

A Comparative Study on Depression among Working and Non-Working Women of Tura Hawakhana West Garo Hills Meghalaya

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ABSTRACT

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and sense of well-being. Depression is one of the most common mental illnesses in the entire world. It can cause a person to suffer mentally and physically. This mood disorder is becoming more common among the working and non-working women. Depression is a leading cause of disability and the most common psychiatric disorder. This is a serious condition that can impact every area of women's life. This study is done to assess the burden of depression and its risk factors among female working and non-working population. Objectives: (i) To find out the depression level of working women. (ii) To find out the depression level of Non-working women. (iii) To measure the depression among the working and non-working women of Hawakhana Tura, West Garo Hills, Meghalaya. The data were collected from working and non working women age group of below 29 years to 50 years residing in Hawakhana Tura. The data is collected by using Beck's Depression Inventory BDI, (1996) questionnaire. A total number of 100 respondents (50 working women and 50 non-working women) were participated. It is found that the depression among working and non-working women is not significant.

Keywords: Depression, working women, non-working women.

Introduction

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 women have 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. A significant number of women are working and they are maintaining their dual role of a worker and homemaker with financial assistance to their families. Women have started to reach the highest places and to occupy the scariest and most exciting positions of power within society. At the same time, they have continued to stay home and have children. It is really a matter of individual choice. Today most women are working. They are expanding their lives to include a career; they must also maintain their traditional roles at home. Women may work in an office from nine to five or whatever may be, but their work does not end at the office. After working an eight-hour or more a day, a woman will come home to take care of her children, husband, and house. Women remain the primary caretaker and housekeeper of a family, and are also the primary caregiver for the elderly. All of this makes for a

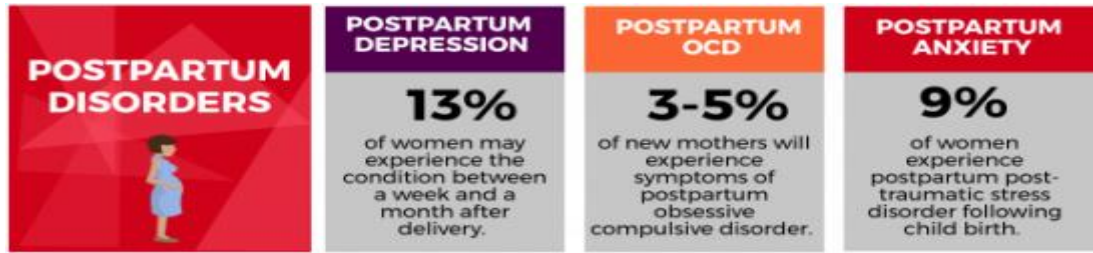
very demanding schedule. This is not only true for mothers of school-aged children, as it have been for two decades, but it is also true for mothers of infants less than one-year-old. The pace with which maternal employment rates have increased to this point, however, is so rapid that many people fail to realize its prevalence.

A woman who is able to maintain her mental calm in all situations can really be successful in all the phases of life. Problems with regard to modern society have multiplied courtesy which, she has to go through a lot of mental stress irrespective of whether she is a working or a non working woman. As more and more women enter the workforce, they are increasingly exposed not only to the same work environment as men, but also to pressure created by multiple roles and conflicting expectations (Nelson and Burke 2000). It has long been observed that women are about twice as likely to become clinically depressed (to have dysthymia or unipolar depression) as are men.

Depression is one of the most prevalent psychological disorders caused by several factors, including interpersonal relationships between individuals and the reactions and emotions of each individual expressed directly and discreetly to each other. It is a serious circumstance that could impact each region of our existence. It could have an effect on our social existence, our circle of relative's relationships, our profession, and our experience of motive. Women are approximately two times as probable as men to be afflicted by depression. According to Beck (2006) depression is because of faulty or maladaptive cognitive processes. The physical and emotional symptoms are a consequence of the thinking patterns that Beck assumes to be the contributor of the disorder. Beck suggests that depressed people have unrealistically negative ways of thinking about themselves, their future and their experiences. He suggests that the inner life of depressed people is dominated by a set of assumptions that shape conscious cognitions. Depression is one of the elements of mental health. It is a common mental disorder which is present with a depressed mood, loss of interest and pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite and poor concentration. A person is said to be depressed if they are present with certain signs and symptoms for a minimum period of at least 2 weeks.

Today, depression is estimated to affect 350 million people. The World Mental Health Survey conducted in 17 countries found that on average about 1 in 20 people reported having an episode of depression in the previous year. Depression is known to be its major element affecting more than 264 million people of which 50% of them are women. A survey by the National Institute of Mental Health (NIMH, 1973) found that 17.5 percent of 4, 45,115 people receiving psychological treatment had been diagnosed as suffering from some type of depression. There are many factors contributing to depression in women which is the largest disease in the world. Modernity brought education, media influence, and awareness of rights to wake and hence more and more women started entering similar workforce like men. They started getting engaged in some or the other employment work to support their families but their attitude towards a working women still remains unchanged as they are expected to perform dual responsibilities at workplace as well as home leading to problems like job strain, fatigue, conflicts, frustration, anxiety, anger, phobia, depression and other emotional and social distresses. The causes of depression include complex interactions between social, psychological and biological factors. Life events such as childhood adversity, loss and unemployment contribute to and may catalyze the development of depression.

Table: 1.1 Types of Depression



Depression in Working Women and Non-Working women

Women and depression hold a relationship of much interest over the last two decades. As more and more women enter the workforce, they are increasingly exposed not only to the same work environment as men, but also to unique pressures created by multiple roles and conflicting expectations. An overwhelming 91% of working women suffered some symptoms of depression.

Table 1.2 Data from NCHS



Key findings in the National Center for Health Statistics (NCHS) Data Brief issued on Feb. 13 in table 1.2 show that more than 8% of adults older than 20 years old reported having depression during a given two-week period. Women (10.4%) were almost twice as likely as were men (5.5%) to have had depression. Every day, women face many different stressors in both their personal and professional lives. Feeling sad, lonely and scared are normal reactions, however, for individuals who are diagnosed with depression, these feelings tend to be more severe as they persist. It is proven that, depression can affect women differently than men. Women are 2-3 times more likely than men to develop depression.

Depression in Women is more common than Depression in Men

According to the World Health Organization (WHO), the lifetime prevalence of Major Depressive Disorder (MDD) is 10–25% for women and 5–12% for men. It is also the most important precursor of suicide. Difference between genders have been reported in the age of onset of symptoms, clinical features, frequency of psychotic symptoms, course, social adjustment and long-term outcome of severe mental disorders. In India, it is said that girls have a high rate of depression as comparing to adolescent boys (Jayanthi & Thirunavukarasu 2015) and the prevalence rates for depression among adolescents in India range from 3% school going adolescents to 11.2% of school drop-outs (Nair, Paul & John, 2004) and are comparable with the Western prevalence rates of 3-8% (Birmaher & Emmanuel, 1996).

Status of Women in Meghalaya

Meghalaya (Abode of Clouds in Sanskrit) is one of the seven North-Eastern states of India. The three physical divisions in the state are Garo (Western), Khasi (Central) and Jaintia (Eastern) hill divisions. In Garo society, the woman plays an important role. She does not go to her husband's house; a woman enjoys a higher status in the Garo society. One prominent feature of society in this region is the comparative freedom that women enjoy. The place of women is predominant in Meghalaya society even today. She is the power or force behind bearing and sustaining children. She has to work in the fields to feed her children. She is the principal force. They respect the mother as the earthly god. Here a woman does everything – marketing, trade, cultivation without any fear of sexual harassment. Women are more advanced in education, and in this respect, this society is well ahead of others. The Garo's follow the matrilineal system in tracing relationship. Hence the heir to the property is a daughter and not a son.

Significance of the Present Study

A review of related studies indicates that although depression among working and non-working women has been a focus of intensive research enquiry among psychologists. Yet research workers in the field of education and psychology have not paid sufficient attention to investigate the problems of depression among working and non-working women in North East India in general and very rare, about to nil in Meghalaya. This research would be helpful in knowing the difficulties faced by working and non-working women coming from traditional households and to those coming from non-traditional households of Tura Hawakhana, West Garo Hills, Meghalaya. As socioeconomic status is a contributing factor to depression among working and non-working women, it is believed that the lower the income, the higher the chance of depression. If they are working they are supposed to perform all duties at the office as well as at home. Many researchers have been taking place in the field of depression for many years. But their findings cannot be generalized for each geographical area because people differ with respect to their way of responding even residing in the same locality.

Review of Related Literature

A study conducted by E.G Marbaniany and Dr.Yodida Bhutia (2018) on Mental Health of Women Teachers of Secondary Schools of Meghalaya reveals that the mental health of women teachers of Meghalaya is weak. Women Teachers from matrilineal society needs help to improve their mental health. A mentally healthy and well adjusted women teacher plays a vital role in promoting mental health of students.

Maphibanroy Pale 1, Dr. Porsara M.J Kharbhih (2020) conducted on depression among adolescents in West Jaintia Hills district, under Thadlaskein block, Meghalaya. The findings of objective one, using Beck's Depression Inventory says that there is prevalence of depression among adolescence as comparing to both Government and Private Schools. In the findings of Beck's Depression Inventory mostly the adolescents marked the feelings of self-dislike, self-criticalness, feeling irritated, change in sleep pattern and feeling of worthlessness, which makes to feel uncomfortable in their daily lives. Furthermore, in the findings of second objectives the factors that causes depression among adolescence are low-self esteem, low concentration in studies, scolding from parents and feeling worried which considered them to feel insecure about their selfconfident and also it can lead to depression. Therefore, in all the above statement it shows that adolescence need help and to understand them in the situations

that they all experience, however, by creating awareness or workshop in the schools and counseling session with counselor will be beneficial.

Khanna S. (1992) conducted a study on “Life Stress among Working and Nonworking Women in Relation to Anxiety and Depression” and determined existence pressure among working and nonworking women with regards to anxiety and depression. Right here 406 women had been defined in phrases of work status, 220 of them working and 186 non-working were selected from the city localities of Jalandhar (Punjab) and Shimla (Himachal Pradesh) in India. These women were investigated via 3 exams, specifically, Life Experience Survey, State-Trait Anxiety Inventory and Beck’s Depression Inventory. Co-relational analysis reveals that: a. anxiety was significantly and negatively related to positive life exchange in nonworking women b. depression was significantly and positively related to life exchange in working women, and negative life exchange in nonworking women. Those outcomes advised that during India, amongst working high-quality positive existence modifications were related to depression, whereas amongst nonworking women positive life modifications have been associated with anxiety, and negative lifestyles changes to depression

Shazia H & Seema M (2001) carried on “Effects of Employment on Mothers and Their Children after Disruption of the Family” which aimed to evaluate the results of employment repute of mothers on them and their children after the disruption in their own family. Challenge and approach: After literature review it was hypothesized that 1) Divorced working moms will score low on the Variables of depression, anxiety and schizophrenic wondering as compared to divorced non-working mothers, 2) kids of divorced working mother can have: a) highly stem and high need for fulfillment compared to kids of divorced non-working mothers b) Low rankings at the variable on aggression and depressed temper as compared to youngsters of divorced non-working mothers.

Hine AH, et al. (2006) have been conducted the take a look at on “Marital Adjustment, stress and depression among working and Non-working Married women” and aimed of this examine become exploring the relationship between marital adjustment, stress and depression. Sample of this study consists of one hundred fifty working and non-working married women (working married women = seventy five, non-working married women = seventy five). Their age ranged between 18 to 50 years. Their training turned into minimum gradation and above. They belong to middle and high socio-monetary popularity. Urdu Translation of Dyadic Adjustment Scale (2000), Beck despair stock (1996) and stress Scale (1991) were used. Effects indicate a highly significant relationship between marital adjustment, depression and stress. The findings of the results also display that working married women should face extra problems in their married lifestyles as compared to non-working married women. The results similarly show that distinctly knowledgeable working and non-working married women can carry out properly in their married lifestyles and they may be unfastened from depression compared to educated working and non-working married women.

Hashim, Kurashid and Hassan, (2007) conducted a research aimed at exploring the relationship between marital adjustment, stress and depression. Sample of the study consisted of 150 non-working and working married women. Their age ranged between 18 to 50 years. Dyadic Adjustment Scale (2000), Stress Scale (1991) and Beck Depression Inventory (1996) were used. Results illustrated a significant high relationship between marital adjustment, stress and depression. The findings of the investigation also showed that working married women have to face more problems in their married life as compared to non-working married women. The results further indicated that highly educated working and non-working married women can perform well in their married life and they are free from depression as

compared to non-working and less educated working married women. Women are playing a vital role in the economic and social development of nations all over the world.

Soomro, Riaz, Naveed and Somro, (2012) conducted a research to compare the level of depression of the nonworking women and the working women. This research hypothesized that there is a significant difference in the level of depression of the non -working women and working women of Bilal Colony Karachi. The purposive sampling procedure was used for data collection. The results indicate the household average income of the non -working women was more as compared to working women but the level of depression was much more in the non- working women. The non- working women were found to have a higher number of children as compared to working women. Having an average number of children was one of the factors of depression among non- working women because they have the burden of handling babies. The working women were found to have a supporting hand for this. The non-working women were less educated as compared to working women, which was another cause for being depressed because education gives better understanding of life and vision.

Dudhatra, and Jogsan, (2012) the main purpose of this research was to find out the mean difference between working and non-working women in mental health and depression. The total sample consisted of 80 women who were taken and found a significant difference in mental health and depression with respect to both working and non-working women on mental health and depression. While the correlation between mental health and depression reveals high positive correlation

Harasankar and Adhikari, (2012) conducted a study to find out the differences in degree of felt depression and anxiety of both working and non-working mothers. A total of 60 mothers (30 working mothers, 30 non working mothers) were studied. The result showed that there were significant differences in degree of depression and anxiety among working and non-working mothers' groups and non-working mothers were more depressed.

Gurudatt, (2014) a comparative analysis on susceptibility of postpartum depression in working women and non-working women. The researcher found that nonworking women are more depressed after delivery compared to working women.

Fatima and Parvez, (2015) did a study to explore the level of depression among working and non-working women. Sample of the study consisted of 28 working and 32 non-working married women who were recruited through purposive sampling technique. The working women were various post holders in different private and government organizations. Non-working women were only housewives/house makers. Beck Depression Inventory (BDI) was used to assess the level of their depression. The result showed that non -working women have more depression tendencies as compared to their working women counterparts.

Meta-analysis done by Hopkins (1984) on presented articles about postpartum depression and psychological social variables preparing ground for this disorder came to the conclusion that between quality of marital relationship and postpartum depression there was a significant relationship.

Another study conducted by Maclean, et al, (2004) demonstrated that chronic stress among the single employed and unemployed mothers was higher than partnered mothers. Findings also suggested that unemployed partnered mothers reported fewer rates of distress than unemployed single mothers.

Sayadifar (2005) in a research showed that depression degree of working women is less than housekeeping women. Ahmadi (2003) in a study showed that husband's social support lessens intensity of depression among examinee group. Also, Dehli and Landers (2005) showed that social support causes one to overcome problems of marital life. Thus, these researchers decided to do research on comparison

of postpartum depression between working women and housekeeping women and its relationship with social support and conjugal adjustment.

While many people are familiar with postpartum depression in the months after giving birth a lot of women are experiencing depression (Maurice B. Mittelmark. (2009). Women who work with family pressure, young children with perceived bad relationships at the workplace, job insecurities, exile work schedules these factors also lead to depression in symptoms (Seto, et al., 2004). Working women with a parenting lifestyle face depression in the line by job demands and perceived social support (Roxburgh, S. 2012).

Singh (2014) concluded that working women were more satisfied by their life than non-working women as they earn money, they can fulfill the needs and can support the family and husband financially.

Gorsy and Panwar (2016) both happiness and optimism are staunchly associated with each other and this was seen in working women who have to play many roles as they need to take care of the family, look after their work, household chores. A person who thinks positively or has a positive outlook towards the life they are tend to be happier and it was also noted that working women think more positively and are happier than non-working women.

In Northeast India, according to Keyho, Gujar & Ali, (2019) the studied was done in Kohima District, Nagaland states that adolescence most common day-to-day stress are school-related problems or pressures, problems with peers, family issues, for instance feeling depressed or lonely, getting into trouble because of their behavior. These problems are routine for most adolescents.

Research Methodology

Objectives

1. To find out the depression level of working women.
2. To find out the depression level of Non-working women
3. To measure the depression between working and non-working women.

Hypotheses

1. There is no significant difference in depression between working and non-working women
2. There is no significant difference in working women coming from traditional households suffer higher levels of depression than compared to those coming from non-traditional households.

Sample

The sample of the present study consists of 100 working and non-working women. There were 50 working women and 50 non-working women taken as a sample from the age group of below 29 years to 50 years. Random Sampling Method is used to collect the data from the sample. Beck Depression Inventory (BDI) is used to measure depression. It is globally used for psychological despair studies.

Research Design

Keeping in view the objectives and hypothesis of the study it has been planned to fulfill the purpose of investigation i.e. comparison of depression among working and non-working women. Descriptive Method was used to find the aim of present research of depression among working and non-working women. Here 't' test was used.

Tools of Data Collection

Beck Depression Inventory (BDI) scale is used to assess depression levels between working and nonworking women.

Statistical Techniques

Independent sample ‘t’ test will be used to find the difference between the two groups (working and non-working women). The ‘t’ test tells will show the significant differences of the effect of depression among working and non working women.

Results and Discussion

After introduced the research problem, specified the objectives and hypotheses, providing review of related literature and the plan and procedure of the study in the preceding chapters, the data obtained thus have been analyzed and discussed in the present chapter. The data obtained from 100 samples consisting 50 of working women (Independent Variables) and 50 of Non-working Women (Independent Variable) on the depression (dependent variable) has been analyzed below.

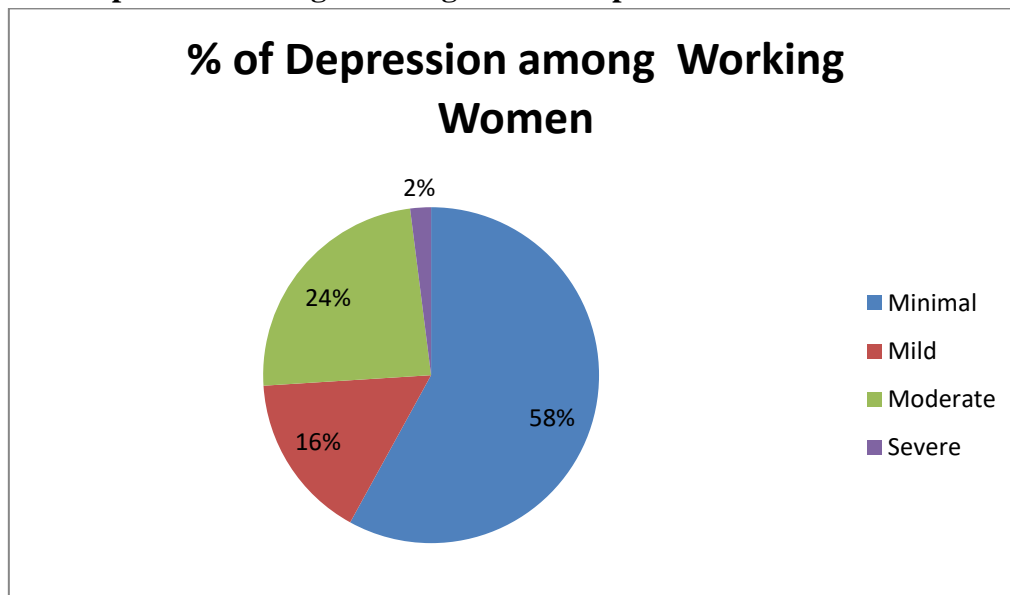
The level of depression among Working Women

The level of depression among working women are given in Table-4.1

Dependent Variable	Independent Variable	No. of Working Women	d.f	Mean	STD
Depression	Working Women	50	49	13.14	9.68695

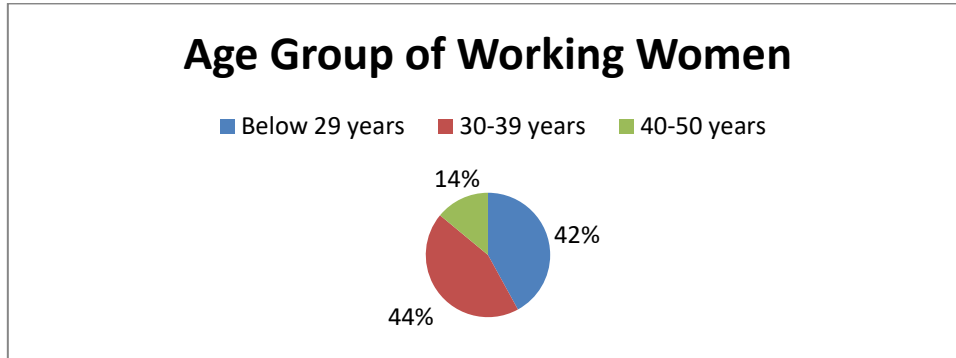
As per the above figures in Table 4.1, we find that the sample of working women (50), are in the group range of below 29 years to 50 years.

Different level of depression among Working Women depicts in Chart 4.1



This chart depicts the percentage level of depression of working women, where 58% of working women have minimal level of depression, 16 % have mild depression, 24 % have moderate depression and 2 % have severe depression.

The level of depression among different Age Group of Working Women depicts in Chart 4.2



The chart 4.2 depicts the level of depression among different Age Group of Working Women. Working women from the age group of below 29 years occupies 42% in the whole sample, whereas the working women from the age group of 30-39 years have 44% in the sample and age group of 40-50 years have 14%.

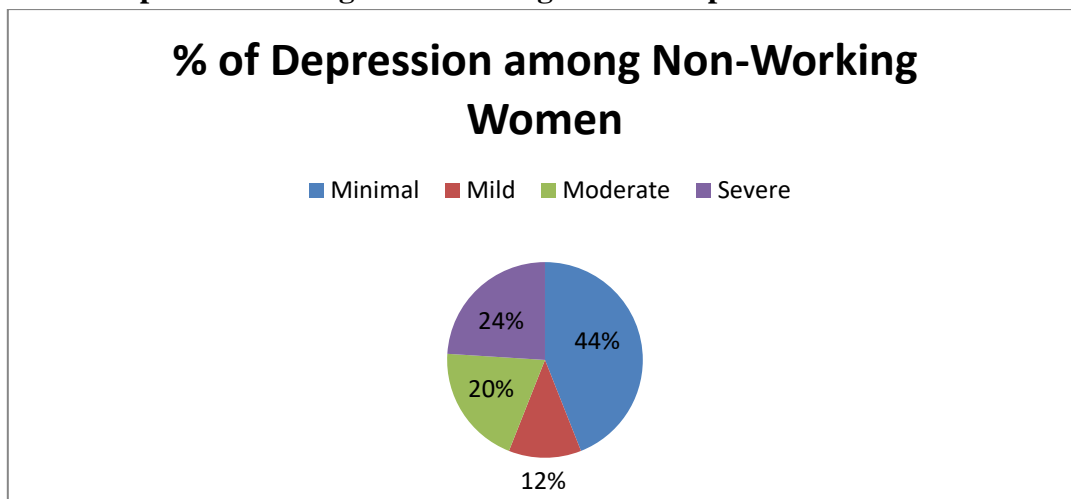
The level of depression among Non-working Women

The level of depression among Non-working women are given in Table-4.2

Dependent Variable	Independent Variable	No. of Non-working Women	d.f	Mean	STD
Depression	Non-working Women	50	49	18.2	10.40016

As per the above figures in Table 4.2, we find that the sample of non - working women (50) is in the group ranged of below 29 years to 50 years.

Different level of depression among Non-Working Women depicts in Chart 4.3



The level of depression among different age level of Non- Working Women depicts in Chart 4.4

In working and non-working women, family structure played an important role, according to some of the subject’s opinion; a joint family provided the necessary support system while some subjects confided that it was a causal factor regarding excessive stress and also strain on the financial status. Working women have a nuclear family and according to them the structure is very beneficial to them as there is less work, double income and more emotionally closer bonds as there is a lack of fear.

The level of depression among Working and Non-working Women

The level of depression among Working and Non-working Women are given in Table 4.3

Types of Variable	No. of women	Mean	d.f	't'	Level of Significance
Working Women	50	13.14	98	0.013451	Ns
Non-working Women	50	18.2			

In this table 4.3, there is no significance difference between working and non-working women. We used the BDI scale of depression in this study.

Comparison of Depression in working women and Non-Working Women depicts in Chart 4.5

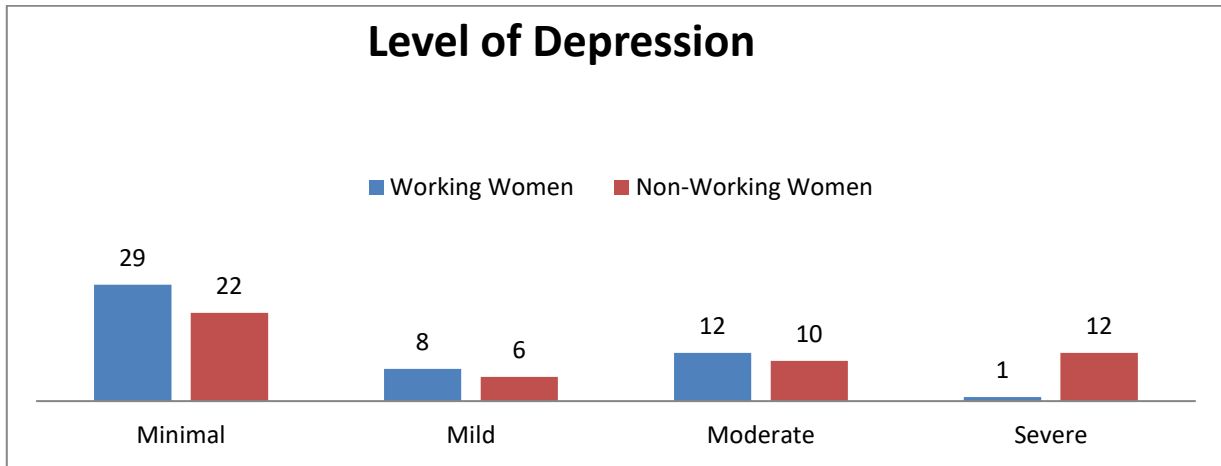


Chart 4.5 shows that the Working women have more depression than the non-working women in all the levels of depression except in the severe level, where the non-working women have more depression. Postpartum depression’s symptoms can be traced back to the time during the pregnancy, proper care, necessary rest and exercise becomes very essential in keeping negative thoughts and depression at bay. Constant support and motivation from spouse and family becomes very essential as the woman undergoes a myriad of hormonal, emotional, physical & psychological changes in her body and mind and help and care becomes a very necessary part. Also, for the well-being of the infant this becomes a crucial factor as the child too is affected when the mother suffers. The infant’s developmental needs when not met, leads to slower development in cognitive abilities etc.

The result obtained on the level of depression reveals not significant between working and non-working woman. The non-working woman received higher mean score 18.02 as compared to the working woman 13.14, Standard deviation score of non-working woman received 10.400 and working woman received 9.6869 and the 't' value is 0.0134. There is no significant difference among working and non-working woman in depression. It is clearly revealed from table-1 that there is no significant difference of depression on working and non-working woman. The analysis shows that stress levels are high for working women when compared with housewives, and both of them have a relationship. The stress levels of women (both housewives and working women) and financial position of their family have a relationship. Stress is a part of human life; sometimes it can motivate us and help us to become more productive. Stress will increase our ability to be alert, productive, energized and face challenges and dangerous situations. But too much stress is harmful to us. This stress will create tension, anxiety, fatigue and burnout. In order to avoid stress from negatively impacting our lives, we need to increase knowledge about stress and also use stress management techniques.

Discussion

In result table an attempt is made to find out the difference between working and non working women in various dimension of depression with “t” test. It means working women are significantly not differ on levels of depression as compare to non working women. Non-Working women have shown better Positive Self Evaluation by getting high mean score $M = 18.02$ then working women mean $M = 13.14$. “t” value of working and non working women of perception of reality is 0.0134 which is not significant at 0.05 level. It means working women are significantly not differ on overall mental health score as compare to non working women. Non-working women have shown better overall mental health by getting high mean score $M = 18.02$ then the working women of mean score $M = 13.14$.

Findings

1. The Working Women belonging to the age group of below 29 years and 30-39 years have more depression in comparison with the age group of 40-50 years. Age group of below 29 years comprises of 42% of sample, age group of 30-39 years comprises 44% of the sample and the age groups of 40-50 years comprise 14% of sample in terms of depression among the working women.
2. Among the working women 58% of samples have minimal depression, while 16% of samples have mild depression, 24 % of samples have moderate depression and 2% have severe depression among working women.
3. Working women having 64% of depression engage in Private work, while 20% engage in Public work and 16% of working women is self-employed.
4. The Non-Working Women belonging to the age group of below 29 years have more depression which comprises of 86% of the sample, whereas non-working women belonging to 30-39 years comprises of 8% of depression among the sample group and the age group of 40-50 years comprises of 6% of sample of depression among non-working women..
5. Among the Non-working women 22% of samples have minimal depression, while 12% of samples have severe depression, 10 % of samples have moderate depression and 6% have mild depression among non-working women.
6. In comparison with working women and non-working women, working women shows more increased percentage of depression in all the three levels of depression (minimal, mild, moderate) except in severe level, where non-working women have more depression at this level.
7. Hence, the depression level of working women and non-working women is not significant at 0.05 levels.

Suggestions

1. Seeing a counselor or therapist can help to be safe when we experience depression. Being able to describe the symptoms and identify a cause of depression in life can help to understand how to respond more positively to the cause. Being able to talk to someone about feelings of guilt or shame that have can also help prevent depressive symptoms from becoming worse.
2. Research suggests that not getting enough vitamin D from the sun or other sources may increase the risk of depression. Meditation or yoga can also relieve some symptoms of depression.
3. Treatment options and resources are usually the same for women as men, with the exception of women who are pregnant or may become pregnant. Depression can worsen, improve, or stay the same during pregnancy, and that may affect treatment.

4. Working with a therapist is often an important part of successfully managing depression. "Psychotherapy will focus on helping people adjust their lifestyle in ways that are possible, minimize their stress, and cope with stressors.
5. Mental health promotion related workshops, seminars, group discussions and conferences should be organized at the entire block/district level. The importance of mental health promotion should be to focus throughout lifespan to ensure a healthy start in life and to prevent mental disorders.
6. That participation in the social sphere, education, career, income needs, awareness these are some of the pivotal factors in decreasing the levels of depression in women.
7. Getting plenty of rest every night is a must for our mood because people with depression often have noticeable sleep disturbances they either sleep too much or not enough. Exercise offers physiological benefits that can help people going through depression. Physical activity relieves stress and can make us feel great.
8. "Diet and nutrition are very important," says Nelson, and cites omega-3 fatty acids as an example. Some studies have shown that a higher daily intake of omega-3s, which we can get in fish like salmon or through fish oil supplements, can improve mood. There are many connections between elements of diet and good nutrition and depression, adds Nelson. Eating a healthy diet can make us feel healthy, fit, and attractive, which improves self-esteem, while feeling unhealthy can worsen depression and play into negative self-perception, he says. A healthy lifestyle is needed to manage depression, and avoiding drugs and alcohol is one key to a healthy lifestyle.
9. People with depression often experience low self-esteem, so finding ways to feel better about our self is an important aspect of treatment. Practice positive thinking by focusing our thoughts on our best qualities. We can also make lifestyle changes that can improve our self-esteem, such as eating a healthy diet, getting regular exercise, and spending time with friends who make you feel good about whom you are. Apart from the following suggestions, therapies

Conclusion

Depression is widely prevalent in women in India across all age groups. The multiple roles played by Indian women contribute to stress, thereby making her susceptible to depression, which is often under-reported due to stigma. The influence of female hormones during the reproductive years contributes to the premenstrual dysphoric syndrome, depression during pregnancy, postpartum depression. Emphasis should be on early detection at the primary care level, and routine screening of intimate partner/domestic violence should be made mandatory. The mainstay of treatment is the use of antidepressants which should be made available free of cost at all primary care levels. Adequate dose, sufficient duration of medication, along with consistent contact with mental health professionals brings good results.

The comparative study of depression among working and non-working women population had explored that both the groups were showing similar type of trend of depression. It is necessary to initiate and implement the health policy towards family and work place counseling services to overcome depression and to improve their quality of life among both working and non-working women. In this study 50 women are working and 50 were nonworking. The random sampling is used for the selection of sample and collection of information. Due to not significant results we accept our HO.

Bibliography

1. Adhikari, (2012). Anxiety and Depression: Comparative Study between Working and Non- Working Mothers, *Global Journal of Human Social Science V 12 Issue 12*, 1-8.
2. Akbar Mohammadia , Golnaz Adalatzadeh Aghdamb , Saeed Ranjic (2011). Comparison of Postpartum Depression of Working Women and Housewives and its Relationship with Social Support and Marital Adjustmen. *Procedia - Social and Behavioral Sciences 30 (2011) 1837 – 1839*.
3. Azari,Z,. AhmadiAlvanabadi, C.a (2006). [تأثير حمايت اجتماعي شُرّان بر افسردگي پس از زايمن مُسران]. *Effect of Husbands Social Support on Postpartum Depression of Wives*. *Obstetrics Researches*, 2006.
4. Beck, A. T. Ward, C. H., Mendesion, M., Mock, J. and Erbaugh J. (1961). An Inventory for Measuring Depression. *Archives of General Psychiatry*. 4, 561-571.
5. Bernard, J. (1971 a). *Women and the public Interest- An Essay on Politics & Protest*. Chicago : Aidile.
6. Birmaher, B., Emmanuel, S., et al (1996). Childhood and adolescent depression: a review of the past 10 years. Part 1. *Journal of the American Academy of Child & Adolescent Psychiatry Volume 35(11), November 1996*, pp 1427-1439.
7. Cdeman & Millar. (1975). *Experimental and clinical approaches*, Steven Reiss, Rolf A. Peterson, Leonar D. Eron, Maggi Musico Reiss, MacMillan Publishing Co. Inc. New York: Collier Macmillan Publishers, London. Copyright1977.
8. Chaya, M. (2002).[A Postpartum Depression and Determinants in Lebanon, *Archive Women’s Mental Health*, 5(2): 65-72.
9. Cobb, S. (1976). Social Support as a Moderator of Life Stress. *Psychosomatic Medicine*, vol.38, pp: 300-341.
10. Fatima, M., & Parvez, R. (2016). A study of depression among career women. *International Journal Indian Psychology*, 3, 89-95.
11. Field, S. (1964). Feeling of Adjustment.In F.I. Nye& L.W. Hoffman (Eds). *The employed mothers in America*. Chicago: Rand NcNally, pp 331-352.
12. GurudattN(2014) “Postpartum Depression in Working and Non-Working Women”, *International Proceedings of Economics Development and Research*, Vol 78(69).
13. Hashmi, H.A., Khurshid, S., & Hassan, I. (2007). “Marital Adjustment, Stress and Depression among Working and Non-Working Married Women.” *Internet Journal of Medical Update 2 (1): 1-8*.
14. Hoffman, L.W. (1986). "Work family & the children." In *psychology & work*, Ed. M. S. Pallak & R. O. Perloss, 169 to 220, Washington DC: American psychological Assn. (Ch 9,15,17).
15. Hopkins, J.(1984). Postpartum Depression :Article review. *Psychological Bulletin*, 95,498-515.
16. Jayanthi, P., Thirunavukarasu, M., & Rajkumar, R. (2015). Academic stress and depression among adolescents. *Indian Pediatrics*. Volume 52-March 15, 2015.
17. Johan. H. Anderson. (2009). “Impact of work, health and health beliefs on new episodes of pain-related and general absencetaking in non-working & working moms.”*Scand Journal Publication*, Vol. 37, 6. 569-576.
18. Kendler, K. S., Kessler, R. C., Neale, M. C., Heath, A. C., & Eaves, L. J. (1993). The prediction of major depression in women: toward an integrated etiologic model. *American journal of psychiatry*, 150, 1139-1139.

19. Kessler, R.C & MacRae, J.A. (1982). The asset of Wives' employment on the mental health of married men and women. *American journal of sociology*, Vol. 47, 216-226.
20. Kessler, R. C., McGonagle, K. A., Swartz, M., Blazer, D. G., & Nelson, C. B. (1993). Sex and depression in the National Comorbidity Survey I: Lifetime prevalence, chronicity and recurrence.
21. Keyho, K., Gujar, M. N., & Ali, A. (2020). Prevalence of Mental Health Status in Adolescent School Children of Kohima District, Nagaland. *Annals of Indian Psychiatry* Published by Wolters Kluwer-Medknow <http://www.anip.co.in>
22. Kurian, Dolly, (2012), Depression among Working and Non-Working Middle Aged Women, Rajagiri, *Journal of Social Development*, Vol. 4 Issue 2, P57-66.
23. Mahvish Fatima, Rikza Parvez, (2015) "Comparison study of Depression between Career and Housewives Women", *International Journal of Modern Social Sciences*, Vol 5(2):133- 139.
24. Maphibanroy Palel , Dr. Porsara M.J Kharbhih (2020) A study on depression among adolescents in West Jaintia Hills district, under Thadlaskein block, Meghalaya. *The International Journal of Indian Psychology* ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print) Volume 8, Issue 4.
25. Maqbool, M., Shrivastava, N., Pandey, M. (2014). A comparative study of mental health of working women and housewives. *Indian Journal of Health and Wellbeing*. Volume 5, Issue 11, Page: 1398-1399.
26. Marbaniang, E.G and Dr. Yodida Bhutia. (2018). "A study on Mental Health of Women Teachers of Secondary Schools of Meghalaya. E-ISSN No. 2454-9916. Vol-4. Issue: 2.
27. Maurice B. Mittelmark. (2009). "Work life and mental wellbeing of single and non-single working mothers in Scandinavia." *Scand Journal Public Health*, Vol. 37, 6. 562-568.
28. McDowell, I. & Newell, C. (1996). *Measuring Health: A Guide to Rating Scales and Questionnaires*. (2nd ed.). New York: Oxford University Press.
29. Meghalaya Tue, 31 (Oct 2017): Mental disorders greatest among young people, says expert
30. Mostafanejad, L . (2004). [اویز سالمَتَ شَدَن مَادِر] *Becoming Mother and Mental Health*, First edition, Tehran: Roshan Publication.
31. Nair, M. K. C., Paul, M. K., & John, R. (2004). Prevalence of depression among adolescents.
32. Nelson, D. L. and Bruke R. J. (2000). Women Executive Health, Stress and Success. *The Academy of Management Executive*, 14, 107-21.
33. PishGhadam, M., Bakhshipour B. A., & Ebrahimi, S. (2013). Marital Adjustment among Employed and Non-Employed Women of Tehran City. *Journal of Novel Applied Sciences*, 2, 784-786.
34. Reeta Kumari (2014). Marital Adjustment, Stress, and Depression Among Working and Non-Working Married women: A Case Study of Ranchi Town in Jharkhand, *Jharkhand Journal of Social Development*, V VII, No 1 and 2, 1-6.
35. Revati R. Dudhatra, Dr.Yogesh A Jogsan (2012). Mental Health and Depression among Working and Non-Working Women, *International Journal of Scientific and Research Publications*, V 2, Issue 8, 1-3.
36. Roxburgh, S. (2012). Parental time pressures and depression among married dual-earner parents. *Journal of Family Issues*, 33(8), 1027-1053.
37. Secunda, Katz, Friedman, and Schuyler. (1973). *Abnormality: Experimental and clinical approaches*, Steven Reiss, Rolf A. Peterson, Leonard D. Eron, Maggi Musico Reiss, Macmillan Publishing Co. Inc. New York Collier Macmillan Publishers, London, Copyright 1977.

38. Seto, M., Morimoto, K., & Maruyama, S. (2004). Effects of work-related factors and ict on depression among Japanese working women living with young work-family con children. *Environmental health and preventive medicine*, 9(5), 220.
39. Shani, A., & Pizam, A. (2009). Work-related depression among hotel employees. *Cornell Hospitality Quarterly*, 50(4), 446-459.
40. The Shillong Times (2020, May 6). Lack of sleep linked to loss of pleasure in teenagers.
41. Vaghela, K. J. (2014). A Comparative Study of Marital Adjustment among Employed and Unemployed Married Women of Urban and Rural Area. *The International Journal of Indian Psychology*, 2, 35-40.
42. Weissman, M. M., & Olfson, M. (1995). Depression in women: implications for health care research. *Science*, 269(5225), 799-801.
43. Woodruff, Goodwin and Guze. (1974), *abnormality: Experimental and clinical Approaches*, Steven Reiss, Rolf A. Peterson, Leonard D. Eron, Maggi Musico Reiss, Macmillan Publishing Co. Inc. New York Collier Macmillan Publishers, London, Copyright 1977.
44. World Health Report. (2001). Available from: <http://www.who.int/whr/2001/en/> World Health Organization. (2012). *Depression A Global Public Health Concern*.
45. World Health OrganiZation. (2014). *Health for The World's Adolescents. A second chance in the second decade*.
46. World Health Organization. (2017). *Depression in India- Let's Talk*.
47. World Health Organization. (2020, January 30). *Depression*.