PREVALENCE OF ANXIETY AND DEPRESSION AMONG HOUSEWIVES COMPARED TO WORKING WOMEN IN AGHA BEHJAT MEDICAL CENTER, KARACHI

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Abstract

Introduction: *Taking anxiety and depression as serious concerns for women, it must be noted that housewives and working women have different difficulties. This paper aims to determine the proportion of housewives and working women having anxiety and depression in Karachi.*

Objectives: *In this study, the researcher aimed to establish the difference between levels of anxiety and depression in housewives and working women. To have insights about probable risk factors that may be affecting the entire population, the authors focused on differences in mental health between two groups.*

Materials and Methods: *A cross-sectional comparative study was conducted in Agha Behjat Medical Center, Karachi from September 2024- February 2025. Three hundred participants of female gender were screened, and their responses to the PHQ-9 and GAD-7 questionnaires led to their classification as housewives or working women. Statistical analysis were done using the Statistical Package Program for Social Science(SPSS).*

Results: *The prevalence of anxiety was higher among housewives, 62.7%, as compared to working women, 45.3% and similarly, the prevalence of depression was 58.7% among housewives as compared to 41.3% among working women. The causes of financial dependence included family status, low levels of education and social isolation.*

Conclusion: *It is highlighted that employment, psychological therapies focused on a particular demographic, financial improvement, and social support should be a priority to support housewives.*

INTRODUCTION

The cases of mental illnesses and specific mental health disorders such as anxiety and depression have become a significant public health issue on a global scale. These conditions are more common among women than men since the female sex is biologically, socially, and culturally different. Thus, housewives and working ladies of age 20+ face various stressful situations that affect their psychological state. Stress

resulting from responsibilities at home, dependency on the husband, and loneliness among housewives may cause anxiety and depression. On the other hand, working women are pressured by professional duties, family and career demands, and cultural standards. Due to artistic practices, traditional roles and expectations of women remain prevalent in Pakistan. Thus, it is essential to determine the state of anxiety and depression among housewives and working women in Karachi.

Research evidence has also indicated how housewives suffer from high levels of psychological distress. According to Durak et al. (2023), perceived stress, loneliness, and burnout were found to moderate the level of anxiety and depression among housewives significantly. In the same way, Adhikari (2022) analyzes the differences between working and non-working mothers, finding that the latter suffer more psychological distress due to social isolation and lack of economic autonomy. These conclusions indicate that, although the position of a housewife is traditionally appreciated in societies, it may lead to mental health problems due to loneliness and a large amount of work done at home. In his study, Ali (2023) assesses the impact of anxiety on emotional intelligence and records that housewives score lower on the level of emotional regulation as compared to working women, which implies a relationship between psychological health and employment status. Comparative studies also focus on the differences in mental health in women who have jobs. Sudhinarain et al. (2024) study on sociodemographic correlates of depression in Indonesian women reveals that working mothers are in better mental health than housewives since they have money to spend and have more social contact. Nonetheless, data also indicate that working women are not exempted from experiencing psychological problems. Stress at the workplace, job losses, and role stress, including occupational and family roles, maybe some of the causes of anxiety and depression. Yousaf et al. (2025) continue to analyze the prevalent physical impacts of anxiety in housewives and conclude that psychological distress causes neck pain and disability. These observations highlight the need for integrated care, with a focus on mental health services, in addressing various disorders.

Objective: The purpose of this research was to analyze and compare the level of anxiety and depression among housewives and working women in Karachi. To achieve its goal of improving mental health literacy and influencing the policies of mental health for women in Pakistan, the research tries to determine the risk factors of the specified conditions.

Literature Review
Mental health disorders, especially anxiety and depressive disorders, have elicited interest in research among women because of factors at the biological, psychological, and social levels. The analysis has found that such disorders are not equal in different subtypes of the female population, and the level of mental health issues differs between housewives and working women. Alves et al. (2021) found in a systematic review that, to some degree, social, economic, and demographic history and employment situation affect common mental disorders in women. The review also proves that social isolation and financial dependency are the main problems that housewives face, as well as work-related stress and conflict of responsibilities for working women. The described syndrome is associated with depression, where burnout is evident among housewives. In their article, Karaköse and Ulusoy (2022) emphasize that housewives examining the connection between burnout and somatization as the result of long, time-consuming unpaid housework, headaches, as well as chronic pain contribute to the development of depression. These results are similar to the study by Jain et al. (2022), who used a cross-sectional research design to study the level of depression among housewives in rural India and those employed outside the home.

According to Hassannia et al. (2021), the COVID-19 pandemic influenced the mental health challenges faced by women even more. In their study focusing on anxiety and depression among HCWs and the general population in Iran, they established that women, especially housewives, had higher levels of anxiety because of domestic chores, job loss and, financial instability, and restricted access to support structures. Further, David and Tiwari (2023) studied the effect of economic stress on mental health, where they investigated the work stress difference between paid and unpaid working women during pregnancy.

As observed by the researchers, the ultimate security of the ability to have economic autonomy was denied to housewives, which in turn led to them suffering from emotional disturbance. The high rates of anxiety and depression in women do not only affect only the housewives. Women also suffer from mental health issues, which can be related to various job demands, conflicts between work and family, and culture. Ibbad et al. (2022) compared academic stressors and stressors associated with working female professional employees and analyzed the level of anxiety and depression among high school students in Karachi.

Hassannia et al. (2021) have described that the COVID-19 pandemic deepened the experience of mental health issues in women. Their study investigated the prevalence of anxiety and depression in healthcare workers and the general population of Iran, and according to their findings, women, especially housewives, reported higher levels of anxiety resulting from household chores, job insecurity, and lack of social support networks. David and Tiwari (2023) provided another contribution to understanding the effect of economic factors on mental health by comparing paid and unpaid working women and the amount of work stress during pregnancy. This logically meant that in terms of employment, financial security, and general autonomy, housewives could not afford to handle the stresses in their lives, and they experienced high levels of psychological distress. It is also worth stating that the rates of anxiety and depression among women are not limited to housewives only. Women also face adversity in their mental health, which is caused by workplace stressors, poor work-life balance, and social pressure. Ibbad et al. (2022) investigated anxiety and depression among high school students in Karachi and compared academic stress factors to the stress factors working women experience in the workplace.

Based on the research, it can be inferred that chronic diseases also play a role in aggravating mental health in women. Enginar and Nur (2023) examined the prevalence of anxiety and depression among RA patients to highlight the possibilities of mental health issues among people with chronic pain conditions. Their conclusions can be applied to housewives who are exposed to muscular or mental pressure from houseworks without medical or psychological assistance. Rakhshani et al. (2024) studied the effect of spiritual health and quality of life in the prevention of anxiety and depression in working women. According to their study, there is less stress and depression among working women who practice having good spiritual and social support. This is supported by other literature indicating that social connectedness and financial responsibility help prevent mental health disorders.

Maroufizadeh et al. (2022) went further in analyzing the mental health effects of the pandemic through a cross-sectional web-based survey that aimed to determine the prevalence of anxiety and depression among the Iranian people. According to their studies, they noticed that the lockdown measures disproportionately affected women, especially women of the house, with the additional burden of housework without the compliment of social interaction. The present study focuses on how people develop ways of managing pressures and stressors, as well as having available sources of support in their daily lives to mitigate the effects of mental stress on mental health. This study by Okati-Aliabad et al. (2022) examined the relationship between coping styles, supportive care requirements, and mental health in breast cancer patients. Their study indicated that women who were engaged in a social support system had better-coping mechanisms for anxiety and depression, emphasizing the importance of community-based mental health care.

Finally, Wegbom et al. (2023) explored whether reproductive health and pregnancy-related stressors predict anxiety and depression. In their research regarding pregnant women attending tertiary hospitals in Nigeria, hormonal changes, financial influences, and lack of social support were identified as potential precursors for mental disorders. Therefore, the results obtained from the present study would be helpful to Pakistani housewives and working women because the stressors are similar to the cultural and economic factors in Pakistan. Also, previous studies indicate that there is a relationship between mental health, employment, income, and social support. While unmarried, unemployed women are most at risk of developing anxiety and experiencing social isolation and dependency, married working women suffer from work-related

stress and work-family role strain. Further studies should be conducted to identify gender-specific mental health promotion interventions to improve the psychological well-being of women in Karachi.

MATERIALS AND METHODS
Study Design:
Cross-sectional comparative study.

Study setting: The proposed study was conducted in Agha Behjat Medical Center, Karachi, Pakistan. This center offers specific outpatient services that cover housewives as well as women who are engaged in business or working women where the sample of the study is comparatively strong and elastic in terms of socio-economic status.

Duration of the study: This study was conducted between September 2024-Feb 2025.

Inclusion Criteria:
Study participants were female and within the age range of 20 and 50 years and residing in Karachi. Employment status was confirmed, and the study recruited housewives and employed women. Housewives are those women of reproductive age without other formal employment other than house chores, while working women are those women who have paid work outside the household. All participants should volunteer and cooperate to complete the mental health self-administered questionnaire. The participants were selected from women experiencing anxiety and depression symptoms within the last six months to obtain recent mental health information.

Exclusion Criteria
Women with severe psychiatric diseases that need clinical actions, including schizophrenia or bipolar affective disorder, were excluded. Women who are currently pregnant or those who have given birth in the past 6 months were not considered since hormonal changes in these cases may affect anxiety and depression. People using psychiatric medication for their depression or anxiety conditions or who are under treatment for such conditions were not participated in the study to measure the general population parameters that are un-medicated or undiagnosed.

Methods
In the present research, the cross-sectional comparative research design was used to compare anxiety and depression in housewives and working women of Karachi. Several self-report questionnaires were used in this case, the Patient Health Questionnaire-9 (PHQ-9) for depression and the Generalized Anxiety Disorder-7 (GAD-7) for anxiety would be used in this case. The participants' samples were taken from Agha Behjat Medical Center, Karachi using a systematic random sampling technique to include participants from both groups. Regarding the other variables that might influence the phenomena of interest, demographic and socioeconomic variables such as age, marital status, educational level, and employment status shall be recorded. Data analysis was carried out using the Statistical Package Program for Social Sciences (SPSS) when employing the descriptive and inferential analysis of the data collected to determine the anxiety and depression levels of the two groups of women, housewives, and working women. Quantitative data shall be analyzed using frequency tables, percentages, and mean values and then use tests of mean comparison to test for the signific.

RESULTS
The following section offers an analysis of the study concerning the current status of anxiety and depression among housewives and working women in Karachi. These findings are presented according to the demographic characteristics, the prevalence rates, and statistical testing of factors related to the disorder. Most of the data analysis was done using frequency, descriptive, and inferential statistics.

Demographic Characteristics of the Participants
In the current study, a total of 300 participant were used and they comprised of 150 housewives and 150 working women. Most of the participants were between the age of 30 and 45 years, and had diverse education level. The distribution of participants regarding their marital status, income and education is provided in Table 1.

Table 1: Demographic Characteristics of Participants

Variable	Housewives (n=150)	Working Women (n=150)	Total (N=300)
Age (years)			
20-30	35 (23.3%)	40 (26.7%)	75 (25.0%)
31-40	65 (43.3%)	55 (36.7%)	120 (40.0%)
41-50	50 (33.3%)	55 (36.7%)	105 (35.0%)
Education Level			
No formal education	50 (33.3%)	10 (6.7%)	60 (20.0%)
Primary/Secondary	60 (40.0%)	50 (33.3%)	110 (36.7%)
Higher Education	40 (26.7%)	90 (60.0%)	130 (43.3%)
Marital Status			
Married	140 (93.3%)	120 (80.0%)	260 (86.7%)
Single/Widowed	10 (6.7%)	30 (20.0%)	40 (13.3%)
Household Income			
Low-income (<50,000 PKR)	100 (66.7%)	40 (26.7%)	140 (46.7%)
Middle-income (50,000–100,000 PKR)	40 (26.7%)	70 (46.7%)	110 (36.7%)
High-income (>100,000 PKR)	10 (6.7%)	40 (26.7%)	50 (16.7%)
Variable	**Housewives (n=150)**	**Working Women (n=150)**	**Total (N=300)**

The demographic analysis reveals that housewives are less educated and have a lesser income than working women. The majority of the housewives were poor compared to the employed women of middle and high standards. It is pointed out that specific disparities relate to these factors because they explain the issues concerning mental health.

Prevalence of Anxiety and Depression

Screening for anxiety and depressive symptoms before the intervention was performed with the help of PHQ-9 and GAD-7 questionnaires. The study showed a significant difference between the average rate of housewives and working women having anxiety, Housewives having the higher level with percentage (62.7%) followed by working women percentage (45.3%), and the same applied for depression with housewives percentage (58.7%) and working women percentage (41.3%). This leads to the distribution of the severity level of these conditions, as highlighted in Table 2.

Table 2: Prevalence and Severity of Anxiety and Depression

Condition	Severity Level	Housewives (n=150)	Working Women (n=150)	p-value
Anxiety (GAD-7)	None (0-4)	56 (37.3%)	82 (54.7%)	0.01*
	Mild (5-9)	40 (26.7%)	38 (25.3%)	
	Moderate (10-14)	35 (23.3%)	22 (14.7%)	
	Severe (15+)	19 (12.7%)	8 (5.3%)	
Depression (PHQ-9)	None (0-4)	62 (41.3%)	88 (58.7%)	0.02*
	Mild (5-9)	38 (25.3%)	35 (23.3%)	
	Moderate (10-14)	33 (22.0%)	20 (13.3%)	
	Severe (15+)	17 (11.3%)	7 (4.7%)	

It is established that housewives had a higher prevalence of moderate to severe anxiety and depression as opposed to working women. This could be explained by a lack of social networks,

dependency, and limited external support among housewives.

Factors Influencing Anxiety and Depression

To identify the factors that relate to the mental health condition, the **regression analysis was conducted** through the control of age, marital status, education, household income, employment, and others. According to the results, **socio-economic status**, including income and educational level, were most significant and showed that women with low income and low education levels had a higher prevalence of anxiety and depression, followed by marital status and then employment status. The **AOR of each risk factor** is presented in **Table 3** .

Table 3: Risk Factors Associated with Anxiety and Depression (Multivariate Analysis)

Variable	Adjusted Odds Ratio (AOR)	95% Confidence Interval (CI)	p-value
Low Income (<50,000 PKR)	2.5	(1.8 - 3.4)	<0.001*
No Formal Education	2.1	(1.5 - 2.9)	0.002*
Marital Status (Widowed/Single)	1.8	(1.3 - 2.5)	0.004*
Housewife Status	1.9	(1.4 - 2.6)	0.001*

*p-value <0.05 indicates statistical significance.

The results further reveal that having low income and the lowest education level influenced anxiety and depression. It was found that housewives were 1.9 times more likely to have anxiety and depressive symptoms than working women, underlining the negative impact of wifehood, financial dependence, and, therefore, restricted social contact. The results of the study correspond to earlier research indicating that housewives have higher levels of anxiety and depression than working women. These include Limited financial resources, Low education level, and Social isolation, which seem to be the essential contributors to mental health problems in the ladies. On the other hand, working women, even though they experience work-related stressors, revealed higher mental health compared to non-working women. From these results, it can be suggested that more specific, focused interventions such as providing financial independence to housewives, psychologists ' sessions, and support activities to reduce isolation and improve coping degrees should be launched. More research needs to be done to look at the other time points and possible plans that can be deployed to rectify the difference in the number of people suffering from mental health among the two groups.

DISCUSSION

The study results provided in this research suggest that there is a significant difference in the rate of anxiety and depression in housewives as compared to working women in Karachi. The study also revealed that a significantly higher proportion of housewives met the cut-off criteria for anxiety, 62.7%, and for depression, 58.7%, as opposed to 45.3% of the working women for anxiety and 41.3% for depression. Such findings support earlier studies that propose the fact that housewives have a high chance of having psychological issues due to different social, financial, and psychological factors (Alves et al., 2021). This paper discusses the findings to stress occupational roles in women's mental health issues and the necessity for further specific treatment plans. Among symptoms of higher anxiety and depression in housewives, financial dependence is one of the main factors. Referring to the demographic analysis made in the previous section, the current study revealed that 66.7% of the housewives earned less than 50,000 Pakistani Rupees per month, indicating that most of the interviewed housewives were from low-income households. Economic stress is one of the social factors that contribute to poor mental health, as stated by Noor et al. (2025). This state makes it hard for them to be economically productive and, as such, makes them feel unproductive, hence increasing their anxiety and depressive symptoms. On the other hand, working women have better bargaining power in terms of finance. This also boosts self-efficacy. They are in a better position to access better health and recreation facilities and thus stress buster.

One of the reasons that caused most housewives to experience poor mental health is probably because they are socially isolated. Various research studies have pointed out that social interaction benefits psychological health (Jain et al., 2022). The

traditional women of this period were mostly confined to their homes and had minimal interactions with other people. Likewise, the demands placed on the health of household tasks and childcare, as well as parental care obligations, result in high levels of stress and feelings of isolation, which are major causes of anxiety and depression (Karaköse & Ulusoy, 2022). Employees refer to working exposure to people in the workplace, co-workers, clients, and other social relationships and networks.In contrast, working women have contact with colleagues, clients, and other social entities, thus reducing stress and psychological disturbance. In addition to this, the study established that educational level was a mediator in mental health status. This study also shows that housewives with no formal education had more depression scores compared with those with at least secondary education. Education also plays a role in reducing mental health disorders since it improves comprehension skills, decision-making skills, and knowledge of coping strategies (David & Tiwari, 2023). These women were still working and had a relatively lower prevalence of mental illness 60% indicated that they had higher education, implying that they were educated women. Education also helps improve women's physical health, and the financial employment and social liberalization brought about by education are crucial for women's mental health.

One of the reasons that caused most housewives to experience poor mental health is probably because they are socially isolated. Various research studies have pointed out that social interaction benefits psychological health (Jain et al., 2022). Most stay-at-home mothers are confined in the household and rarely interact with other people outside their immediate families. Household work, child-rearing, and caregiving responsibilities are some of the significant sources of drain that result in emotional fatigue and loneliness that is associated with anxiety and depression (Karaköse & Ulusoy, 2022). Employees refer to working exposure to people in the workplace, co-workers, clients, and other social relationships and networks,. In contrast, working women have contact with colleagues, clients, and other social entities, thus reducing stress and psychological disturbance. In addition to this, the

study established that educational level was a mediator in mental health status. Compared to the housewives who had some level of education, the housewives with no education were regarded as being depressed, as were the housewives with at least secondary education. On the same note, education acts as a protective factor since it provides better mental health by improving one's cognition, decision-making, and awareness of coping strategies (David and Tiwari, 2023). This is so since those most affected in this study did not have a high ratio of mental health complications as they had higher education levels than 60% of the working women. Education also helps in improving the physical health of women, and the financial employment and social liberalization brought about by education are also essential for the mental health of women.

This is because role strain and role conflict cannot also be left out when comparing the mental health of housewives to that of working women. On one hand, housewives are under pressure due to their daily care giving and other household chores and responsibilities, On the other hand working women also have the job responsibilities. The main findings of the study showed that working women had lower levels of severe anxiety and depression, which implies that women's employment, income, productivity, and accomplishment play a significant role in preventing women from developing severe mental health problems (Okati-Aliabad et al., 2022). All the same, prior research has shown that employed women in highly demanding careers are more vulnerable to burnout, especially where they do not have a work-life balance (Wegbom et al., 2023).

Other studies revealed that the COVID-19 pandemic intensified mental health problems among housewives, including anxiety, stress, and depression (Hassannia et al., 2021). Women were forced to stay at home during the lockdown periods, meaning that the responsibilities of running homes escalated, leading to more anxiety and depression. Even working women faced the pandemic's challenges, they can use social media, work remotely and possess finance which may help them tackle the effects of stressors due to the pandemic. Based on the identification and analysis of the literature in this study, it is clear that there is a critical need for specific mental health services to be provided to

housewives. Transforming community support, financial literacy, and women's employment could contribute significantly to decreasing mental health disparities. Awareness campaigns should also relate to the fight against the stigma of mental disorders and encourage housewives to consult with specialists when necessary. Moreover, performing mental health screening among women who are not working and within the primary care settings could be helpful for early intervention.

Another essential issue that has to be discussed is access to mental health services in Pakistan. Currently, anxiety and depression are widespread among women, and the availability and utilization of mental health care remain challenging, especially among the disadvantaged population. Thus, it is crucial to endorse the psychological aspect of care in the existing strategies of public health policies for women, especially housewives (Maroufizadeh et al., 2022). Finally, there is good support for the conclusion that housewives in Karachi are more anxious and depressed than working women. Some of the vulnerabilities include financial dependence, social exclusion, poor education, and community awareness of mental illness. Though working women experience psychological stressors and demands, they remain protected by increased professional, financial, and social activity. Efforts to eliminate these gaps should encompass the economic and financial aspects, backup support structures, recognition of mental health, and medical facilities. Future studies need to adopt long-term solutions and formulate policies regarding this issue to help the improvement of female mental health in Pakistan.

CONCLUSION

First, the perceived stigma of mental health problems about housewives and working women in Karachi has emerged as evident, as 62.7% of housewives and 58.7% of housewives suffer from anxiety and depression, respectively than working women. The investigation reveals that financial dependency, lack of social contacts, and low level of education, as well as lack of activity, increase psychological disturbance in housewives. On the other hand, financial gains make it possible for women to afford their needs, social contacts, and job satisfaction, all of which

act as buffers against significant mental disorders. These issues would need to be redressed through mental health promotion in the community, through the provision of financial enabler training, and through the provision of psychological support services to housewives. Mental health should be a key priority of public health policies, especially about early assessment and anti-stigmatization campaigns. The subsequent studies should investigate daily consequences and policy-based interventions so that women in Pakistan can benefit from significantly better psychological health in the nation.

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