

Perceived Stress, Anxiety, and Depression among Mizo Women

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Abstract: The present study aims to explore the relationship between perceived stress, anxiety, and depression among Mizo women. In addition, the study attempts to highlight the predictability of perceived stress and anxiety on depression. Data is collected from a random sample of forty-three (43) Mizo educated women in Aizawl, with their age ranging between 18 to 39 (M = 28.42 years). Results indicate significant positive relationships between perceived stress, anxiety and depression. The results further show that the variables significantly predicted depression and that perceived stress is the best predictor of depression accounting for a very large proportion of the variance. Intervention programs for women that reduce perceived stress and anxiety are needed in order to manage their effects on depression.

Keywords: Perceived Stress, Anxiety, Depression, Women

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I. INTRODUCTION

When we experience or perceive challenges to our physical or emotional well-being that exceed our coping resources and abilities, the psychological condition that results is typically referred to as **stress** (Shalev, 2009).

As the world becomes a more global society, the roles enacted by men and women continue to change and present new challenges. Prominent among these is the upward mobility of women into managerial and professional positions. Women are currently being called 'the managers of the twenty-first century' (Davidson and Burke, 2000). Blumenthol et al., (1995) demonstrated that the consequences of job strain are more severe for women than for men. Much of this may be due to the fact that many women who work are also mothers and wives, and therefore continue to 'work' after leaving their place of employment, returning home to cook, clean, and work with the children on schoolwork. This timely study examines the stressors experienced by women managers within the work/family spheres.

As more women engage in full-time work, home and work roles often compete for both men's and women's time and resources, thus raising the potential for spillover-related stress (Bielby and Bielby, 1989; Glass and Estes, 1997; Googins, 1991; Silver, 2000; Skrypnik and Fast, 1996).

Even when women and men are confronted with similar stressors, women may be more vulnerable than men to developing depression and related anxiety disorders such as posttraumatic stress disorder (Breslau, Davis, Andreski, Peterson, & Schultz, 1997). Women's greater reactivity compared with men's has been attributed to gender differences in biological responses, self-concepts, and coping style (Nolen-Hoeksema, 1990, 1995).

Anxiety is a complex blend of unpleasant emotions and cognitions that is more oriented to the future and much more diffuse than fear (Carson, 2013). The adaptive value of anxiety may be that it helps us plan and prepare for possible threat. In mild to moderate degrees, anxiety actually enhances learning and performance. But it becomes maladaptive when it is chronic and severe, as we see in people diagnosed with anxiety disorders. In a study on prevalence and associated factors of stress, anxiety and depression among medical Fayoum University students, Abdel Wahed & Hassan (2016) found that higher stress and anxiety scores were significantly associated with female sex, older age, and BMI ≥ 25 kg/m².

Depression, one of the two key moods involved in mood disorders, involves feelings of extraordinary sadness and dejection. Major Depressive Disorder (MDD; also called unipolar or clinical depression) is one of the most common and disabling psychiatric conditions. Current estimates suggest that approximately 16% of people in the United States suffer from MDD at some point during their lives, with women diagnosed with depression almost twice as often as men (Kessler et al., 2003). Also of great concern is the fact that depression is frequently recurrent and cyclical, or sometimes chronic. Depression is ranked as the fifth leading cause of

disability among all diseases worldwide and is projected to become the second leading cause by the year 2020 (Michaud, Murray, & Bloom, 2001).

Across many nations, cultures and ethnicities, women are about twice as likely as men to develop depression (Nolen-Hoeksema, 1990; Weissman et al, 1996). This is true whether depression is indexed as a diagnosed mental disorder or as subclinical symptoms. Diagnosable depressive disorders are extraordinarily common in women, who have a lifetime prevalence for major depressive disorder of 21.3%, compared with 12.7% in men (Kessler, McGonagle, Swartz, Blazer, & Nelson, 1993). Girls are no more likely than boys to evidence depression in childhood, but by about age 13, girls' rates of depression begin to increase sharply, whereas boys' rates of depression remain low, and may even decrease. By late adolescence, girls are twice as likely as boys to be depressed, and this gender ratio remains more or less the same throughout adulthood. The absolute rates of depression in women and men vary substantially across the lifespan, however.

A study of Mizo women vegetable vendors (Ralte, 1998), revealed the appalling condition faced by these women. In the Mizo patriarchal family, these women do not have ownership rights over their family land and most of them have to carry the heavy load of household responsibilities and vending vegetables. Even though they play a crucial role in the economy of the state, they are dominated and their crucial contributions are completely ignored or undervalued in the family and in the wider social context. The majority of women in Mizoram, just like many of their counterparts in the rest of the world, are playing the role of breadwinner as well as that of a homemaker. They are engaged with multiple roles as a mother, a wife, and a daughter-in-law along with numerous decision making tasks and roles as an employee in their work environment. It would be justified to ascribe the onset of certain mental health problems such as anxiety, depression, and high levels of perceived stress to these multiple roles their lives are entwined with. Although many of them could easily transcend the daily stresses and strains many succumb to stress overload with psychological symptoms such as depression. Therefore, in the light of the discussion of the aforementioned variables the present study is undertaken with the following objectives and hypotheses.

OBJECTIVES

1. To study perceived stress, anxiety, and depression of Mizo women
2. To establish the relationships between perceived stress, anxiety, and depression
3. To study the predictability of perceived stress and anxiety on depression

HYPOTHESES

1. There will be high levels of perceived stress, anxiety, and depression among Mizo women
2. There will be significant correlations between perceived stress, anxiety, and depression
3. Significant predictability of perceived stress and anxiety on depression will be observed

II. METHODS

Sample

The sample for the present study consisted of forty-three (N=43) Mizo women residing in Aizawl, the capital city of Mizoram, India. They all have consented to participate in the study after a thorough briefing about the purpose of the study. Their age ranges from 18 to 39 with the Mean age of 28.42 years. 17 (39.53%) have children; 26 (60.47%) have no children; 31 (72.09%) have an occupation; 12 (27.91%) have no occupation; their income ranges from Rs 3000 to 30,000; 5 (11.63%) are below average in SES ; 38 (88.37%) are above average in SES.

Tools Used

1. **The Perceived Stress Scale (PSS - Cohen, S., Kamarck, T., and Mermelstein, R, 1983)** 10 item inventory is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful. Items were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives. The scale also includes a number of direct queries about current levels of experienced stress. Individual scores on the PSS can range from 0 to 40 with higher scores indicating higher perceived stress. Scores ranging from 0-13 would be considered low stress; 14-26 would be considered moderate stress; 27-40 would be considered high perceived stress.
2. **The Beck Depression Inventory Second Edition (BDI-II - Beck, A.T., Steer, R.A., & Brown, G.K., 1996)** is a 21-item self-report instrument intended to assess the existence and severity of symptoms of depression as listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV; 1994). Each of the 21 items corresponding to a symptom of depression is summed to give a single score for the BDI-II. Total score of 0-13 is considered minimal range, 14-19 is mild, 20-28 is moderate, and 29-63 is severe. BDI has a high coefficient alpha, (.80) its construct validity has been established, and it is

able to differentiate depressed from non-depressed patients. For the BDI-II the coefficient alphas (.92 for outpatients and .93 for the college students) were higher than those for the BDI- 1A (.86).

3. The Beck Anxiety Inventory (BAI - Beck, A. T., Epstein, N., Brown, G., Steer, R. A., 1988), is a 21-question multiple-choice self-report inventory that is used for measuring the severity of anxiety in children and adults. Internal consistency for the BAI = (Cronbach’s $\alpha=0.92$) and Test-retest reliability (1 week) for the BAI = 0.75 (Beck, Epstein, Brown, & Steer, 1988). The BAI was moderately correlated with the revised Hamilton Anxiety Rating Scale (.51), and mildly correlated with the Hamilton Depression Rating Scale (.25) (Beck et al., 1988)

III. RESULTS AND DISCUSSION

Table 1: Means and Standard deviation for the sample on the behavioural measures

Variable	Mean	SD	N
Perceived Stress	16.98	6.32	43
Anxiety	15.79	12.32	43
Depression	12.49	8.25	43

Table 1 shows the mean scores for the variables studied indicating that anxiety (M=15.79), and depression (M=12.49) are low and minimal among the sample, whereas perceived stress (M= 16.98) is found to be at a moderate level.

Blumenthol et al (1995) demonstrated that the consequences of job strain are more severe for women than for men. Women play multiple roles in their lives as mothers, wives, employees, as well as homemakers, and the fact that they have to carry out these responsibilities all at once is likely to create and maintain at least moderate levels of stress. Moreover, due to individual differences and perception of these specific stressors related to their lives, they may experience anxiety. Chronic anxiety with the inability to face the stresses of life may culminate in depression.

A study by Spurlock (1995) showed that women experience multiple and overlapping roles that can create more conflict and stress than men experience. In a survey conducted in 2006 by the American Psychological Association (APA), the stress gap was confirmed: Fully 51 percent of women -- compared to 43 percent of men -- reported that stress had an impact on their lives. Other studies have yielded similar results (Cohen & Williamson, 1988). In one study of 2,816 people, women scored significantly higher than men in terms of chronic stress (Matud, 2004).

Table 2: Bivariate correlation coefficients of the variables and reliability coefficients (cronbach alpha) of the scales (in the brackets)

Variable	Perceived Stress	Anxiety	Depression
Perceived Stress	(0.73)		
Anxiety	0.36*	(0.76)	
Depression	0.70**	0.31*	(0.74)

*Significant at 0.05 level ** Significant at 0.01 level

Pearson correlation coefficient (Table – 2) was used to determine the relationship between perceived stress, anxiety, and depression. Significant positive relationships were found between perceived stress and anxiety (r = 0.36), perceived stress and depression (r = 0.70), as well as anxiety and depression (r = 0.31).

Reliability coefficients of the scales are also found to be moderate for perceived stress (alpha = 0.73), anxiety (alpha = 0.76), and depression (alpha = 0.74). Overall, reliability coefficients emerged to be robust suggesting the trustworthiness of the test scales for measurement purposes in the project population- Mizo women.

Table 3.1: Results of Linear Regression Analysis with Perceived Stress and Anxiety as predictors and Depression as the criterion

Dependent Variable	R	R Square	Adjusted R Square	Standard Error of the Estimate	Durbin-Watson
Depression	0.71	0.50	0.46	6.05	2.48

- a. Predictors: (Constant), ANTT, PSTT
- b. Dependent Variable: DTT

Table 3. 2: Resulting ANOVA with Perceived Stress and Anxiety as predictors and Depression as the criterion

Model	Source	Sum of Squares	Df	Mean Square	F	Sig.
	Regression	1432.68	3	477.56	13.06	0.00
	Residual	1426.06	39	36.57		
	Total	2858.74	42			

- a. Predictors: (Constant), ANTT, PSTT
- b. Dependent Variable: DTT

Table 3.3: Coefficients for Regression Analysis with Perceived Stress and Anxiety as predictors and Depression as the criterion

Predictors	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std.Error	Beta		
Perceived Stress	0.90	0.16	0.69	5.62	0.00
Anxiety	0.05	0.08	0.08	0.62	0.54

Results (Table-3.1) also revealed that perceived stress and anxiety jointly predicted 50% of depression. The observed Durbin-Watson Statistic (Table-3.1) revealed that the result of the linear regression analysis on the criterion variable remains unaffected due to multicollinearity. The resulting ANOVA (Table-3.2) also manifested significant F-ratio. Beta coefficients for the analysis (Table-3.3) revealed that ‘perceived stress’ accounted for 69 % of variance in depression. Anxiety predicted 8 % to depression but it is not significant. The ‘Perceived Stress’ emerged to be the primary and the best predictor for depression accounting for 69% of the total variance, suggesting its major contribution in the prediction of depression. This clearly indicates a very strong degree of association between perceived stress and depression.

Many studies have shown that severely stressful life events often serve as precipitating factors for unipolar depression (e.g., Hammen, 2005; Monroe & Harkness, 2005; Monroe et al., 2009). Most of the episodic stressful life events involved in precipitating depression involve loss of a loved one, serious threats to important close relationships or to one’s occupation, or severe economic or serious health problems (Monroe & Hadjiyannakis, 2002; Monroe et al., 2009). For example, separations through death or divorce are strongly associated with depression, although such losses also tend to precede other disorders such as panic disorder and generalized anxiety (Kendler, Hetema et al., 2003; Kessler et al., 1997).

Women face a number of chronic burdens in everyday life as a result of their social status and roles relative to men, and these strains could contribute to their higher rates of depression (Nolen-Hoeksema, 1990). Women often have full-time paid jobs and also do nearly all the child care and domestic work of the home. In addition, women are increasingly "sandwiched" between caring for young children and caring for sick and elderly family members. This role overload is said to contribute to a sense of "burn out" and general distress, including depressive symptoms, in women. According to Nezhad, Goodarzi, Asannejad and Roushani (2010) work and family are the two most important aspects in women’s lives. Balancing work and family roles has become a key personal and family issue for many societies. There are many facets in working mothers’ lives that are subject to stresses. They deal with home and family issues as well as job stress on a daily basis. Imbalance between work and family life arises due to a number of factors. Balancing work and family roles has become a key personal and family issue for many societies (Ford et al., 2007). In study on the relationship between occupational stress and family environment among under-graduate women teachers (Mubasheer & Shivappa, 2013) it was found that as conflict and achievement orientation increased, stress level also increased linearly and significantly. It is obvious that female working teachers do have conflicts regarding their role as a housewife as well as a working woman.

IV. CONCLUSION AND RECOMMENDATIONS

The present study unveils the relationships between perceived stress, anxiety and depression among Mizo women. Significant associations between the variables and the predictability of perceived stress on depression suggest that understanding such an issue will pave way for a more comprehensive study of this kind incorporating more extensive sample and using a comparative study to form conclusive results. In order to gain a thorough understanding about what conditions contribute to depression among Mizo women, a study of cause – and – effect relationships among the variables may be taken up in future endeavours. Moreover, intervention

training programs to reduce perceived stress should be implemented especially for the participants and as well as women in general. The implications of such future studies might go a long way in the promotion of mental health among women.

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