

A Comparative Study of Mental Health and Stress among Working Women

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Abstract

Working women encounter many difficulties in their daily lives which are exacerbated due to a lack of support from their family members. In addition, working women who are married also face challenges in their homes, marriages, and child care. They manage the evolving routines of family members and struggle to find sufficient time for their own well-being. Keeping these in mind, the current investigation was conducted facilitating systematic measurement and comparison of the associations between stress and mental health among both employed and unemployed women. For this, purpose 75 working women and 75 non-working women of Bihar were selected and they were administered Mental Health Questionnaire (MHQ) and the Perceived Stress Scale (PSS). The data were analyzed using the t-test and product-moment correlation (r). It was found that there was a substantial difference seen in the mean mental health ratings of working and non-working women. A significant positive relationship between mental health and stress of working women was obtained. A significant positive relationship between mental health and stress of non-working women was work out. The goal of the study is to increase the awareness of working women about the many types of stressors and coping mechanisms that can help them better manage their stress and deal with mental health issues.

Key words: Mental Health, Stress, Working women & Non-working women

Introduction:

Women in today's culture have progressed beyond the position of just capable housewives to acquire the skills and abilities required to compete on an equal footing with their male colleagues in the workplace. This is the future generation of women, driven to succeed in their chosen industries. However, not everyone has a rose-filled bed in this life. There is more conflict with working women. Before focusing on the various responsibilities at home, one must first meet their needs at work. In the contemporary family, both the husband and wife attempt to achieve a good balance between the demands of their work life and the duties they have as parents at home. Despite this, women still struggle since they are

typically required to do many roles, such as nurse, tutor, chef, family maid, and office worker. Working full-time can increase a woman's stress and anxiety, especially if her family is not supportive. Compared to their counterparts in any other area of the world, women working in India confront far more hurdles. According to statistics, women's work is rarely acknowledged, even though they work approximately twice as many hours per week as men and undertake more physically demanding jobs.

Women who work outside the home face several challenges, particularly when it comes to receiving adequate support from their families. Married women who work face a variety of issues, including difficulty balancing marriage, childcare, and household responsibilities. They may also struggle with managing the changing attitudes and expectations of their family members, and find it difficult to find time for self-care. While they may contribute financially to their families, they may not always be included in important decision-making conversations. Additionally, working women may experience role conflicts when they are pulled in different directions and find it challenging to meet all their responsibilities. As per the research conducted by Pandit and Upadhyaya (2012), working women often struggle with role conflict when attempting to juggle multiple tasks while feeling pulled in different directions. This conflict of roles and expectations can harm the social and psychological well-being of working women, regardless of their marital status. It can lead to a range of mental health issues such as stress, anxiety, fatigue, and tension. Therefore, it is crucial to recognize and address the challenges faced by working women to ensure that they can maintain a healthy work-life balance while feeling fulfilled in both their personal and professional lives. Because they have to manage both the home and the office, working women's mental health problems affect their productivity, mindset, attitude, and conduct. Mental health is impacted by a person's experience, upbringing, and family history (WHO, 2016).

Mental Health

Mental health is a crucial aspect of one's overall well-being, indicating that they are in a state of cognitive and emotional

balance, and free from mental disorders. Positive psychology and holism emphasize the importance of mental health as the capacity to find joy in life, maintain a healthy balance in all areas of one's existence, and actively work towards strengthening one's psychological resilience. Therefore, prioritizing mental health in our lives is essential to lead a fulfilling and happy life. On the other hand, a mental disease or mental illness is defined as an uncontrollably occurring psychological or behavioural pattern that a person encounters and is thought to result in misery or incapacity that is not expected as part of everyday development or culture. Many factors may contribute to this discomfort or impairment, of which one of the biggest determinants of mental health and sickness is a person's gender. Compared to gender-specific characteristics and processes that promote and preserve mental health and foster resilience in the face of stress and adversity, the morbidity associated with mental illness has garnered a great deal more attention.

The Indian concept of mental health:

In Indian culture, mental well-being is viewed as including both physical and mental health. Health is not just the absence of disease; it is also defined as well-being in its widest meaning. Biological, sociocultural, psychological, economic, and spiritual elements interact intricately to determine one's level of well-being. For traditional Indians, being well is experiencing happiness or a sense of bodily and spiritual well-being (*prasanmantanaendriyamanh*) (Dalal, 2011, Sinha, 1990). Verma (1998) asserts, quoting from *Bhagvad Geeta*, that human well-being develops on three levels: cognitive, conative, and emotive. The cognitive level discusses the ego and its attachments, desires, and lusty tendencies (*Asakti*). Well-being at the conative level is derived from carrying out one's karma, or responsibility. People internalise a belief system that shapes the meaning of health and sickness because they are part of a sociocultural environment. It is assumed that women are positioned at the cognitive level by adopting gender viewpoints; nevertheless, at the emotive level, Indian women are seldom envisioned, therefore this area also becomes defined by male perspective. Boys in a family

are ready to face obstacles in life with their individuality, recognition, and financial independence, but females are simply ready to conform to the ideals of womanhood, which include modesty, selflessness, and putting the needs of others before their own. In conclusion, women are often considered passive individuals and mental health is defined as adverse.

In India, the societal expectations placed on women can have a significant impact on their mental well-being. Women are expected to be content with their roles as obedient wives and mothers, and those who have not experienced motherhood are often seen as incomplete. This idealized standard of contentment can leave women feeling fractured and disconnected from their true selves. It's essential to recognize that every woman is unique, and their happiness should not be measured against gender norms. This calls for working towards creating a society that values every individual for who they are, rather than forcing them to conform to rigid standards. The fulfilling social function determined for ideal women takes into consideration the subjective feeling of well-being. According to the majority of psychological research, women are more likely than males to have mental health issues including anxiety, depression, conversion, etc. Although these issues are portrayed as personal issues and personality traits, they have societal roots in addition to being reactions to oppression and collective issues facing the oppressed minority.

Good health is more than just the absence of disease or impairment. According to the World Health Organisation (WHO), it encompasses full physical, mental, and social well-being. Mental health has a significant impact on our lives, including our habits, hobbies, enjoyment levels, and performance levels. Unfortunately, mental strain is a leading cause of mental health issues that can arise due to various circumstances. However, by strengthening our minds, we can overcome such challenges. For instance, women who take care of their mental health can handle their family responsibilities with ease and raise their children well. They can identify obstacles and work to overcome them, plan for the future, and socialize confidently.

Therefore, mental health should be prioritised to enjoy all the benefits that come with it. Practically speaking, one's ability to make a sufficient social and emotional adjustment to their surroundings might be seen as an indicator of their mental health. In other words, it's the capacity to acknowledge and embrace life's facts. Women who are expected to satisfy both professional and household responsibilities while working outside the home often experience higher levels of stress due to the conflicting demands of their personal and professional lives. In the end, this causes stress for the person, which hurts their mental health.

Stress

Selye (1956), known as the “father of stress research”, presented the notion of stress to science for the first time. The concept was inspired by the natural sciences, and the word originated from the Latin term “stringers”. He observed that all noxious stimuli cause severe tissue damage. Multiple bodily organs are impacted by the stressor, which is the precursor stimulus that causes stress. The body's defence system kicks in right away to assist the body cope with the stressor. The body essentially generates alarms and develops defense mechanisms against the “enemy”. However, if an individual's environment persists, intense exposure and resistance deplete the body's energy or adaptation response, and fatigue sets in as a result of excessive “wear and tear” on the body and mind, this negatively impacts the individual's physical, emotional, and mental health and lowers their capacity to perform well in their line of work. Stress is an inevitable and pleasant part of life. Stress arises from a significant disparity between an organism's ability to respond to its environment and its need for resources.

According to the definition of stress in physical science, when a person is subjected to external pressure and tries to maintain their original state by resisting it, they experience a significant degree of discomfort. This discomfort can manifest itself in various forms such as physical, emotional, or mental strain. It is a common human experience that can occur due to various reasons, including work pressure, personal issues, or challenging life situations. Stress can

have a detrimental effect on a person's health and well-being if not managed properly. Therefore, it is essential to learn effective coping mechanisms to deal with this phenomenon and maintain a balanced and healthy life.

According to Lazarus and Folkman (1984) and Chrousos (2009), stress is defined as the real or perceived difference between a person's total capacity to adapt to external pressures and those needs that are deemed essential for survival. Humans are driven to become adapted because, in order to exist, they must continually adjust to the demands of a changing environment. Stress may be thought of as a sequence of uncomfortable bodily sensations and psychological responses that often occur when people perceive threats to their health that they might not be able to avoid.

The cognitive-phenomenological approach offers a novel interpretation of stress by prioritising goal-directed conduct, the experiential aspect of human existence, and the intentionality of human endeavour. People experience stress when they find themselves in situations they cannot control. Symptoms of stress are our bodies' way of telling us that we are taking on more than is healthy. varied people have varied reactions to stress. According to their personality and circumstances, each person may exhibit a distinct stress indicator or symptom. Stress affects our physical and mental health, and too much stress can lead to illness, according to widely held beliefs.

Stress is a complex and multifaceted phenomenon that arises when a person confronts a stimulus, event, or situation that disrupts its equilibrium and exceeds its capacity to cope effectively. It is characterized by a wide range of physiological, cognitive, and emotional responses that reflect the body's struggle to adapt to the challenges it faces. Stressful experiences can manifest in impulsive behavioral changes, such as withdrawing from social activities, and in physiological changes, such as increased heart rate and blood pressure. These changes can have a significant impact on our daily lives, affecting our physical and mental health, social relationships, and overall well

being. Recognizing the symptoms of stress and learning how to manage it effectively is crucial for maintaining a healthy and fulfilling life.

In addition to physical issues like coronary heart disease, blood pressure changes, body aches, tension headaches, short menstrual cycles, digestive issues, and back pain, women who experience chronic occupational stress also experience psychological issues like depression symptoms, insomnia, dissatisfaction, rage, anxiety, fearfulness, feelings of guilt and shame, and withdrawal. Functional behavioural manifestations include sickness absenteeism, frequent job changes, career interruption, and job withdrawal due to negative job attitudes. Working women may experience stress as they juggle several responsibilities.

Recent research has revealed that one of the primary causes of mental health issues resulting from a variety of diseases is mental strain. Women's positions and roles have drastically altered in recent years. Stress causes mental strain, which has a severe negative impact on people's lives. Numerous factors can lead to stress. Increased disputes occur when a mother works (Cruess, Antoni, Kumar & Schneiderman, 2000). Women are expected to do a variety of jobs in the home, including those of a chef, housekeeper, tutor, nurse, and office worker. A working woman may become worried and stressed out as a result of this (Hashmi et al., 2007; Baghmar & Agarwal, 2014; AlZubi, 2023; Cho, 2024). Working mothers have significant levels of stress (Greenon, 2009; Cruess et al., 2000; Al-Dosari and Abdellatif, 2024; Untari and Satria, 2022; Agarwal, Kothari, Hiran, 2023; Kareem and Al-Ogaidi, 2023). Wihardjo et al., 2024. Field (1996) discovered that women are the primary sufferers of stress and that the multiple roles that working women experience contribute to their higher stress levels than those of nonworking women. According to Jain and Gunthey (2001), working women struggle to find coping mechanisms that allow them to successfully manage several responsibilities. They feel tense, anxious, or depressed more often. Women's mental health is impacted by urbanisation and is under stress, according to Kar and Somani (2015).

Rationale of the Study

After conducting a thorough review of existing research, it was found that while many studies have been conducted on women in the workforce, the majority of them have focused on working conditions, such as wage discrimination, workplace sexual harassment, balancing work and home obligations, and the overall status of women in the labour force. Unfortunately, women continue to face various challenges in both their personal and professional lives, which can cause significant stress for working women. It is a well-known fact that working women who are married face numerous challenges, as they are responsible for caring for their elderly family members and children which demands physical labour. Juggling these duties with their professional life can be incredibly demanding. Unfortunately, single or unmarried professional women are not immune to societal and cultural pressures either. Women who strive to balance the demands of their careers and households must navigate a range of psychological, social, and physical challenges. As a result, these women face a plethora of social, physical, and psychological issues that can impede their ability to function effectively both at home and in the workplace. Hence, it is imperative that we recognize and address these challenges faced by working women, and work towards creating a more supportive and equitable environment for them. In India, working women face numerous psychological challenges that require a deeper understanding of their stress levels and mental well-being. However, the scarcity of studies addressing these issues highlights the urgent need for more research in this area. The present study was carried out to investigate the differences in mental health and stress levels between working and non-working women, as well as the relationship between these two variables. The study recruited women employed in both public and private sectors in Bihar, as well as non-working women from the same region. The present study aims to shed light on the stress and mental health of both working and non-working women. This study will help better understand the unique challenges faced by working women in India and contribute to creating a more supportive and positive work environment for all women.

Hypotheses:

1. There is a significant difference between the mental health of working and non-working women.
2. There is a significant difference between the stress of working and non-working women.
3. There is a significant relationship between mental health and the stress of working women.
4. There would be a significant relationship between mental health and stress of non-working women.

Methods:

The goal of this study was to examine women's stress levels and mental health in two distinct groups: those who work and those who do not.

Research design:

In the present study, a two-group design (working women and non-working women) and a correlational design will be used. The present study will be to examine the difference between mental health, and stress of working women and non-women and also to find out the relationship between mental health and stress of working women and non-working women separately. A correlational research design will be used because it gives the measure of a relationship among variables and there is no control over them. Therefore, two group designs and a correlational research design were used in this research.

Participants:

A total of 150 women from various districts in Bihar were studied. There were 75 working women and 75 non-working women. Participants ranged in age from 25 to 45 years old. The respondents for the study were chosen using an availability sampling approach. The working women were drawn from the public and private sectors in Bihar.

Measure

In this study, stress and mental health were assessed using two different tools. The Mental Health Questionnaire, which was originally developed by Srivastava and Bhatt (1973), was utilized to evaluate the general state of mental health among the participants. The complete scale is available in Hindi as MHQ-48. A 3-point rating system was used for some items, while a 2-point scale was used for

others. A low score on the questionnaire indicates normal mental health, whereas a high score suggests the presence of mental health issues. Using the split-half approach, the entire test showed a reliability value of 0.70. Reliability coefficients for each of the subscales were 0.88 for OBS, 0.76 for PHO, 0.72 for SOM, 0.68 for DEP, and 0.66 for HYS.

In contrast, Cohen et al. (1994) created the Perceived Stress Scale (PSS). This tool has ten statements with a four-point rating system. A total score ranging from 0 to 40 is calculated by reverse scoring the four favourably phrased items and then adding all of the scale elements. A higher score indicates greater levels of perceived stress. PSS-4 is based on psychometric concepts and is thought to be valid. However, the restricted four-item shortened scale has poor internal reliability ($r=.60$). It gives a less accurate picture of subjective stress levels than bigger scales. Shorter time intervals have the highest test-retest reliability and predictive validity. The 10- and 14-item self-report questionnaires are reliable and valid ($r=0.85$).

Results:

Table no. 1: Means, SDs, and SED and results of t-ratio of working women and non-working women on stress.

Variables	Group	N	Mean	SD	SED	t	P
Stress	Working women	75	27.40	4.223	0.572	10.359	<.001
	Non-Working women	75	21.47	2.601			

From Table 1, it is obvious that the mean of the overall scores on the stress of working women was higher than non-working women. The mean score of working women was 27.40, whereas, for the non-working women group it was 21.47. Similarly, the standard deviation value of the

Procedure of Data Collection

To begin with the research, the researcher contacted the different working women and non-working women from the public and private sectors in Bihar. Permission was sought from the organization authorities by approaching and explaining details of the study, i.e., purpose and benefits for the working employees, the organization. Also, verbal consent of the working women employees regarding data collection was taken and they were assured of confidentiality. Working employees who were not willing to give information were not forced to do so and were not included in the sample for the study. First, they were explained briefly about the purpose and the importance of research, which helped in establishing rapport with them. The researcher administered the test to individuals and groups based on availability and allocation. The scales were administered on them one after the other in the same order. After collecting the relevant data researcher extended thanks to the participants for contributing their valuable time and helping the researcher in her research pursuit. The obtained data were sorted and grouped by the study's goal and the necessity for hypotheses.

working women group was 4.223 and the non-working women group was 2.601. The difference in the mean scores for the two groups was satisfactory and it was found to be statistically significant ($t=10.359$).

Table no. 2: Means, SDs, and SED and results of t-ratio of working women and non-working women on mental health.

Variables	Group	N	Mean	SD	SED	t	P
Mental Health	Working women	75	43.11	3.772	0.698	18.713	<.001
	Non-Working women	75	30.04	4.726			

From the Table 2, it is observed that working women had greater overall scores on mental health compared to non-working women. The mean score of working women was 43.11, whereas, for the non-working women group it was 30.04. Similarly, the standard deviation value of the working women group was 3.772 and non-working women

group it was 4.726. The difference in the mean scores for the two groups was satisfactory and it was found to be statistically significant ($t = 18.713$). According to the norms of the scale, a higher score on mental health means they face more mental health-related problems than those with a lower score.

Table no. 3: Results of Correlation between mental health and stress score of working women.

Variables	Correlation	Significance level
Mental Health	0.325	< .01
Stress		

Table no. 4: Results of Correlation between mental health and stress score of non-working women.

Variables	Correlation	Significance level
Mental Health	0.621	< .01
Stress		

From the Table 3, it is observed that the coefficient of correlation between mental health and stress of working women was found as 0.325 which was significant at 0.01 level of significance. In the same way a look at Table 4 reveals that the relationship between mental health and stress of non-working women was 0.621 which was significant.

Discussion

The results of the present study showed that working women had higher levels of stress than non-working women. Hence, a woman who works full-time may have elevated levels of stress and anxiety as a result, especially if her family does not provide support. The absence of familial support causes issues for working women. Working women who are married confront difficulties in their marriages, childrearing, and domestic duties. They are facing the changing behaviour of family members and don't have proper time for self-care. Overtime work and family management are the main reasons for stress among working women. In most of the circumstances working women are not able to cope with family as well as professional management. Marhani et al (2011) showed the prevalence of psychological distress among married working women as 22.8%. Thus the hypothesis presuming differences in the extent of stress among the two different groups (working

women and non-working women) of women was found confirmed. On the other hand, the results of Table 2 indicate that non-working women had fewer mental health problems than their working women counterparts. It reveals that the mental health of working women is significantly worse than that of women who are not employed outside the home. As we know working women are forced to deal with the challenges of role conflicts since they are simultaneously subjected to the numerous demands of both the home and the outside world. Because of the prevalent cultural norms and values, they are expected to carry out certain responsibilities at home in addition to the biological roles that they are designed to carry out. They are expected to carry out the responsibilities, duties, and specific commitments that are associated with their work simultaneously. The obtained results were also got supported by the findings of the study conducted by Dudhatra and Jogsan (2012) which indicated that working women are more depressed and mentally disturbed as compared to non-working women. They have more work pressure and more responsibilities as compared to non-working women. Thus, the hypothesis presuming the difference between the two different groups (working and non-working) of women on mental health was found confirmed.

Also, this study revealed that both working and non-working women showed a positive correlation between stress and mental health scores. It means that if mental health illness increases then stress will also increase and vice versa. The analysis of Tables 3 and 4 has yielded a highly significant outcome. The positive correlation between the variables is a strong indication of their direct and positive relationship. Consequently, hypotheses 3 and 4 are accepted. As per the study, within the mental health illness role of an employee, there are various factors, with varying degrees of impact, which have been identified as the root cause of mental health illness and job stress. Moreover, the mental health illness and stress are both negative feelings and have equal detrimental effects on types of both working and non-working women resulting into relationship between the two variables. A negative state of mental health appears to be an outgrowth of job and life stress. There are supporting evidences which link diverse aspect of mental health to specific aspects of the work environment (Caplan, 1971; Kahn et al., 1962). This study showed that poor mental health is related to conditions at work, work itself, shift work, supervision, the organization, wages and promotion. Our findings of the present study are also consistent with previous studies reporting negative life events to be meaningful predictors of symptomatology and health (Dohrenwend and Dohrenwend, 1974). The present result provides support to the notion that stress can result in increase mental health illness and decrease of low level of performance.

Conclusion

The present study was conducted with the objective to investigate the difference between working and non-working women on mental health and stress and also find out the relationship of mental health and stress of working and non-working women. t-test was used to find out the difference between working and non-working women on mental health and stress and Pearson correlation was applied to find out relationship between mental health and stress score of working and non-working women separately. The following results were obtained:

1. The results of the t-test reveal that working women achieved significantly greater mean scores than non-working women on mental health.
2. Working women obtained a significantly greater mean score on stress than non-working women meaning thereby that working women had significantly greater stress than non-working women.
3. A positive and significant relationship between mental health illness and stress of working women was obtained.
4. A positive and significant relationship between mental health illness and stress of non-working women was found.

The discussion highlights that working women experience significantly higher levels of mental health issues than non-working women. This is mainly due to the societal expectations and consciousness that place a greater burden on working women, as well as the work environments of the companies. Similarly, the study also found that working women experience significantly higher levels of stress compared to non-working women. This highlights the need for companies to prioritize the mental health and well-being of working women, and to create an environment that is conducive to their success. By doing so, companies can help working women to thrive, while also benefiting from their unique skills and perspectives.

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Authors' contributions

All authors contributed toward data analysis, drafting and revising the paper and agreed to be responsible for all the aspects of this work.

Declaration of Conflicts of Interests

Authors declare that they have no conflict of interest.

Data Availability Statement

The database generated and/or analysed during the current

study are not publicly available due to privacy, but are available from the corresponding author on reasonable request.

Declarations

Author(s) declare that all works are original and this manuscript has not been published in any other journal.

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