



# Study on the mental health of women in a district of Assam, India with special reference to their urban-rural family background and marital status

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## Abstract

Women's health is a crucial component of general health in a developmental approach. A healthy woman is the backbone of a healthy family and a healthy society. So health and happiness of the family in particular and the welfare of the society in general, depend on the health and happiness of women. But in our society women are being neglected and ill-treated and their needs, views, experiences do not get due recognition. The primary objective of the study is to examine the mental health scenario of women population in Kamrup district of Assam with respect to their urban-rural family background and marital status. The study reveals that a large majority of women have possessed average mental health. There is a significant difference between the urban and the rural women in mental health but no differences are found between married and single women on this area.

**Keywords:** background, marital status, mental health, rural, urban, women.

## 1. Introduction

Health is wealth and it is an indispensable quality of a human being. Health in a broader concept includes physical, social and mental health. Mental health has been reported as an important factor influencing an individual's well-being.

The World Health Organization (1964) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity". Mental health is defined as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. It is the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt

to change and to cope with adversity from early childhood to the later years of life."

Just as physical health refers to the absence of disease and physical well-being of the individual, mental health refers to the freedom from psychological stress, absence of mental illness, and psycho-social and emotional well-being of the individual. It refers to perfect functioning of the individual at psychological, social and emotional levels. It may be defined as the adjustment of individuals to themselves and the world at large with a maximum of effectiveness, satisfaction, cheerfulness and socially considerate behavior and the ability of facing and accepting the realities of life, with minimum friction and tension.

The main criteria of mental health are- (1) perceiving things the way they are, (2) emotional balance, (3) social adjustment, and (4) achievements

consistent with the individual's abilities and opportunities.

## 2. Significance of the study

Women's mental health is now a day recognized as a public health concern with a critical impact on the well-being of individuals, families and the society at large. Unfortunately worldwide women are overlooked and suppressed. They are emotionally, sexually and socially exploited sometimes visibly and many times invisibly. They are more vulnerable than men to sexual exploitation, emotional and physical abuse, violence, neglect, poverty, malnutrition and chronic diseases. Female feticide, infanticide, bride-burning, homicides and suicides of women have become very common in these days. In India also, women by and large, are subject to multifarious deprivation, exploitation and humiliation in their day to day life inside and outside the family. The investigator on several occasions noticed women being subject to exploitation as a result of which they had to go through a lot of mental health problems. Against this backdrop, she felt the urgency to go into the issues relating to the mental health of women.

## 3. Objectives of the study

1. To study the mental health of women from urban and rural family backgrounds.
2. To make a comparative study on the mental health of married and single women.

## 4. Hypotheses

The following hypotheses have been formulated on the basis of the objectives.

1. There is no significant difference between the urban and the rural women in mental health.
2. There is no significant difference between the married and single women in relation to their mental health.

## 5. Delimitation of the study

The study is delimited to Kamrup (Metro and Rural) District of Assam only. It covers the women ranging from 30 to 60 years of age. The sample comprises of both married and single women. Unmarried, separated, divorced, widowed women fall under the single category.

## 6. Methodology

The present study falls under the "Descriptive Method of Research". Descriptive Method of educational research is designed to obtain pertinent and precise information concerning the current status

of the phenomena and whenever possible, to draw valid general conclusions from the facts discovered. Here, the investigator investigates, analyzes, interprets, describes and records the conditions that exist. The study is related to events that have already taken place as well as related to the present condition.

### 6.1. Sample Size

A sample of 300 women, of which 150 from urban and 150 from rural areas, has been selected from different families in Kamrup District, having a wide variety of socio-economic backgrounds.

### 6.2. Sampling method

Stratified Random Sampling Method has been adopted for the selection of women sample ranging from 30 to 60 years of age.

### 6.3. Tools used for data collection

The following tools have been used for data collection.

- I. Information Blank to determine the name, age, residence, marital status of the respondents.
- II. Self-developed Mental Health Questionnaire to seek information relating to the mental health of women.

### 6.4. Reliability and validity of the questionnaire

The reliability Co-efficient of the Questionnaire was determined by "Guttman Split-Half Method" using odd-even procedure. The Co-efficient of Correlation between the two sets of score was calculated and has been found to be 0.70.

The Questionnaire also possesses both the face validity and the content validity. Items of the scale were prepared and submitted to a group of experts in the field like psychologists, psychiatrists, social worker, to judge their face validity.

### 6.5. Statistical techniques used

Simple Frequency Distribution, Graphical Representation- Bar Diagram and Pie Diagram, Co-efficient of Correlation, Calculation of Mean, Standard Deviation, Percentile, t-test and F-ratio (ANOVA Test) were used for analysis of data. The statistical analysis of the data was done both manually and with the help of computer software programme called Statistical Package for the Social Sciences (SPSS).

### 7. Analysis and interpretation of data

The data has been collected by using questionnaire and carefully analyzed by applying appropriate statistical techniques in the light of the objectives framed.

**Table 1 :** Distribution of women sample

Urban		Rural		Combined	
N	%	N	%	N	%
150	50.0	150	50.0	300	100.0

**Interpretation:** Table-1 shows that 300 women were selected of which 50% (150) were urban sample and 50% (150) were rural sample.

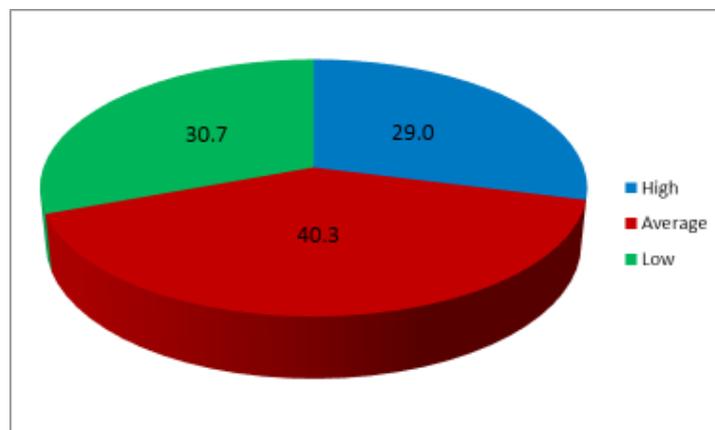
**Table 2 :** Distribution of sample by marital status

Urban		Rural		Combined	
Married	Single	Married	Single	Married	Single
N	%	N	%	N	%
117	78.0	108	72.0	225	75.0
33	22.0	42	28.0	75	25.0
150		150		300	

**Interpretation:** Table-2 shows that out of 150 urban women, 78% were married and 22% were single. Similarly in rural areas, 72% were married and 28% were single.

**Table 3 :** Distribution of women on mental health categories

Mental Health Categories	Score Range in Percentile	Women	
		N	%
High	> P67	87	29.0
Average	P33-P67	121	40.3
Low	< P33	92	30.7
Total		300	100.0



**Fig. 1 :** Percentage distribution of women on mental health categories

**Interpretation:** Table-3 and Figure-1 reveal that 29.0% women belonged to high mental health category, 40.3% belonged to average mental health category and 30.7% belonged to low mental health category.

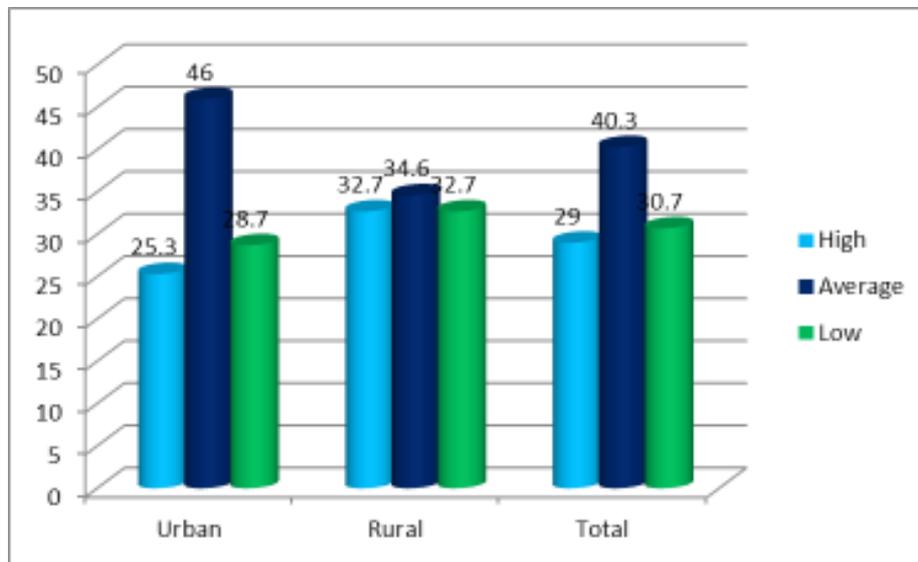
**7.1. Analysis and interpretation of objective and hypothesis: 1**

**Objective No.1 :** To study the mental health of women from urban and rural family backgrounds.

**Ho<sub>1</sub> :** There is no significant difference between the urban and rural women in mental health.

**Table 4 :** Distribution of urban and rural women on mental health categories

Mental Health Categories	Urban		Rural		Total	
	N	%	N	%	N	%
High	38	25.3	49	32.7	87	29.0
Average	69	46.0	52	34.6	121	40.3
Low	43	28.7	49	32.7	92	30.7
Total	150	100.0	150	100.0	300	100.0



**Fig. 2 :** Percentage distribution of urban and rural women on mental health categories

**Interpretation:** It is observed from the Table-4 and Figure-2 that out of 150 urban samples, 25.3% (38) belonged to high mental health category, 46.0% (69) belonged to average category and 28.7% (43) belonged

to low category.

Out of 150 rural samples, equal 32.7% (49) belonged to both high and low mental health and 34.6% (52) belonged to average mental health category.

**Table 5 :** Distribution of number, mean, standard deviation, degrees of freedom and t-value of urban and rural women on mental health

Women	N	M	SD	t	Remark
Urban	150	24.07	4.42	2.85	Significant at both the levels
Rural	150	25.33	3.94		
Total	300	3.03	1.19		

**Interpretation:** The Table-5 indicates that the calculated value of t i.e.2.85 is greater than both the critical values at 0.05 and 0.01 levels of significance and so, it is significant at both the levels of significance. The result of the t-test signifies that there is a significant difference between the scores obtained by urban and rural women on mental health and therefore, the null hypothesis is rejected. The present study reveals that there is a significant difference

between the urban and rural women in mental health.

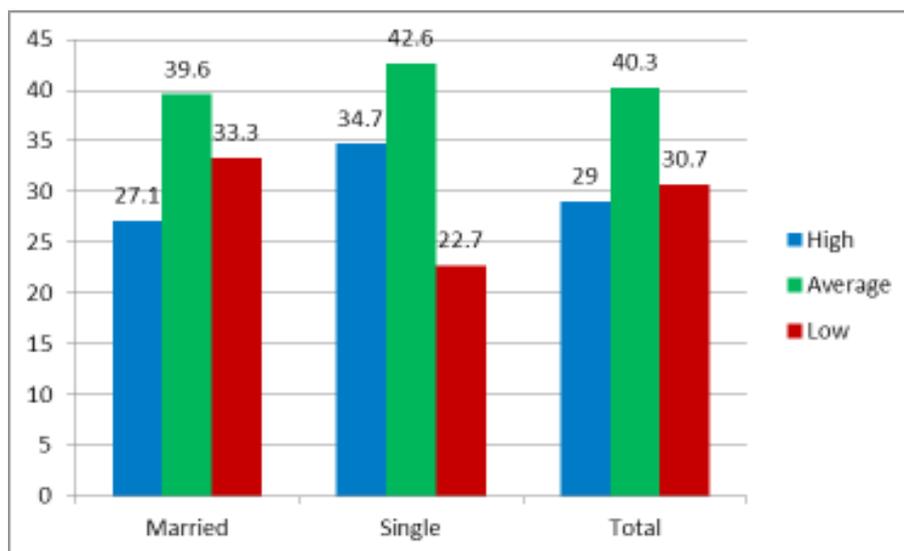
**7.2. Analysis and interpretation of objective and hypothesis: 2**

**Objective No.2:** To make a comparative study on the mental health of married and single women.

**Ho<sub>2</sub> :** There is no significant difference between the married and single women in relation to their mental health.

**Table 6 :** Distribution of married and single women on mental health categories

Mental Health Categories	Urban		Rural		Total	
	N	%	N	%	N	%
High	61	27.1	26	34.7	87	29.0
Average	89	39.6	32	42.6	121	40.3
Low	75	33.3	17	22.7	92	30.7
Total	225	100.0	75	100.0	300	100.0



**Fig. 3 :** Percentage distribution of married and single women on mental health categories

**Interpretation:** The table-6 and Figure-3 reveal that 27.1% (61) married women belonged to high mental health, 39.6% (89) belonged to average and 33.3% (75) belonged to low mental health category.

Similarly, 34.7% (26) single women belonged to high, 42.6% (32) belonged to average and 22.7% (17) belonged to low mental health category.

**Table 7 :** Distribution of number, mean, standard deviation, degrees of freedom and t-value of married and single women on mental health

Marital Status	N	M	SD	df	t	Remark
Married	225	24.56	4.13	298	1.01	Not Significant at both the levels
Single	75	25.12	4.50			
Total	300	3.03	1.19			

**Interpretation:** The Table-7 indicates that the calculated value of t i.e. 1.01 is smaller than both the critical values at 0.05 and 0.01 levels of significance for 298 degrees of freedom, so it is not significant. The result of the t-test signifies that there is no significant difference between the scores obtained by married and single women on mental health and therefore, the null hypothesis is accepted. The present study reveals that there is no significant difference between the married and single women in relation to their mental health.

### 8.1. Findings on the mental health of women from urban and rural family backgrounds (Objective No.1)

1. It is observed that a majority of urban women (i.e. 46.0%) are possessing average mental health which is followed by 28.7% and 25.3% are possessing low and high mental health respectively.
2. The highest 34.6% of rural women belong to average mental health which is followed by equal percentages of women (i.e. 32.7%) belong to both high and low categories.
3. The percentage of urban women (i.e. 46.0%) is found higher than the percentage of rural women (i.e. 34.6%) possessing average mental health.
4. Percentages of rural women exceed the percentages of urban women in both high and low mental health categories.
5. The performance of the rural sample is found better than the urban sample, so it indicates that the mental health status of the rural sample is better than the urban sample.
6. There is a significant difference between the

urban and the rural women in mental health.

### 8.2. Findings relating to the comparative study on the mental health of married and single women (Objective No.2)

1. It is observed that a majority of women both married and single belong to average mental health.
2. The percentage of single women (i.e. 42.6%) is found higher than the percentage of married women (i.e. 39.6%) belonging to average mental health category.
3. The percentage of single women (i.e. 34.7%) is found higher than the percentage of married women (i.e. 27.1%) belonging to high mental health category.
4. The percentage of married women (i.e. 33.3%) is found higher than the percentage of single women (i.e. 22.7%) belonging to low level of mental health.
5. Considering the mean values of both the groups on total mental health, the performance of the single women is found better than the married women.
6. There is no significant difference between the married and the single women in relation to their mental health.

### 9. Educational implications

Mental health is learned. The social institutions like the family and the school are very important agencies in influencing the child's adjustment and mental health. Conducive home and school environment will contribute to the promotion of mental health of young children. The teachers play a significant role in the development of child's personality. It is believed that the close and extensive

association experienced by teacher and students in classrooms would certainly influence in shaping the personality of the students concerned. Teachers determine the environment of the classes and the extent to which their activities are stimulating and refreshing. The findings of the present study have ample implications for administrators, academicians, students, guardians, professionals working in this field. People in a state of emotional, physical and social well-being try to fulfill the functions and responsibilities of the daily life situations and find satisfaction with their interpersonal relationships. A mentally healthy person always tries to satisfy interpersonal relationships, effective adjustment with the surroundings, emotionally stable, able to integrate personality, autonomous in action, having positive attitude towards group and

having positive self-concept.

#### 10. Conclusion

The mental health of women is a serious issue all over the world, more particularly in Indian context. The psychological construct of mental health is totally embedded within an individual's social and socio-economic relationships. Since women face gender-based discrimination at every stage of their lives, their psychological well-being becomes a cause for great concern. Considering the gravity of matter, urgent remedial measures such as understanding the underlying causes of psychological distress among women, adopting a gender-sensitive approach, working towards women's empowerment and formulating women friendly health policies could work wonders for the mental health of Indian women.

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