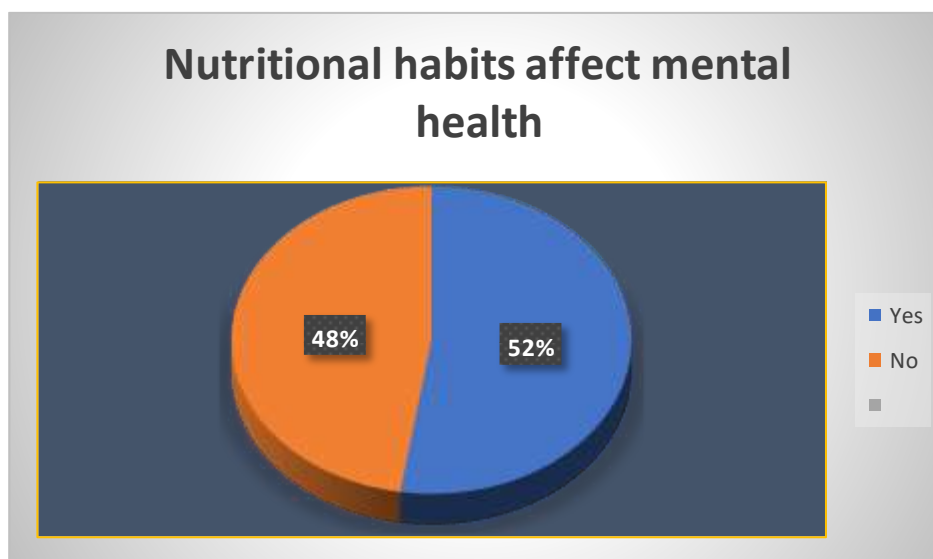


Figure no 15 . Nutritional habits affect mental health

Out of the total respondents: 63 women (52.5%) reported that nutritional habits do affect their mental health. 57 women (47.5%) reported that nutritional habits do not affect their mental health.

This indicates that a slight majority of the respondents (over half) believe there is a connection between their dietary patterns and mental well-being. The difference between the two groups is relatively small (5%), suggesting that while awareness or experience of this relationship exists, it is not universally accepted among all respondents.

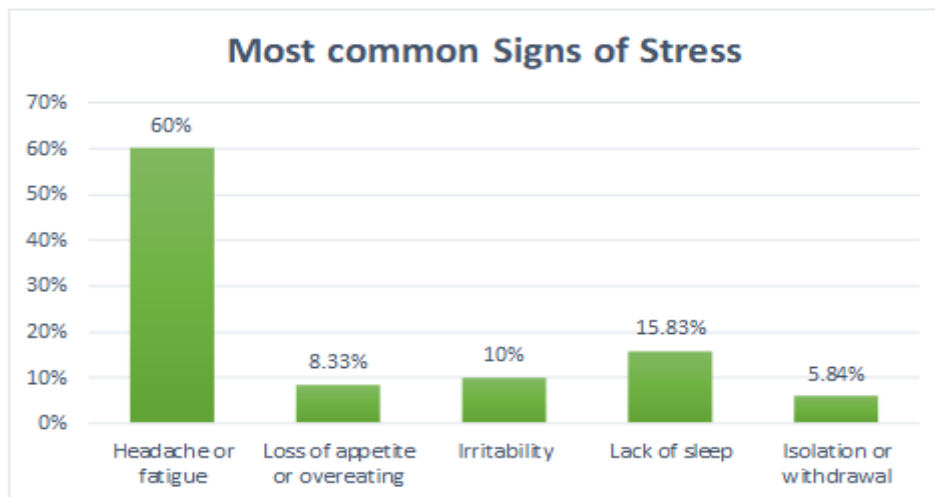
Table no. 3 Mental health related questionnaires of the respondents (women) (f=120)

variable	Always		Sometime		Never		Rarely	
	F=120	Percentage	F=120	Percentage	F=120	Percentage	F=120	Percentage
Feel stressed or anxious	20	16.66%	70	58.34%	12	10%	18	15%
Experience mood swings	21	17.5%	57	47.5%	6	5%	36	30%
Feel irritable or easily angered	19	15.84%	63	52.5%	17	14.16%	21	17.5%

The table presents responses from women regarding three mental health indicators: feeling stressed or anxious, experiencing mood swings, and feeling irritable or easily angered, categorized into Always, Sometimes, Never, and Rarely.

A majority of respondents (58.34%) reported sometimes feeling stressed or anxious. 16.66% indicated they always experience stress or anxiety. A smaller proportion (15%) reported rarely, while only 10% stated never. Nearly half of the respondents (47.5%) reported sometimes experiencing mood swings. A significant portion (30%) experienced them rarely. 17.5% reported always, while only 5% said never. The majority (52.5%) reported sometimes feeling irritable or easily angered. Whereas 15.84% experienced it always and 17.5% reported rarely, and 14.16% stated never.

Figure no. 3 Most common signs of stress of the respondents (both house wife and working women)



The figure presents the most common signs of stress among respondents (both housewives and working women). The findings reveal that physical and psychological symptoms of stress are widely experienced, though their intensity varies. The most frequently reported symptom is headache or fatigue, affecting 72 respondents (60%). This indicates that stress is primarily manifested through physical exhaustion and bodily discomfort, making it the most dominant indicator of stress among the participants. The second most common symptom is lack of sleep, reported by 19 respondents (15.83%). Sleep disturbances are a significant consequence of stress, suggesting that a notable portion of respondents experience difficulty in maintaining healthy sleep patterns. Irritability is reported by 12 respondents (10%), reflecting emotional instability and reduced tolerance levels due to stress. This shows that stress also impacts interpersonal behaviour and emotional regulation. Loss of appetite or overeating accounts for 10 respondents (8.33%), indicating that stress affects eating habits, though to a lesser extent compared to physical fatigue and sleep issues. The least reported symptom is isolation or withdrawal, experienced by 7 respondents (5.84%). This suggests that while some individuals tend to socially withdraw under stress, it is not as common as other symptoms in this group.

Figure no. 4 Feel stressed due to daily responsibility of the respondents



Figure no. 5 shows the level of stress experienced by the respondents due to their daily responsibilities. The findings reveal that the majority of respondents (55%) reported that they sometimes feel stressed because of daily responsibilities. About 25.83% of the respondents stated that they often feel stressed, while 15% mentioned that they always experience stress in managing their daily duties. Only a very small percentage of respondents reported that they never feel stressed.

Conclusion:

The present study highlights the difference and similarities in the mental and nutritional status of women managing household and occupational responsibilities. The findings reveal that both housewives and working women experience varying levels of stress and nutritional challenges due to their daily responsibilities and lifestyle patterns. The study indicates that the working women are more likely to experience higher stress levels because of workload and balancing professional and family responsibilities. On the other hand, housewives also face mental stress due to households duties and family related pressure.

Suggestion and recommendation:

- **For Working Women:** Implement workplace wellness initiatives, offer flexible hours, and prioritize mental health support (e.g., counseling) to combat high-stress levels.
- **For Housewives:** Organize community workshops focused on self-care, physical health, and social connectivity to reduce feelings of isolation or low self-esteem.
- **For Both:** Provide nutritional education programs focused on balanced diets to manage iron, protein, and calcium deficiencies.
- **Social Support:** Increase awareness regarding sharing household responsibilities to reduce the overall burden on women, regardless of employment status.

REFERENCES

1. Ray, Barma S. and Sil, P. (2013). A comparative study of health and nutritional status among housewives and working women of North Bengal. *Internat. J. Behavioral Soc. & Movement Sci.*, 02 (04) : 35-40.
2. Roday, S. (2007). *Food science and nutrition*. India, Oxford University Press, 337-339.
3. Mathur, Meenakshi, Harsh, Monika and Mathur, Sumita (2015). Diet pattern and nutritional status of women working in call centers of India, *Internat. J. Food Engg.*, 1 (2) : 127-133
4. Naidu, A, N Neela, J. and Rao, N,P.(1991). *Maternal body mass index and birth weight nutrition news*, national institute of nutrition, Hyderabad, India (1986).
5. Foster, S. and Gariballa, S.,2005, Occupational stress, job in security and stress level. The match oral session, pp244-257.
6. Aggarwal, O. P., Bhasin, S. K., Sharma, A. K., Chhabra, P., Aggarwal, K. and Rajoura, O. P., 2005, A new instrument (scale) for measuring the socio-economic status of a family : Preliminary study. *Indian J. Comm. Med.*, 34 (4) : 111-114.
7. Bharati, T., and Reddy, N.V., 2002, Sources of job stress among primary school teachers. *J. Com. Gui. Res.*, 19(2): 247-253.
8. Bhatia, B. D., 1982, *Mental health in education*. Advanced educational psychology, Sterling publishers pvt. Ltd.
9. Jagadish, S. and Srivastava, A. K., 1983, *Manual for mental health inventory*, published by manovaigyanik parikshan sansthan, Varanasi.
10. Murray, C. L., Gein, I. and Solberg, M., 2003, A comparison of the mental health of employed and unemployed women in the context of a massive layoff. *Women and health*, 37(2): 55-72
11. Ojha, S. and Rani, U., 2004, A comparative study of the level of life stress and various dimension of mental health among working and non-working Indian women. *J. com. Guid. Res.*, 21(3): 297-303.