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Influence of Gender and Worker Roles on Mental Health among Urban Women in Kenya: A Case of Kawangware Slums, Nairobi

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	Abstract: Historically, men and women have been socialized to behave in a
*Corresponding author	particular way and perform roles perceived as feminine or masculine. In this work
Samwel Auya	arrangement, men's family roles entailed economic support whilst women's
	family roles involved emotional support and nurturance. However, with
Article History	modernization and profound social change, some women have combined both
Received: 20.10.2017	economic and culturally defined feminine roles. But it is not clear how the
Accepted: 26.10.2017	"double life" impacts on the mental health of such women. Therefore, this paper
Published: 30.10.2017	explores the influence of gender and worker roles on the mental health among
	urban women in Kenya with focus of Kawangware slums. The authors argue that
DOI:	contemporary woman participate in formal employment role because of different
10.36347/sjahss.2017.v05i10.022	reasons and that gender and employment/worker roles contribute to women
	mental illness. The paper concludes by giving recommendations to the
	government, employers, and other relevant stakeholders in gender issues for
11日日間1月1日1	policy making to promote wellbeing of women at work and home.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Keywords: Women mental health, women formal employment, gender roles.
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BACKGROUND

In the globe, the burden of mental illness has been seriously underestimated [1]. According to Murray and Lopez [2] by the year 2020 mental illness resulting from depression will be the second most important cause of disability burden in the world. Although mental illness affects all people, gender factors shape the trend. In many countries women constitute twice as likely as men to experience psychiatric disorders. These conditions affect women's lives in many ways and can lead to deaths [1]. Studies by Najman [3] and Bartley and Owen [4] assert that social position is linked with physical and mental health among women. According to the studies, psychiatric cases are mostly concentrated among people in the disadvantaged social position compared with those in the highest positions. Jaswal et al, [5] also established a connection between mental health and low income amongst urban women in Bombay and Santiago. The findings can be attributed to insufficient resources, low education, poor living and working environment as well as low level of social support.

Earlier researches argued that women's health problems are a result of the fewer mental numbers of roles they possess relative to men [6]. The studies were interested to establish whether women's increased formal labor force participation reduced the gender gap in mental health. The studies established that holding multiple roles is not always beneficial (or harmful) for women. For instance, researches by Kesser and McRae [7], Rosenfield [8] revealed that employment benefits women while studies by Cleary and Mechanic [9] and Gore and Mangione [10] found no difference between the distress of employed wives and homemakers. The studies give conflicting findings on influence of gender and worker roles on women's mental health.

According to Simon [11], society has used gender in allocating work and family roles for males and females and that there has been greater interdependence between work and family obligations for men than for women. In this symbiotic relationship, men's family roles entailed economic support whilst women's family roles involved emotional support and nurturance. For employed women, Simon [11] asserts that women's family roles are tied with employment implying that employed women are more likely than employed men to experience role conflicts that affect their (women) mental health.

In addition, research findings on the relationship between women's parental status and mental health have provided contradicting findings. A study by Luecken et al [12] revealed that full-time employed women with children experienced higher levels of psychological and physiological stress than working women without children at home [5]. However, some studies have revealed that parenthood contributes positively to women's well-being [13].

On employment and women's mental health studies have also given mixed findings. Some studies have established that paid employment has been associated consistently with positive mental and physical health among women while others have given opposite results. A study by Ross and Mirowsky [14] documented that paid work has a positive influence on women's mental health as a result of increased income, social support, and self-esteem. Similarly, Walters et al [13], revealed that employed women are more likely to rate their health positively than housewives. However, Janzen [5] has argued that employment has potential negative effects on women's mental health due to stresses associated with the gender and employment roles. The above conflicting findings on gender and employment roles on women mental health have triggered this paper to explore the influence of gender and work-related roles on urban women in Kawangware slum.

METHODOLOGY

The study was undertaken in Kawangw'are slums between 20th January and 3rd March 2017. Based on in-depth interviews with 100 married women in the slum, the study sought to establish the influence of gender and worker roles on mental health among urban women in kenya. Specifically, the study focused on influence of gender roles on women mental health, social change and women formal employment, and work roles and women mental health. The sample was purposively selected from a population of 4000 married women in the slum. Kawangw'are is among the major slums in Nairobi neighboring posh estates such as Lavington, Kileleshwa, and Karen which is a key source of employment for Kawang'ware slum. The unit of analysis was married women with paid work. Choosing of married women as unit of analysis was based on the literature on women, gender and health which documents that marriage itself may exert a protective effect on women's health [15]. However, the studies have not indicated whether gender and work roles have effect on mental illness among urban married

women. The paper concludes by giving recommendations to the government, employers, and other relevant stakeholders in gender issues for policy making to promote wellbeing of women at work and home.

FINDINGS AND DISCUSSIONS Gender Roles among African Women

Historically, gender has been the major factor defining work and family roles for males and females and that there has been greater interdependence between work and family obligations for men than for women [11]. For instance African culture prescribes duties for men and women and each is required to stick to the differential roles. Children from young age are socialized to behave in a particular manner and perform specific socially approved roles. Roles for both boys and girls are distinct and parents of the same sex play a central role in gender socialization process. In this symbiotic relationship, men's family roles entailed economic support whilst women's family roles involved emotional support and nurturance [16]. Despite modernity associated with urbanites, 95% of the women in this study argued that they strictly observe culturally prescribed gender roles hence perform traditional and non-economic gender roles within domestic sphere. When asked why observe culturally defined gender roles despite advancement in education and technology associated with urban life, 65% of the women said that it is a taboo for African women to perform domestic chores irrespective of education and status in society. The remaining 35% maintained that religion dictates that a woman is a helper of a man therefore it is women's responsibility to take care of their family.

However, 5% of the women in this study argued that culture doesn't constrain them to domestic feminine roles. The argument given is that in modern egalitarian society culture no longer dictates women gender roles since men can also chip in to perform feminine roles when need arise hence contemporary woman is not tied to traditional gender roles.

Gender Roles and Women Mental Health

When asked whether culturally defined feminine roles have influence on their mental health, 75% of women said that the roles have no effect on their mental health since they are mandated to undertake the roles. According to the respondents, culture and religion has described men and women's roles in society where women are required to perform domestic chores in addition to work roles, if employed. However, depending on the size of the family, the women said they experience some strain that become a source of depression and stress. In addition, age of children also plays a role in women mental health. Some women in this study accepted that taking care of children below five years is a nightmare leading to depression to mothers. This is because children of this age require special attention curtailing mothers from effectively attending to other domestic chores.

Conversely, twenty five percent (25%) women in interviewed agreed that gender roles contribute to mental women illness. Even if culture dictates feminine and masculine roles, the women said that feminine roles are stressful since not all women have been socialized to gender roles due to differential family background and childhood environment. This category of women revealed that domestic chores are a source of stress associated that lead to mental exhaustion and depression. They said that they "generally dislike" domestic gender roles and it is better to hire house helps to assist undertake such duties even though they don't have formal employment. Thus, depending on the size of the family, age of children, family background, and childhood environment women in Kawangware slums experience stress and depression associated with deteriorated mental health among women.

Social Change and Women Formal Employment

In the recent past, women have joined formal employment in large numbers. According to United Nations report [17] women's participation in the labour market has remained relatively stable over the last 20 years. Although Russell [18] contends that the percentage of women has increased in management over the last decade, women continue to be in the minority in these high status jobs and majorities are concentrated in traditionally female occupations with lower status [17]. The findings by United Nations [17] are no different for Kenyan women. When the women in this study were asked to give motivation behind taking up economic obligation despite their husbands' formal employment they gave the following reasons.

Economic Independency

Modern woman is struggling to enter the maledominated economic sphere to reverse the early society's perception and place of a woman in social structure. Despite men's effort to maintain status of breadwinners, contemporary women too need to be economically independent thus drive to seek paid work. Forty five percent (40%) of women in this study expressed the same reservation that the drive to participate in formal employment was orchestrated by the desire for economic independency. Although their husbands are supportive, the women argued that depending on husbands financially leads to weakening of family bond and lack of respect between the couples. The women maintained that formal employment helps them to supplement husbands' financial income for the welfare of the family.

Social Development

It is the wish of families to flourish socially and economically. It is the desire for parents to educate children in the best schools and ensure that basic as well as secondary needs are met. The need for family's social progress was mentioned as a reason for women increased number in formal employment. Twenty seven percent (27%) of women interviewed revealed that joining paid employment was necessitated by a desire to promote family's social development. By engaging in formal employment the couple can easily accumulate resources that can see their children go through good schools, effectively meet basic necessities own a home in urban area, make future investments, and acquire secondary needs where good a car was severally mentioned. The findings concurred with Simon [11] who established that women in the contemporary society view marriage as a partnership hence need to assume economic obligation to reduce their husbands' financial pressure and improve their children's standard of living.

Boredom Remedy

Work has proved to be effectual remedy against boredom. People no longer seek formal employment solely on economic grounds but also for psychosocial reasons. This study established that fifteen percent (15%) of women interviewed argued that formal is an avenue to escape boredom at home. At work, the women said, they are able to interact with fellow colleagues and have grapevine groups that provide them emotional and social needs.

Norm after Studies

As a social institution education has a manifest function of adult roles allocation in society [19]. Many people seek education purposely to secure employment in the government, non governmental organizations and myriad private enterprises. This was no different for eight perecent (8%) of Kawangw'are women in this study. They maintained that education is perceived as an investment where resources (in the form of school fees) are utilized to generate income. Search for formal employment was a norm for the women in this study because they believe that after spending time and funds in academic institutions it is their duty to seek employment to revert back invested resources.

Work Roles and Women Health

The study sought to establish whether formal employment has influence in women health. Apparently, ninety three (93%) revealed that formal employment has a pivotal role in depression while seven percent (7%) asserted that paid work has no influence on their mental health. Richardsen, Traavik, and Burke [20] argues that "women experience stress, and the stressors they are exposed to, it seems that on average they face more and different stressors than most men. Given the occupations they are in, the positions they hold, and the prevalence of discrimination, women experience additional stressors as well as experience stressors at the work place differently from men". The reasons given for association between formal employment and mental illness for the women in this study included the following.

Discrimination and stereotyping

Despite increased women participation in formal employment, discrimination and stereotyping remains a challenge facing them. As a result they find their work stressful. According to Pascoe and Richman [21] women experience more discrimination at work; this is a stressor that is greater for women than men. Such discrimination affects mental and physical health of women. During interviews with women in this study, compensation discrimination, discriminatory attitudes, biased performance evaluations, and social isolation featured a lot. The twenty seven percent (27%) of respondents argued that men and women are given differential treatment at work and the discrimination contributes to depression among the women. The finding implies that still women are discriminated in work place even though organizations have formulated elaborate policies to curb and discrimination sexual harassment work place.

Work overload

The study established that excess workload contributes to stress and depression among twenty one (21%) of the women involved in this study. They argued that their bosses assign them many duties and expected to accomplish within short spell. Some maintained that failure to complete allocated work attracts penalties including salary reduction, warning letters, transfers, and even dismissal. Work overload was linked to depression among the women who participated in the study. The findings concurred with Richardson, Traavik, and Burke, [20] who argued that occupational segregation still persist with women having work overload in traditional female occupations. Similarly, Hewlett and Luce [22] asserts that most employers require employees to work long hours a phenomenon that has differential impact on men and women. Working long hours may be an ingredient for career advancement but can create more stress for women than men. Thus work overload was found to cause depression among the women who participated in this study.

Lack of career progress

Twenty Six percent (26%) of women who participated in this study claimed that barriers to career advancement were the source of depression. They argued that they have limited access to training and development opportunities as their male counterparts. Some argued that their employers gave study opportunities and finances to male employees to advance their studies but denied women this chance. The respondents attributed to the perception that male employees perform well in work hence need to skills advancement. The findings were in line with Russell [18] argument that women in workplaces have limited access to training and development opportunities.

Work reporting time

The study also established that work reporting time was also a source of stress and depression among women engaged in formal employment. Twenty two percent (22%) of the women interviewed argued that reporting time is between 7 and 8 am suggesting that they should wake up as early as four to make arrangements for their school going children and husbands before leaving to beat traffic snarl up in the capital city of Kenya. Waking that early from Monday to Saturday was mentioned as source of depression associated with formal employment among the women in Kawang'ware.

CONCLUSION

This paper examined the influence of gender and work roles on mental health among women in Kawangware slums, Nairobi. Although women have joined formal employment in large numbers they still undertake culturally defined feminine roles in their families and that the roles have little influence of mental illness since culture and religion has described masculine and feminine roles hence they have accepted feminine roles as their fundamental duties in the family despite performing formal employment. However, formal employment contributes to ill mental health (stress and depression) among women because of discrimination and stereotyping at workplace, work overload, lack of career progress, and early work reporting time. Modern woman undertakes paid work with the aim of economic independency, need for family's social development, boredom escape, and as a requirement after completion of studies. To increase wellbeing for women in the workplace it is imperative for the government formulate policies to reduce work related challenges that women face that contribute to mental illness.

REFERENCES

- 1. World Health Organization. Women's Mental Health: an Evidence Based Review. Geneva: World Health Organization, 2000.
- 2. Murray JL, Lopez AD. The global burden of disease: A comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020. Summary. Boston: Harvard School of Public Health, World Health Organization, 1996.
- 3. Najman JM. Health and poverty: past, present and

prospects for the future.Social Science and Medicine. 1993; 36(2): 157-166.

- Bartley M, Owen C. Relation between socioeconomic status, employment and health during economic change. British Medical Journal. 1996; 313: 445-449.
- 5. Janzen BL. Women, Gender and Health: A Review of the Recent Literature, Portage: Prairie Women's Health Centre of Excellence, 1998.
- Gove WR, Tudor JF. "Adult Sex Roles and Mental Illness. American Journal of Sociology. 1973; 78:812-35.
- Kessler RC, McRae JA. The Effect of Wives' Employment on the Mental Health of Married Men and Women." American Sociological Review. 1982; 47: 217-27.
- 8. Rosenfield S. Sex Differences in Depression: Do Women Always Have Higher Rates? Journal of Health and Social Behavior. 1980; 21:33-42.
- Cleary PD, Mechanic D. Sex Differences in Psychological Distress Among Married People." Journal of Health and Social Behavior. 1983; 24: 111-21.
- Gore S, Mangione TW. Social Roles, Sex Roles, and Psychological Distress: Additive and Interactive Models." Journal of Health and Social Behavior. 1983; 24:300-12.
- 11. Simon RW. Gender, Multiple Roles, Role Meaning, and Mental Health, Journal of Health and Social Behavior. 1995; 36(2): 182-194.
- 12. Luecken L. Stress in employed women: Im- pact of marital status and children at home on neurohormone output and home strain. Psychosomatic Medicine. 1997; 59: 352-357.
- Walters V, French S, Eyles J, Lenton R, Newbold B, Mayr J. The effects of paid and un- paid work on nurses' well-being: The importance of gender. Sociology of Health and Illness. 1997; 19(3): 328-347.
- 14. Ross CE, Mirowsky J. Child care and emo- tional adjustments to wives' employment. Jour- nal of Health and Social Behavior. 1988; 29: 127-138.
- 15. Waldron I, Hughes ME, Brooks TL. Marriage Protection and Marriage Selection—Prospective Evidence for Reciprocal Effects of Marital Status and Health. Social Science and Medicine. 1996; 43(1): 113-123.
- Thompson L, Walker JA. Gender in Families: Women and Men in Marriage, Work, and Parenthood." Journal of Marriage and the Family. 1989; 51:845-71.
- 17. United Nations. The World's Women 2010. New York: United Nations, 2010.
- Russell JEA. Career counseling for women in management. In J. S. Walsh & M. J. Heppner (Eds.), Handbook of career counseling for women (2nd ed., pp. 453–512). Mahwah: Lawrence Erlbaum, 2006.

- 19. Schaefer RT, Lamm RP. Sociology, 5th Edition, New York: McGraw-Hill Inc, 2005.
- 20. Richardsen AM, Traavik LEM, Burke RJ. Women and Work Stress: More and Different? In M.L. Connerley and J. Wu (eds.)(2016), Handbook on Well-Being of Working Women, International Handbooks of Quality-of-Life, New York: Springer
- Pascoe EA, Richman LS. Perceived discrimination and health: A meta-analytic review. Psychological Bulletin. 2009; 135(4): 531–554.
- 22. Hewlett SA, Luce CB. Extreme jobs: The dangerous allure of the 70-hour work week. Harvard Business Review. 2006; 84: 49–59.

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