



ORIGINAL ARTICLE

Relationships Between Depression and Stress Factors in Housework and Paid Work Among Japanese Women



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Received 11 November 2015; received in revised form 8 March 2016; accepted 14 March 2016
Available online 10 June 2016

KEYWORDS

depression;
housework;
National Institute for
Occupational
Safety and Health;
stress factors;
women

Summary *Objective/Background:* The prevalence of depression in women is two times as much as that in men. However, the rehabilitation programme for return to work for patients with depression in Japan mainly focuses on male individuals. Japanese working women usually have the central role in housework in addition to paid work. Therefore, we hypothesized that Japanese working women with depression need a support programme for housework as well as paid work. The purpose of this study was to investigate the stress factors relevant to the existence of depression, in both paid work and housework, among working women.

Methods: This study recruited 35 women with depression and 35 women without depression. We carried out a cross-sectional investigation with two questionnaires having the same structure: The National Institute for Occupational Safety and Health (NIOSH) Generic Job Stress Questionnaire (for paid work) and the NIOSH Generic Housekeeping Labor Stress Questionnaire (for housework). We extracted the stress factors contributing to the existence of depression using logistic regression.

Results: Three stress factors were found—two in housework, and one in paid work. In housework, *variance in workload* and *underutilization of abilities* were associated with the presence of depression. In paid work, *interpersonal conflict* was an associated factor.

Conclusion: Rehabilitation programmes involving *variance in workload* and *under self-evaluation* in housework, and *interpersonal conflict* in paid work must be adequately addressed to support working women with depression.

Funding/support: This study was supported by a research grant system (2012-05) of the Japan Association of Occupational Therapists, but the sponsor had no control over the interpretation, writing, or publication of this study.

Conflicts of interest: All contributing authors declare that they have no conflicts of interest.

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<http://dx.doi.org/10.1016/j.hkjot.2016.03.001>

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Introduction

In Japan, rehabilitation programmes of return to work for patients with depression began to draw attention in the early 2000s (Igarashi, 2012); thereafter, they were developed and elaborated gradually. However, according to Tamura and Tada (2011), targets of those programmes were mainly limited to male patients. In the meantime, it has been reported that the lifetime prevalence of depression in women is two times as much as that in men. According to a survey of the Ministry of Internal Affairs and Communications of Japan (2013), the employment rate of Japanese women aged 15–64 years was 62.5%, which was the highest in recorded history from among other similar investigations. Although it is difficult to know the exact number of Japanese women taking temporary leave from a job because of depression, judging from the aforementioned circumstances, we should suppose that a considerable number of women need a support programme for their return to work.

From another viewpoint, we would like to consider women's labour in terms of housework. In 2011, the Ministry of Internal Affairs and Communications of Japan investigated the sharing of housework between wife and husband in Japanese dual-income families by asking for the hours they spent in housekeeping activities (Ministry of Internal Affairs and Communications of Japan, 2011). The result of this study revealed that men did housework 39 minutes a week, whereas women did it for 4 hours and 57 minutes a week. Thus, employed Japanese women were engaged in housework much more than men, and the housework-load balance between women and men in Japan was unfavourable for women. This imbalance is remarkably conspicuous compared with figures from other developed countries. That is to say, in Japan, despite the increase in proportion of employed women, the sharing of housework between Japanese women and men has not changed. Besides paid work, employed Japanese women are obliged to bear the burdens of most of the housework. This means that employed women have two jobs. Today, this situation of employed women has gained attention as one of the social problems in Japan. Inevitably, such problems have an influence on the condition of women with depression. We can easily imagine that working women with depression might need support for such situations, but these problems are rarely discussed in the context of support for them.

As for the housework itself, some studies have investigated the relationship between housework and mental health, and developed some models to address the problem, such as the spillover–crossover model (Bakker, Demerouti, & Burke, 2009) and the role overload model (Glynn, Maclean, Forte, & Cohen, 2009). Melchior, Berkman, Neidhammer, Zins, and Goldberg (2007) also evaluated the amount of housework by considering the number of an individual's dependents. In a previous study, Bird (1992) investigated how husband and wife shared the load of housework. However, we could not find any studies discussing those problems with

reference to stress factors for working women with depression. Moreover, we do not have enough knowledge about the stress factors and the supports required by women, neither regarding paid work nor housework.

It is thus necessary to equally take into consideration both paid work and housework to construct an adequate support system for women with depression. Therefore, in this study, we aimed to clarify stress factors relevant to the existence of depression in working women (in both paid work and housework), to find out the possible factors that might be targets for providing support to working women.

Methods

We conducted an investigation using a self-reported questionnaire on the stress factors and depressive states of women engaged in both paid work and housework. We then extracted stress factors strongly related to the presence of depression using logistic regression analyses.

Participants

There were two groups of participants: 35 women with depression and 35 women without depression. We call the former the *depression group* and the latter the *healthy group* in this study. All participants were (a) aged from 30 years to 60 years, (b) living in Japan with more than one family member, (c) working for a salary for > 16 hours a week, and (d) doing housework for > 5 hours a week.

In this study, *paid work* meant all paid jobs including part-time jobs, and *housework* meant the labour to maintain daily life including care for family members. These definitions were precisely explained to all the participants.

Depression group

Participants with depression were recruited from 15 private psychiatric clinics in Aichi Prefecture, Japan. They were: (a) diagnosed with major depression by the attending psychiatrist based on the *Diagnostic and Statistical Manual of Mental Disorders-IV Text Revision* (American Psychiatric Association, 1994); (b) had taken a leave of absence or had reduced working hours because of depression; and (c) scored over 16 points on the Center for Epidemiologic Studies Depression (CES-D) Scale (Radloff, 1977).

The CES-D is a self-reported questionnaire with 20 items on a 4-point scale, designed to quantify the level of depressive symptoms during the past week, with a cut-off point of 16 to discriminate the depressive state.

Healthy group

We randomly recruited individuals living in Aichi Prefecture or Tokyo. Individuals with a history of mental disorder or

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