

# Frustration And Anxiety Among Middle-Aged Working Women: A Psycho-Social Study

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## **Abstract:**

*The present research examined middle-aged West Bengal marital adjustment, mental health, and reactions to frustration. Among middle-aged female school teachers, psychosocial stress, conflict between work and family life, depression, anxiety, complaints that are somatic and social dysfunction were all present. In order to create any structured interventions for preserving and enhancing working middle-aged women's quality of life, it is necessary to analyze their mental health state. Another study examines how social and cultural factors determine mental health diagnosis and treatment. Through an online survey, 101 participants in Jalpaiguri were chosen using the snowball sampling technique. Depression, anxiety, and stress were assessed using the DASS-21. Women in the teaching profession between the ages of 45 and 65 were shown to have significant levels of anxiety, despair, and tension. Maintaining a balance between family responsibilities and the need to implement new technologies and innovative teaching causes women to experience anxiety, depression, and stress.*

**Keywords:** Mental Health, Middle Ages, frustration reactions, Psychosocial stress.

## **1. INTRODUCTION**

Women in their middle age experience pervasive gender bias, which has a negative impact on their wellbeing. They are also not included in gender discourse, which considers the unborn and recently born female child, adolescent girls, young and adult women in the reproductive age range, and finally, old women. Middle age, especially between the ages of 45 and 65, is ignored somewhere. Ironically, these women have been at the vanguard of the women's empowerment movement. They take the lead in promoting women's rights, fighting for the protection and safety of other women, guaranteeing their economic viability, and taking action, but they fail to acknowledge that they belong to a group that is equally vulnerable and needs extra attention. Every stage of life, along with one's physical and mental health, require evaluations of one's level of well-being. These inquiries are essential because discrimination and gender-based violence against women have a direct impact on their health and wellbeing. Between the ages of forty-five and sixty-five, middle-aged women are frequently overlooked in gender discussions. Gender resource disparities must be included in studies on the importance of well-being in the lives of middle-aged women. Subjective experiences that are based on culturally relevant information, expectations, and behaviours are important measures of wellbeing, especially for middle-aged or older women. When women are ready to have children, the state ceases addressing their needs in terms of policies and initiatives. Mental health is one of the most significant public health issues because it accounts for 14% of the global disease burden [1]. It speaks of the capacity to react purposefully and adaptably to varied life conditions. It can be defined as a situation of harmony between oneself and others as well as a state of equilibrium between an individual and his surroundings [2]. Women's mental health is crucial for both their own well-being and the welfare of their families and children, serving as the cornerstone of one's well-being and the efficient operation of a community. Women are more likely than men to suffer negative consequences from mental illnesses, the most prevalent of which being anxiety and depressive disorders [3, 4]. The status of women in society has been undergoing fast change as a result of a number of reasons, including urbanization, industrialization, higher levels of education, rights awareness, and media impact. More women than ever desire to work, in some capacity, in order to support their families. However, the way that people view women, particularly those who are married, and their place in the family has not changed because caring for the household and children is still seen as their main duty. A married woman who works full-time is consequently overburdened with duties at home and at work, which can cause a variety of psychological issues such role conflict, job pressure, mental tiredness, stress, anxiety, frustration, melancholy, rage, phobias, and other social and emotional discomfort. Working women, especially married working women, may have negative effects from the interplay of these issues. The working women had worse mental health and higher levels of depression than non-working women [5]. There are few studies on the mental health of married working women in West Bengal, and none that the authors are aware of have been done in the Jalpaiguri. Everybody's mental and physical health are greatly influenced by one another. When it comes to our whole bio-socio-psychological, spiritual, and general well-being, our entire personality's performance is referred to as our mental health. It possesses both positives and negative traits, including both uniqueness and emotional instability or neuroticism,

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psychoticism, anxiety, despair, and hopelessness, as well as positive traits like fulfilment and hope, creativity, happiness, and self-actualization. When women reach middle age, their lives and behaviours change for a number of reasons, including biological, social, and psychological ones. The main influence on middle age comes from hormonal factors. The menopausal ovarian oestrogen production decline, in particular, has a significant impact on depression due to the climacteric hormonal alterations.<sup>3</sup> Social factors that are concerned with the social aspects of stress include social support, socioeconomic concerns, social roles, and social desirability, whereas psychological factors are more pertinent to problems with adjustment, stress, coping, emotional, behavioural, and psychological issues, among other things.

During menopause, women are more susceptible to developing a number of chronic diseases, and they may experience physical and psychological discomfort. When a woman enters menopause, a number of physiological and psychological symptoms, such as palpitations, hot flashes, night sweats, frequent urination, disturbed sleep, fatigue, melancholy, anxiety, and irritability, begin to manifest. It is estimated that more than 50% of women between the ages of 40 and 55 struggle with emotional issues like anxiety or irritability.

The menopause is associated with increased anxiety and depression, according to numerous research [6]. Women go through more extreme mood swings during this time due to endocrine and metabolic changes brought on by menopause. However, some specialists believe that in addition to physiological considerations, the increasing stress of daily life and the declining physical health of menopausal women during this time can also contribute to the explanation of this issue. In the long run, women are more likely than males to develop chronic diseases if nothing is done. The best intervention for both physical and mental health is regular physical activity. Exercise regimens are thought to be helpful treatments for anxiety issues due to their low cost and low danger [7]. The "National Fitness Program (2021-2025)" and "Healthy China 2030" are two programs created as part of China's national strategies to enhance national health. The Chinese government strongly encourages citizens to exercise in terms of both policy and finance. The average sports area per person is expected to increase to 2.6 square meters by 2025, and 38.5% of people will regularly engage in physical activity. The government has observed that older and middle-aged people favour square dancing, Taijiquan, Badu Anjin, and other Chinese-influenced sports. Due to the widespread hosting of these sporting events, middle-aged and senior citizens are encouraged to exercise more frequently. Governments occasionally come up with good ideas for policies, but these things rarely happen. This might be due to a number of factors, such as unclear policy objectives or poor local implementation. Therefore, a successful method to improve policy execution is to promptly inform the government and relevant departments of specific examples and problems. According to the study's findings, the government has put in place effective policies to encourage people to enhance their levels of physical activity in order to improve their health. Additionally, it has increased financial expenditure in public sporting venues and initiatives. There are still concerns regarding menopausal women's real participation rates in sports, whether they have faced any obstacles, and whether the government can assist in removing any such obstacles. The government's efforts in the "National Fitness Program" and the challenges faced by menopausal women will be considered seriously and encouraged if inconsistencies between goals and reality can be reported promptly.

Women of middle age are approaching old age. Because people are feeling content in their lives, the middle age is a time of increased productivity, creativity, and life purpose. However, middle age is very demanding. Even when confronted with grave injustice, women over the age of 50 oppose their marginalization and neglect with comparatively little frequency. Their silence is eloquent. Middle age, which falls between maturity and elderly age, requires special consideration. Due to the fact that they are disregarded by society, the state, and the individual, this study focuses on middle-aged women between the ages of 45 and 65. The majority of public sector and government strategies target women of reproductive age. Rarely do elderly women labour, and there are few laws that protect them. These women suffer with financial reliance, health concerns, issues of worth and self-esteem, limits imposed by technology, mental illness, role-shifting, displacement, domestic violence, sexual abuse, worthlessness, empty nest syndrome, and repressed sexuality. Addressing the psychological and social problems related to aging by concentrating on the well-being of women in this age group. To care for them, a paradigm shift from the illness and treatment "black box" to the socio-cultural perspective is required.

Indian medicine disregards social concerns and the daily realities of women. Instead of generalizing about hormones and women's health, it is essential to analyze well-being in a cultural and geographical context. Women in their middle age are five times more likely than men to experience psychological disorders. Instead of being physiological, researchers attribute this discrepancy to social and psychological factors. where youth and attractiveness are valued more than men, middle-aged women experience more tension. Rather than generalizing how hormones affect women of this age, it is crucial to examine well-being in four different cultural contexts. The investigates the demographics, geography, psychographics, and behaviour of middle-aged women in light of the aforementioned data.

The whether neglect and invisibility impact the health of middle-aged women. The effects of phenomenological aging on middle-aged women. Economic dependency, technology limitations, role changes, dislocation, marital violence, verbal, physical, and sexual abuse, feelings of worthlessness, and repressed sexuality are all issues that the women face on a social

level. Mental diseases psychologically lower one's sense of worth and self-esteem. Also attempted was the navigation of middle-aged women. The Frequent psychosocial stressors result in long-term physiological and psychological damage. Beyond health and violence, our study examined the daily manifestations and experiences of women.

#### • **Mental Health**

People must have excellent mental health in order to experience well-being, as it is a crucial component of both physical and mental health. To improve early mental disease prevention and mental health services for the aged, one of the main objectives of "The 14th Five-Year Plan for Healthy Aging". Due to a number of factors, such as the effect of severe life and work demands that working adults can experience on various social media platforms, mental health issues have emerged as one of the main social and public health issues. According to 157 nationally representative population-based disease monitoring sites in 31 Chinese provinces and an epidemiological assessment of mental diseases, 6.9% of adults in India have depression [8]. According to the 7th National Census, 264 million people in India—18.7% of the total population—are over 60. This number is projected to reach 500 million by 2050, or 33 percent of the population [9]. India's population will age more swiftly during "The 14th Five-Year Plan" period, with more than 20% of the population being above the age of 60, marking the entry into an aging society. Age increases the level of physical adaptability and other health issues in middle-aged and older adults. There is an impending and serious health conflict affecting middle-aged and older individuals in India as a result of the interaction of two key issues, mental disease and aging. As a result, research on the causes of poor mental health and potential remedies has a lot of real-world applications and is an important source of knowledge for the wellbeing of our population.

The impact of medical insurance on the mental health of middle-aged and elderly non-farm employed people was thoroughly evaluated in 2018 using microdata from the fourth wave of the India Health and Retirement Longitudinal Study (CHARLS) national survey. The foundation of the basic social security program is government control and resident participation. The impact of medical insurance on the mental health of middle-aged and senior non-farm workers was objectively examined using the Centre for Epidemiological Survey, Depression Scale, which measures mental health. Quantile regression and Ordinary Least Squares were used for this. Quantile regression was used to establish the validity of the results, which showed that medical insurance considerably reduced the level of mental depression and enhanced mental health among middle-aged and older non-farm employed persons.

The mental health of people who identify as sexual minorities may be negatively impacted by minority stress, which is accumulated stress related to stigma, discrimination, and harassment based on one's sexual orientation and other aspects of one's minority status (e.g., King et al., 2008; Meyer, 2013) [10]. Participants without children have made up the majority of research subjects in studies on minority stress among sexual minorities. However, studies on parents who identify as members of sexual minorities have discovered that their children's mental health is not impacted in a manner that differs from that of heterosexual parents (Bos et al., 2004) [11]. Parents of sexual minorities actually fared better in terms of their mental health, according to several studies. Parenting has been suggested as a potential protective factor for persons who identify as sexual minorities' mental health in an effort to explain this finding (Shenkman et al., 2022) [12].

The research was carried out in the traditional and pronatalist environment of Israel, where having children is seen as a prerequisite for social integration and has a good impact on one's mental health regardless of their sexual orientation. Members of sexual minorities who are able to become parents despite the challenges they face in the legal, financial, and administrative sectors could experience a sense of success, growth, and accomplishment as a consequence of their efforts, which might protect them from the negative mental health effects that are associated with having children. It might be linked to increased psychological health. In addition, that being a mother is a crucial component of Israeli identity and is usually seen as a "national mission". Greater social support for lesbian mothers in Israel may therefore help to protect their mental health. Additionally, the tendency of lesbian mother families to equally divide the work between the parents and to give priority to meeting the needs of the couple may also contribute to the positive psychological welfare of lesbian mothers. Lesbian mothers typically do better and have better mental health than heterosexual parents, which may also be accounted for by individual psychological resources. According to Caprara et al. (2019), positivity can be defined as the inclination to consider oneself, one's life, and one's future with an optimistic attitude. Positivity is a personal trait that is beneficial to one's well-being and mental health and helps one triumph over adversity [13]. To the best of our knowledge, no previous studies have examined the importance of this psychological tool in relation to the differences in mental health between lesbian mothers and heterosexual parents.

#### • **Frustration Reactions**

They usually fall short of our expectations or goals. Sometimes we have a mistaken sense of what is achievable or overestimate our capability. But occasionally, a barrier from the outside hinders us from feeling content. Frustration is the result of a stalled course of action or the failure to achieve a goal. Frustration is a general term that can refer to either the obstructing occurrence or its psychological effects. For instance, whether someone is angry, withheld, depressed, or distressed, they frequently respond in the same way. Frustration is a major contributor to psychological stress because

practically every seriously damaging condition will disappoint important wishes and ambitions and require some additional work to undo the harm, if feasible.

External frustration is caused by outside elements that impede movement toward a goal. External annoyances include having a marriage proposal rejected and being stranded with a flat tire. The causes of external disappointments are delays, failures, rejections, losses, and other obvious motive-blocking events. It is possible to encounter both social and non-social external obstacles. Frustration often increases when a blocked motive gets more intense, urgent, or important.

Frustration might intensify when a person faces a challenge right before achieving a goal. Though personal limits are fundamentally the cause of dissatisfaction, personal frustrations are based on unique attributes. Failure, though, might be thought to have external reasons.

Everybody has to put up with irritation at some point in their lives, whether it occurs frequently or infrequently. The frustration tolerance describes how much stress a person may tolerate before it noticeably affects how well they are able to function overall. Frustration tolerance is the capacity of individuals to continue working despite obstacles and hostile environments in order to maintain personality integration.

From being housewives and moms to highly educated professionals and income earners, women have come a long way. Currently, women hold the majority of jobs and are employed in almost all industries. Every nation's social and economic growth has been significantly influenced by women. A woman's family and society will fare better if she is able to perform better. The future is just as much in a woman's hands as it is in her womb because of her talent and influence as the founder and leader of a creative community. They are very capable, but as a result of nurturing, they are not stress-proof. Stress management is important for people's personal and professional lives.

## 2. Literature Review

**Alblooshi et al., (2023)** examined assess whether menopause increases depression and anxiety risk. The psychological repercussions of menopause are unknown, however vasomotor symptoms including sleeplessness and hot flashes are well-known. The social change that occurs during menopause may obscure any correlation. Using PRISMA, we examined all initial research on menopause, depression, and anxiety. GRADE standards are used to evaluate each investigation's quality. There was a comparison of thirteen prospective cohort studies, one retrospective cohort, and eight cross-sectional surveys. Risk factors for menopausal depression include vasomotor symptoms and a history of severe depression. Depression risk during menopause may be increased by psychosocial factors. During menopause, steroid hormone changes may make sadness and anxiety worse. In addition to life circumstances and neuroticism, menopausal depression and neuroticism are linked.

**Wang et al., (2023)** described the Chronic illnesses are common during menopause. Hormonal changes during menopause create mood swings and health worries in women. In this research examines the relationship between women's health anxiety and physical activity. A reliable sample of 455 females aged 45 to 50 from 78 communities across five municipal districts in Changsha, China, was gathered using cluster sampling. A structural equation model was built using AMOS v.23 to test the hypotheses. The inverse link between interpersonal skills and emotional intelligence and health anxiety. The relationship between physical exercise and health anxiety in postmenopausal women is moderated by interpersonal competence and emotional intelligence, leading to a reduction in health anxiety. Finally, in order to lower health concerns and the risk of chronic diseases, society, the family, and the government should encourage menopausal women to participate in group physical activities.

**Shuyi Bu et al., (2023)** examined the mental health of middle-aged and older non-farm employed adults aged 45 and older changes in today's complex social context. The goal of this study is to better understand the mental health problems that affect middle-aged and older non-farm workers in China so that medical insurance policies may be improved and high-quality healthcare can be promoted. In this study assesses experimentally, using CHARLS data, how medical insurance affects the mental health of middle-aged and older non-farm employed persons. Mental depression is used as the explanatory variable. Medical insurance dramatically decreased depression and enhanced mental health in older and middle-aged non-farm employees. ii. Medicare revealed significant population differences in mental depression alleviation.

**Chojnowska et al., (2021)** examined the stress axis activates in stress, anxiety, and depression, causing similar symptoms. These illnesses are connected and frequently co-occur. Through patient observation and family member interviews, stress, anxiety, and sadness are detected. No laboratory test can resolve a doctor's concerns and enable rapid therapy. The components of saliva that might help in the quick identification of stress, anxiety, and depression will be looked at in this study. Salivary biomarkers may be used by psychologists to assess the success of drug therapy. Potential biomarkers of stress, anxiety, and depression can be discovered in saliva, including cortisol, immunoglobulin A (sIgA), lysozyme, melatonin, -amylase (sAA), CgA, and FGF-2. Cortisol, lysozyme, sAA, and CgA are excellent stress markers in saliva.

Cortisol and melatonin in the saliva can differentiate depression from stress. Fluctuations in salivary concentration are significantly associated with common psychological conditions such as stress, depression, and anxiety.

**Malchrowicz et al., (2018)** examined the people run mass events Poznan Half Marathon case study. The goal was to contrast the driving forces behind male and female half-marathon runners. Four fundamental orientations—social, experience, factual, and result—motivated the participation of 560 athletes in one of Poland's most significant running events, Men were less motivated than women to abandon daily life and fashion. Respondents did not care about victory. All respondents emphasized the importance of robust participation emotions, unity and integration with others, and self-testing. Generally, running promotes mental health, socio-psychological effects, and physical activity. Urban mass sports activities allow them to express their intense feelings, excitement, pleasure, relaxation, escape from their daily life, and form social connections. The explains how social and psychological relationships play a role in the running event, revealing its artistic depths and modern importance that go beyond just running for physical fitness.

**Dudhatra et al., (2012)** examined the differences in mental health and depression between employed and unemployed women. 80 women were sampled. Dr. D.J. Bhatt and Ms. Gita R. Geeda (1992) conducted a study on mental health. Beck's (1961) melancholy instrument was utilized. The 't' test was used to assess the relationship between mental health and melancholy among employed and unemployed women. Mental health and depression varied between employed and unemployed women. Mental health and depression exhibit a 0.71 percent positive correlation.

**Nurullah et al., (2010)** examined the relationship between gender and distress as well as the mediating impacts of life stressors like chronic stress, work stress, negative life events, and trauma inflicted on children and adults. employing data from the Canadian National Population Health Survey's Cycle 1 to examine self-esteem, competence, and sense of coherence. Compared to women, men reported less negative life experiences, psychological anguish, chronic stress, occupational stress, and trauma during childhood and adulthood. Men were more confident, competent, and coherent. Regression analyses showed that life stresses and psychological resources mitigate gender differences in distress after controlling for sociodemographic and psychological factors.

**Prince et al., (2007)** described 14% of all diseases in the world are caused by depression, alcoholism, and other drug use disorders, and psychoses. According to estimates, mental diseases have an effect on public health. By emphasizing the various ways in which mental and physical illnesses contribute to death and disability, mental health may have been overlooked in traditional health and poverty initiatives. It's possible that mental illnesses have gone unreported because people are unaware of how they affect other medical disorders. In complex partnerships, mental health is essential. The danger of both intentional and unintentional injury as well as infectious and non-communicable diseases is increased by mental illness. Comorbidity complicates mental illness risk assessment, diagnosis, treatment, and prognosis. Mentally ill patients may benefit from unequal healthcare in terms of both their physical and mental health. The development and testing of psychosocial therapies for the management of communicable and non-communicable diseases is necessary. The treatment of emerging chronic diseases and the improvement of mental health care and health systems can be achieved by addressing issues including HIV, TB, malaria, gender-based violence, antenatal care, integrated management of pediatric illnesses, and child nutrition. perhaps a mental illness. Issues including gender equality, infant mortality, maternal health, and HIV/AIDS reversal are all impacted by mental health. Mental health competency is necessary for planning the health system, for primary and secondary care, and for social and health policy.

### **3. Problems of the middle-aged working women frustration and anxiety among middle-aged working.**

According to multiple surveys, women face a variety of obstacles in the workplace, including pay disparity, sexual harassment, gender-based discrimination, and safety concerns. There are still many women who are successful in business, technology, science, and research despite the fact that the majority of women still face these obstacles. Frequently, environmental, social, and psychological obstacles faced by working women can be categorized. Due to the evident differences between home and work environments, each category encounters problems. The devotion and concern for both family and career result in an internal conflict regarding which comes first.

#### **❖ Stress**

The Today seems more like a time where everyone is trying to win at everything. This, in Abrol's opinion, is the primary trigger of stress. Working women have experienced a number of problems as a result of the paradoxical roles that women occupy today compared to earlier times. The importance of stressors associated to the workplace was undeniably bigger than that of stressors related to home duties, the research on the psychosocial factors that influence stress and well-being in working women. The degree to which an individual can maintain equilibrium after experiencing internal or external pressures reflects how well they are generally doing. The stress is "a specific relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being." Uncomfortable feelings occur when the high demand for various positions exceeds the resource constraint. The difficulty of maintaining both obligations come second.

Frequently, middle-aged working women encounter unique obstacles that can cause frustration and anxiety. Here are some of the most frequent issues they may encounter:

- **Workplace discrimination:** At work, women in their forties and fifties may encounter ageism and gender discrimination, which can contribute to frustration and anxiety.
- **Juggling work and family responsibilities:** Numerous middle-aged women continue to raise their children while also providing for their elderly parents, which can be overwhelming and stressful.
- **Career stagnation:** It is common for women in their 40s and 50s to feel trapped in their careers and unable to advance, which can lead to frustration and anxiety.
- **Health concerns:** Women of middle age may begin to experience health issues such as menopause, which can result in physical and emotional symptoms that impact their work and well-being.
- **Financial stress:** Women in their 40s and 50s may experience financial tension and anxiety due to the costs of raising children, caring for aging parents, and saving for retirement.
- **Lack of support:** In the workplace and in their personal lives, middle-aged women may feel alone and unsupported, which can exacerbate feelings of frustration and anxiety.

To help manage these challenges and reduce feelings of frustration and anxiety, middle-aged working women must prioritize self-care, seek support from friends and family, and advocate for themselves at work.

- **Workplace discrimination**

Discrimination in the workplace is a pervasive issue that continues to affect a wide range of employees, including middle-aged working women. When a worker is treated unfairly or differently from their co-workers because of their gender, colour, age, religion, handicap, sexual orientation, or any other protected trait, this is a form of discrimination.

Discrimination can manifest itself in various ways, including denial of promotions, lower wages, unfair job assignments, negative remarks or conduct, harassment, and exclusion from significant meetings. Discrimination in the workplace can have a negative effect on employees' morale, productivity, and well-being, leading to frustration, anxiety, and tension.

Particularly middle-aged working women are frequently subject to discrimination in the workplace. They may be subject to ageism, misogyny, and gender bias, which may hinder their career advancement and opportunities. In addition, they may experience double discrimination if they are members of other marginalized groups, such as women of color or LGBTQ+ individuals.

Here are some of the most prevalent forms of workplace discrimination faced by women of middle age:

- **Ageism:** Age discrimination can manifest in a variety of ways, such as being passed over for promotions, receiving fewer desirable assignments, or being subjected to derogatory remarks or age-based stereotypes. Additionally, older women may be perceived as less competent or valuable than their youthful counterparts.
- **Gender bias:** When women are treated differently or unjustly because of their gender, this is considered gender discrimination. In hiring, promotions, pay, and job assignments, women may encounter bias. They may also be subject to harassment or derogatory remarks based on their gender or appearance.
- **Lack of advancement opportunities:** Women may be denied career advancement opportunities due to bias or a lack of management support. This can result in frustration and professional stagnation.
- **Sexual harassment:** Women may be subjected to unwanted sexual advances, remarks, or behaviour. This can result in a hostile work environment and substantial emotional distress.
- **Unequal pay:** Women may be compensated less than men for performing the same work. This can result in financial stress and sentiments of devaluation.
- **Lack of support for work-life balance:** Due to a dearth of support from their employer, women may struggle to juggle their work and family responsibilities. This can result in tension and exhaustion.

Employers must take measures to combat workplace discrimination and foster a culture of respect and inclusion. Here are some effective strategies:

- **Anti-discrimination policies:** Employers should implement defined policies and procedures to prevent and address workplace discrimination. Employees should receive training on these policies and be encouraged to report discrimination incidents.
- **Diversity and inclusion initiatives:** Employers should endeavour to create a diverse and inclusive workplace by recruiting, promoting, and providing professional development opportunities for employees from diverse backgrounds.
- **Flexible work arrangements:** Employers can promote work-life balance by providing flexible work options, such as telecommuting and flexible hours.
- **Equal pay policies:** Employers should ensure that all employees are compensated equitably for their work and eliminate any pay disparities based on gender.
- **Harassment prevention training:** Employers should provide training on preventing workplace harassment and fostering a respectful environment.

❖ **Supportive management:** Employers should ensure that managers are trained to recognize and address discrimination, as well as provide assistance to employees who may be experiencing discrimination.

❖ **Health concerns**

Middle-aged women in the workforce encounter a variety of health issues that can affect their well-being and ability to perform their jobs. These concerns can be caused by a variety of factors, including physical changes associated with aging, stress at work, and lifestyle factors such as diet and exercise practices. Here are some of the most common health concerns and management strategies for middle-aged working women:

- **Menopause:** As women approach middle age, they may undergo menopause, a natural biological process that signifies the end of menstrual cycles. Menopause can result in a variety of physical and psychological symptoms, such as hot flashes, mood fluctuations, sleep disturbances, and vaginal dryness. To manage menopausal symptoms, women can discuss hormone therapy, lifestyle adjustments such as regular exercise and a healthy diet, and relaxation techniques such as meditation or deep breathing with their healthcare provider.
- **Chronic conditions:** Middle-aged women are more susceptible to developing chronic diseases like diabetes, cardiovascular disease, and arthritis. These conditions may hinder their ability to perform their duties and may necessitate ongoing medical care. Women can collaborate with their healthcare provider to devise a treatment plan that includes medication, lifestyle modifications such as diet and exercise, and routine monitoring of symptoms.
- **Mental health:** Work and family responsibilities, as well as the physical changes associated with aging, may cause middle-aged women to experience more stress and anxiety. Concerns regarding their mental health, such as depression and anxiety, can have an impact on their overall health and ability to perform their duties. To manage mental health issues, women can seek assistance from a mental health professional, practice stress-management techniques like mindfulness or yoga, and prioritize self-care activities like regular exercise and social support.
- **Musculoskeletal disorders:** Musculoskeletal disorders such as carpal tunnel syndrome, back pain, and osteoporosis may be more prevalent among women of middle age. These conditions may hinder their ability to perform the physical duties of their jobs. By preserving proper posture, engaging in regular exercise, and taking stretching breaks during long periods of sitting, women can prevent these conditions.
- **Sleep disorders:** Due to menopause or stress, middle-aged women may experience sleep disturbances, which can affect their energy levels and job performance. By establishing a regular sleep schedule, avoiding caffeine and alcohol before bedtime, and developing a relaxing bedtime regimen, women can improve their sleep quality.
- **Breast cancer:** Women of middle age have an elevated risk of developing breast cancer. Mammograms and self-examinations can aid in the early detection of breast cancer, when it is most treatable. Women should discuss their breast cancer risk and appropriate screening schedule with their healthcare provider.

In general, middle-aged working women encounter a variety of health issues that can hinder their ability to perform their jobs and preserve their overall health. Women can manage these health concerns and maintain a healthy work-life balance by prioritizing self-care activities such as regular exercise, stress-management techniques, and medical care. Employers can also contribute to the health and well-being of their employees by providing wellness programs, flexible work arrangements, and other benefits that promote work-life balance.

#### 4. Methodology

This cross-sectional, self-administered observational study was carried out in India. It was an online survey. 101 female participants who work in education were present. The participants were split up into four age groups: those under 45, those between 45 and 50, those between 55 and 65, and those over 65. An online survey was produced using Google Forms. The contacts of the investigators were emailed and WhatsApp the link to the questionnaire. After that, the participants were urged to spread the link among other candidates for inclusion. Participants were automatically led to the study and informed consent material after receiving and selecting the link. They gather their demographic data once they consented to take part in the poll. Then, a sequence of questions that the participants had to respond to appeared. In the second segment, the Depression, Anxiety, and Stress Scale 21 was given. It is built on three subscales, each with seven questions: depression, anxiety, and tension. I did not at all fit any of the 0-point categories on the self-reported likert scale. 3-Applicable frequently or most of the time in the previous week. 1-Applicable to some extent or some of the time. 2-Applicable to a major extent or a substantial portion of the time. The DASS-21 includes a number of sub-items that are assessed as normal, mild, moderate, severe, and extremely severe. The depression scale rates dysphoria, indifference, hopelessness, low esteem for one's own life, and anhedonia. The anxiety scale evaluates situational anxiety, effects on skeletal muscle, autonomic arousal, and subjective sensations of anxious affect. Long-term non-specific levels of arousal are responsive to this scale. It gauges impatience, trouble relaxing, irritation, hypersensitivity, and arousal from fear.

To conduct the statistical analysis, SPSS 25 was employed. The data that were obtained were examined using the Chi-Square test. Statistics were deemed significant at P 0.06.

#### 5. RESULT

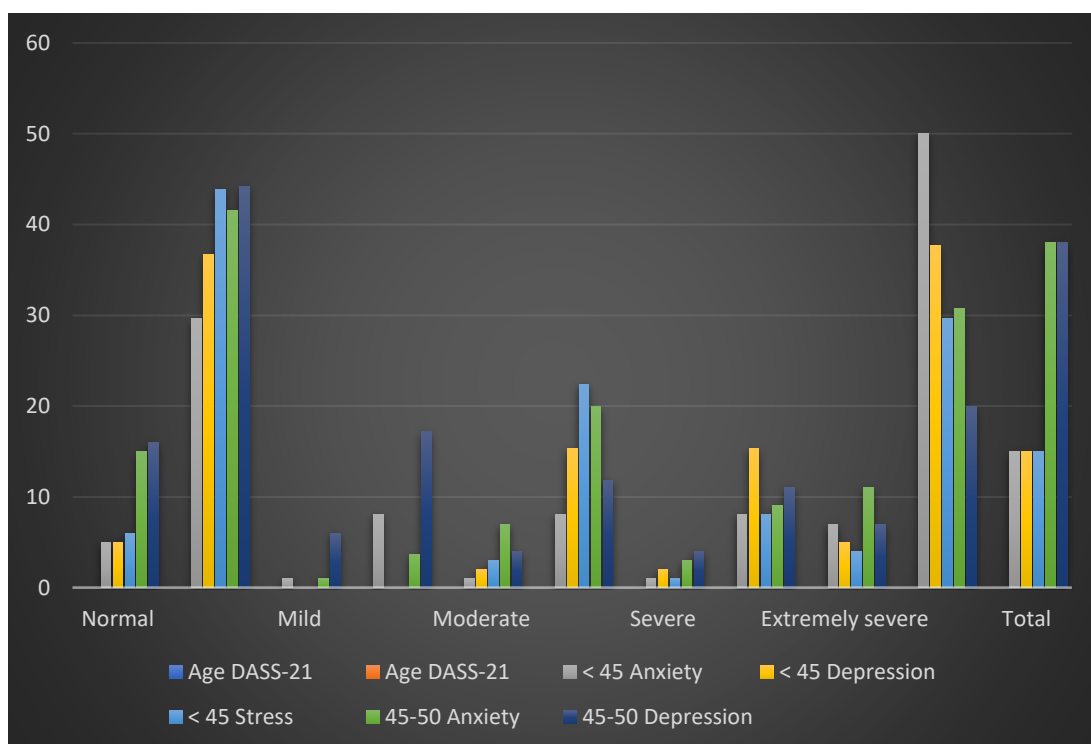
The participants' mean age was 42.50 (±10.54) years old.

**Anxiety**

Forty-five -year-old volunteers showed mild anxiety in 8.1%, moderate anxiety in 8.1%, severe anxiety in 8.1%, and intense anxiety in 50% of cases (P = 0.038). Additionally, anxiety was a significant factor (P = 0.001) among people aged 45 to 50, with respective rates of extremely severe, severe, moderate, and mild anxiety of 30.7%, 9.1%, 19.9%, and 3.7%. The prevalence of moderate and extremely severe conditions was 25% each between the ages of 41 and 50, whereas mild and severe conditions were 6.3% and 9.4%, respectively. As a result, anxiety is an important component (P = 0.033). A moderate case affected 16.7% of those older than 50, a severe case affected 23.2%, and a very severe case affected 28.0%.

**Table 1:** Shows percentage and p value

Age	DASS-21	Normal		Mild		Moderate		Severe		Extremelysevere		Total		p value
< 45	Anxiety	5	29.6	1	8.1	1	8.1	1	8.1	7	50.0	15	100.0	0.038*
	Depression	5	36.7	0	0.0	2	15.3	2	15.3	5	37.7	15	100.0	0.563
	Stress	6	43.9	0	0.0	3	22.4	1	8.1	4	29.6	15	100.0	0.394
45-50	Anxiety	15	41.5	1	3.7	7	19.9	3	9.1	11	30.7	38	100.0	0.002*
	Depression	16	44.2	6	17.2	4	11.8	4	11.0	7	19.9	38	100.0	0.010*



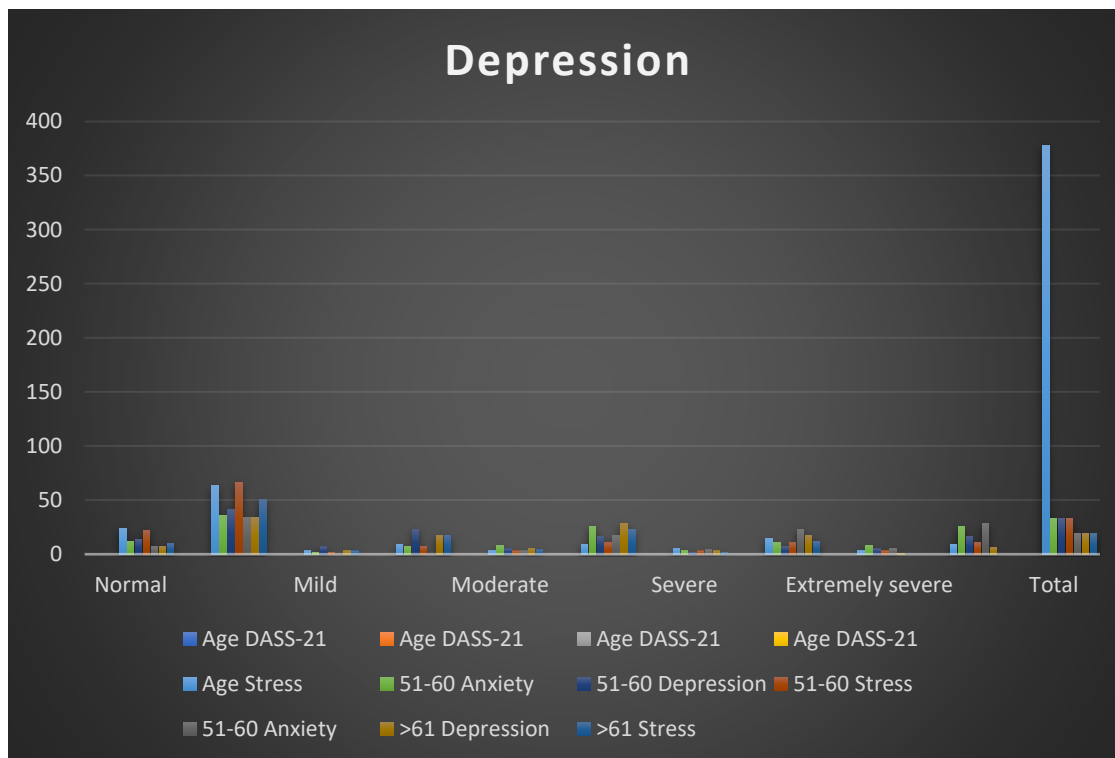
**FIGURE 1.** Anxiety

**Depression**

A total of 36.7%, 15.3%, and 15.3% of individuals in the 51-year-old age group reported having extremely severe, severe, or mild depression, respectively. Participants between the ages of 51 and 60 were significantly affected by depression (P = 0.009), with 17.2% reporting mild symptoms, 11.8% moderate, 11.8% severe, and 19.9% extremely severe symptoms. There were 22.9%, 16.6%, 7.3%, and 16.5% of people in the age group of 61 to 65 who reported having mild, moderate, severe, or extremely severe depression, respectively (P = 0.033). Among participants older than 51 years, the prevalence of depression was 6.6% extremely severe, 17.7% mild, 28.8% moderate, and 17.6% severe.

Age	DASS-21	Normal		Mild		Moderate		Severe		Extremelysevere		Total		p value
		n	%	n	%	n	%	n	%	n	%	n	%	
51-60	Stress	24	63.2	3	9.1	3	9.1	5	14.5	3	9.1	378	100.0	0.001*
	Anxiety	12	35.4	2	7.3	8	26.0	3	10.4	8	26.0	33	100.0	0.064*
	Depression	14	41.6	7	22.9	5	16.6	2	7.3	5	16.6	33	100.0	0.034
	Stress	22	66.6	2	7.3	3	10.4	3	10.4	3	10.4	33	100.0	0.001
	Anxiety	7	34.3	0	0.0	3	17.7	4	23.2	5	28.8	19	100.0	0.874
>61	Depression	7	34.3	3	17.7	5	28.8	3	17.7	1	6.6	19	100.0	0.977
	Stress	10	51.0	3	17.7	4	23.2	2	12.1	0	0.0	19	100.0	0.092





**FIGURE 2.** Depression

### Stress

Participants over the age of 45 who reported feeling stressed out experienced it in amounts of 22.4%, 8.1%, and 28.6%, respectively. Among participants aged 45 to 65, stress was a significant factor ( $P = 0.001$ ), with 9.1% of participants reporting mild stress, 9.1% moderate stress, 14.5% severe stress, and 9.1% extremely severe stress. ( $P = 0.001$ ) Participants aged 41 to 50 were stressed, with 7.3% reporting low stress, 10.4% moderate, 10.4% severe, and 10.4% extremely severe stress. Participants over the age of 51 reported mild stress in 17.7%, moderate stress in 23.2%, and severe stress in 12.1% of cases.

### 6. Conclusion

According to this survey, there needs to be greater attention paid to the mental health of female instructors in this situation. In contrast to mental health, physical health is simpler to diagnose and cure. If people perform poorly due to mental health issues, this will indirectly have an impact on society. The present study shows that middle-aged women in rural India had significant rates of anxiety. To address the problem, mental health services must be made available. Because of the cross-sectional nature of our investigation, it was impossible to verify whether the independent variables we identified were only coincidentally connected to poor mental health status. The working women over 101 in this study limit how broadly its findings may be applied to a larger population of older women. The response bias may result from the fact that data on different predictive variables were relied on respondents' self-reports.

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