

# Mental Stress for Creating Healthy Environment for Housewives in Maharagama MOH's

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## ABSTRACT

This study aims to assess the mental stress experienced by housewives in the Maharagama Medical Officer of Health's (MOH) division while striving to establish a healthy living environment. Housewives play a pivotal role in maintaining the well-being of their families and homes, which often results in considerable stress. Were, the unhealthy in physiological, in the fat possibility of stress levels from hormones due to diseases. To address this issue, we conducted a comprehensive assessment within the Maharagama MOH's division, which is an urban and suburban area in Sri Lanka.

This research employed a mixed-methods approach, combining quantitative surveys and qualitative interviews to gather data. A sample of housewives was surveyed to understand the factors contributing to mental stress. Key variables included the management of household chores, childcare, economic pressures, and social support. Additionally, in-depth interviews were conducted to explore the nuances of their experiences, coping mechanisms, and suggestions for improving their mental well-being.

Preliminary findings indicate that housewives in the Maharagama MOH's division face significant mental stress in their daily lives. Key stressors include a heavy burden of domestic responsibilities, financial concerns, and social isolation. While some housewives display effective coping strategies, such as seeking support from family and friends, many expressed the need for more comprehensive support systems, including mental health services and community initiatives.

In conclusion, the mental well-being of housewives in the Maharagama MOH's division is a pressing concern. Understanding the sources of stress and identifying coping strategies are crucial steps in improving their quality of life. This study's results will contribute to the development of tailored interventions and support programs to alleviate mental stress among housewives, ultimately fostering a healthier living environment for them and their families. Within these frameworks, this research aimed to examine housewives' psychological distress and anxiety by focusing on three contributory factors namely housewife burnout, perceived stress, and loneliness. Further research and collaborative efforts with local authorities and healthcare providers are essential to address this issue effectively.

## INTRODUCTION

### 1.1 Background of the study

In the Sri Lankan community based on more opportunities, the family of feedback surrounding the attention of the mental reality inconveniences. These resources empower many of the essential medicine quotas for people having an unavoidable financial crisis. Nature opportunities all people prevent to anxiety, depression, cardiovascular disease, and suicide are just a few of the detrimental health effects of stress, a global public health issue. By incorporating mindfulness meditation and yoga into an 8-week training program, mindfulness-based stress reduction offers a powerful method of reducing stress. The goal of this study was to review papers published between January 2009 and January 2014 to determine whether mindfulness-based stress reduction could be a useful tool for stress management (Rush., 2014).

Any way level of summary read by NCD (Nan communicable disease). In a community day by day, some housewives are experiencing mental stress due to the challenging environment they live in.

“Today, stress and anxiety are common causes of illness and can lead to chronic disease. Meditation is the antidote. By reducing the production of stress hormones, it counteracts all the stress-related changes in the body, giving a boost to the immune system and helping to prevent and manage chronic disease” (Lizano, 2014).

**Mindfulness and Presence:** Spiritual practices often emphasize being present in the moment and cultivating mindfulness. By staying present, individuals can better manage stress and reduce anxiety associated with future worries or past regrets. They are, cope by self-reflection: Spirituality encourages self-reflection and self-awareness, which can help individuals identify the sources of their stress and make necessary changes in their lives to alleviate it.

Where the body of unnecessary stress full hormones (ex-cortisol) received to that disease. As personal, and professional in their character' memories are burned out from unethical behaviors as a family of gradience ability low once. Other than that, many people experience less stress over time as things get better or as they develop better-coping mechanisms. Major economic crises, disease outbreaks, natural disasters, war, and acts of community violence are a few examples of situations where stress is likely to be prevalent (stress, 2022).

In the family society, partnership and management, anywhere of care delivery, mor accumulating resources, and a possible role model from conscience having capabilities in the mother's family.

“Perceived control is determined by an individual’s belief about the availability of resources or facilities on over having a child, such as housing, income or childcare. For instance, the availability of rooms in the house to accommodate an additional member of the family will innocence the decision whether or not a couple will have another child. Ajzen and Klobas (2013)” (indonesia), 2018).

**Compassion and Connection:** Spiritual practices often emphasize the importance of compassion and connecting with others. Building a support network and helping others can reduce stress and enhance overall well-being. As mental adaptation with each other as a family.

The new generation having organs is damaging in one of the ways, as women of pregnancy in stressful diseases. They are currently increasing, diabetic low thyroxine with the endocrine disease day by day highest to the world of health systems damage. The emotional factors (including mental health, traumatic events, and obstetric complications), social and economic factors, mother's health conditions and lifestyle behaviors, social support, and partner-related stress were the risk factors most closely associated with stress during pregnancy and postpartum. The biopsychosocial paradigm, which contends that biological, psychological, and social dimensions should be taken into account in order to eliminate psychosocial risk situations, is discussed in relation to the findings (Dos Santos, 2021).

**Discrimination and Stigma:** Women who face discrimination, racism, or social stigma during pregnancy may experience higher levels of stress. Discrimination can affect access to healthcare, quality of care, and overall well-being. Nonetheless, there is a growing discourse on the detrimental effects of the mother's oxidative imbalance on the developing baby and the progression of gestation. (Toboła-Wróbel, 2020)

Personal negotiation time to speculation, life cercal in balance from conscience ability by the keepability, everywhere the life of roll of the planning more individual utilization there were character evidence man memory. On were mind fullness for human skill due to ability. The year of March 28, we emphasize the contributions that women make daily in honor of International Women's Day, which falls on March 28. Women, need to be celebrated all year round, and we shouldn't wait for Women's History Month to do it (Morgan, 2021).

Better, providing opportunities for the family of more and more result earning and maker as a housewife for nature of making empowerment. So, the world of living beings empowers humanity's rule of global empowerment makes it ahead, and positions the mother’s family (scientific persons from the world, Sir Albert intestines as one of the grades person).

“This Women’s History Month, we particularly honor women “Providing Healing, Promoting Hope,” which is this year’s theme. Women are on the front lines of biomedicine and have made contributions as pioneers in women’s health research for decades.

**Maternal Health:** Advances in biomedicine have led to a better understanding of maternal health issues, such as preeclampsia, gestational diabetes, and postpartum depression. Improved diagnostic tools and treatments have helped reduce maternal mortality rates and enhance the overall well-being of pregnant women.

Biomedicine continues to evolve and make new contributions to women's health and family health, addressing emerging challenges and improving the overall well-being of individuals and communities. These contributions are the result of ongoing research, medical innovation, and the collaboration of healthcare professionals, researchers, and policymakers.

Women researchers in government, industry, and academia have contributed to many of the scientific advances and health practices we enjoy today” (Clayton, 2022).

Life of more positions covering, where the whole people had to in their living, productibility from personal childhood resource of the psychosocial grow thing, anywhere build up, they are ownerships responsibility as the mother of life cercal master of the duties. So, accommodation, as well as better psychosocial, has been a good position for women with knowledge, of skills such as empowering empathy and sympathy. Their position continues and growth could be evidenced by global research, as the way of delivery. The success of sustainable development and family life depends on women. The different roles that women play in the family include those of wife, head of the household, administrator, manager of finances, and last but not least, mother (Shuani, n.d.). “The Advisory, Committee met for a one-day working session immediately following the conference to discuss and refine the preconference recommendations, and the deliberations, of the working groups. This process culminated in the identification of four-draft agendas-one for each of the four working groups: Research, Education and Training, Health Services, and Public

Policy” (Sheryle J. Gallant, 1995). So, in world empathy and sympathy as opportunity in first of owner evidences to teacher as mother (life of nursing care as motherhood).

“The conference, entitled Psychosocial and Behavioral Factors in Women's Health: Creating an Agenda for the 21st Century, was convened to highlight the importance of psychosocial and behavioral factors in women's health, including the extensive research implicating behavioral and psychosocial factors in several major chronic diseases and conditions that influence women's health across the life span”. Got a summary for the 21st century, where the people of life income create ability developed as women’s health in healthy balances.

This behavioral factor “evaluates the effectiveness of early identification strategies and brief interventions provided to substance-abusing women by health care professionals in medical and mental health care settings. In their early identification health issues from care given setting can be updated (any way health care promotion).

“American Psychologic Association researching to deliver. Increase attention to patterns of multiple substance abuse in women rather than a narrower focus on either alcohol or other drugs in research on etiology, consequences, prevention, and treatment”.

“Expand the study of the effects of physical activity on depression, anxiety, and physiological” “Develop methods for improving the efficiency and efficacy of psychosocial interventions for particular groups of women and identify mechanisms by which these interventions have positive psychosocial and medical effects.” That gap if, worldwide come will be longer than a current possibility. Any society of problems could be blind.

Those women’s life of skills is low or damaged, and the process of stress (stress-received endocrine systems will arrest natural hormones). They are in the “Mobilization stage. So, this is the first reaction to stress.” “Physiologically, it is manifested by an increase in heart rate, respiration, and an increase in blood pressure. At this moment, our body actively produces” “stress hormones”: cortisol and its “younger brother” adrenaline, explains Alyona Glushakova.

Cortisol is considered one of the most important stress hormones. Its task is to accumulate all possible body forces and direct them to cope with the stress factor. “High cortisol levels increase glucose levels, and weaken the immune system” (Reid, 2021).

They serve important functions in the body's stress response system, often referred to as the "fight or flight" response. These hormones are released by the body in response to perceived threats or stressors, and they prepare the body to react to the situation. This can include increased heart rate, heightened alertness, and increased energy, which can be beneficial in dealing with acute or short-term stressors. The stressors related to caring for someone with dementia can include Emotional Strain: Witnessing a loved one's cognitive decline and behavioral changes can be emotionally distressing.

Challenging Behavior: Dementia can cause difficult behaviors, such as aggression, agitation, and wandering, which can be challenging to manage. Financial Burden, the cost of dementia care, including medical expenses and long-term care, can be significant. Lack of Personal Time: Caregivers may have limited time for themselves and may need to give up their own activities and interests. Physical Demands: Caring for someone with dementia can be physically demanding, especially as the disease progresses.

Social Isolation: Caregivers may become socially isolated due to the demands of caregiving, which can further contribute to stress. They are more relevant to multiple, non-communicable diseases than the possibility. World-wise day by day-by-day increase. (Diabetes and high cholesterol) Other than communicable diseases, as a way of the majority, covid 19 great example.

These deliberate physiological factors from homeostasis, relevant unbalanced processes to the human mind of metabolic regulation, where the meaning of narrowing part of skills is harmful. They are known for stressful actions. One of the shadowing is a psychosocial visual activity. This harmful life for women has genetic productivity.

As new babies are received, in 2006, the American College of Obstetricians and Gynecologists<sup>16</sup> recommended that practitioners screen pregnant women each trimester for psychosocial stressors in an attempt to identify patients under stress and provide appropriate intervention. The Gynecologists include both overall maternal stress and specific psychosocial issues as areas for concern about pregnancy. So, unhealthy babies have the possibility levels increased to receive health care professional care opportunities.

In which a mother in the community has limited access to healthcare opportunities due to low psychosocial skills. In such cases, several potential challenges may be at play: Lack of empowerment, and low psychosocial skills may lead to a lack of self-efficacy and empowerment, which can affect the mother's ability to advocate for her own health.

To address these challenges, it's essential to provide support and education to improve the mother's psychosocial skills and empower her to access healthcare services. This can involve community-based initiatives, social services, and healthcare outreach programs that aim to raise awareness, provide information, and support individuals with limited psychosocial skills. These programs can help bridge the gap and improve access to healthcare opportunities for vulnerable individuals in the community.

Outcomes include barriers to prenatal care, unstable housing, pregnancy intention, communication barriers, problems with nutrition, substance use, household and neighborhood safety concerns, mental health symptoms, general stress, and exposure to violence. Suggested interventions to reduce the impact of psychosocial stressors in pregnancy include offering validation and information, suggestions for possible changes, resources, and referrals for further evaluation or intervention needed. Possibly nursing interventions are there was the majority, had been given (Tina Bloom, PhD, MPH, RN, Nancy Glass, PhD, MPH, RN, Mary Ann Curry, DNSc, RN,, 2013).

Long work hours can increase the likelihood of injuries and accidents, as well as lead to poor health and worker tiredness. Domestic or work apps or hours, according to studies, can lead to increased stress, poor eating habits, a lack of physical activity, and sickness. It is critical to evaluate the housewife's fatigue signs and their possible

impact (PSYCHOLOGY, 2022).

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## 1.2 Problem Statement

Modern nursing is a terrific opportunity that has been produced all over the world. They receive medical attention for a period of time when they require critical care, and the hospital bills they incur are not covered by the community's ongoing education and awareness-raising campaigns.

In contrast, prevention in Sri Lanka is an immunization taught in master's programs. Therefore, the patient (housewife) was responsible for providing her with the necessary medications every day. So, she doesn't pay attention to how long the treatment will last as she has family opportunities one by one. They are essential for family protection and will cause stress (immediately optimizing hospitalization for the therapies).

"Prevention is better than using chemical drugs" emphasizes the importance of preventing health issues in the first place rather than relying on pharmaceutical drugs to treat them after they occur. This sentiment aligns with the principles of preventive medicine and a focus on maintaining good health through lifestyle choices and early intervention. Preventive measures can include things like regular exercise, a balanced diet, vaccination, stress management, and healthy habits that reduce the risk of illness (WHO recommendation in 21st century).

In contrast to a chronic illness, where the detrimental course will become critical. They result from movement, untreated infections, and diabetes. Amputation contributes to the limp. As a result, a family of diverse stress networks will expand. They have little money because they have to cover their own emergencies. In order to visualize the outcomes of the programs that will be undertaken for stress management and disease limitation, short-term housewives have programs for disease management and preventative awareness. The housewife, herself, and her family will all be using this server. Given that the mother has a happy day and that the mind is strengthened by stress management, it may be a good amount of time.

Any way well-being is called knowledge of scientific, while pharmaceutical drugs can be essential for treating various medical conditions, especially when prevention is not possible or when diseases have already developed, there's a growing recognition that preventing illness is often more cost-effective and leads to better long-term health outcomes. Preventive measures can reduce the need for drugs and their potential side effects.

It's worth noting that not all drugs are "chemical drugs" in the negative sense that the statement might imply. Many pharmaceutical drugs are developed and used to treat various medical conditions effectively and safely. However, the statement serves as a reminder that a proactive approach to health, through prevention and healthy living, can often be a better strategy than relying solely on drug treatments when possible.

The research problem will be subdivided into the following research questions to design research objectives. The research questions are aligned with the research objectives.

## 1.3 Research Objectives

### 1.3.1 General Objective

To assess the mental stress for creating a healthy environment in Maharagama.

### 1.3.2 Specific Objectives

1. Assess the mental health status from the psychological attitude of housewives in the Maharagama MOH division. (ex-stress due to mental diseases assessment)
2. Identify Stressors, the housewives in Maharagama encounter in their daily lives.
3. Determine whether these initiatives are effective in creating a healthier environment for housewives in the Maharagama MOH division.

### 1.4 Research Questions

1. What are the causes which lead to the mental stress of housewives?
2. Are housewives aware of the concept of mental stress?
3. What are the relationships between environmental factors and mental stress?

### 1.5. Significance of the study

In understanding the potential benefits of a mentally stimulating environment and continuous learning for a housewife. Engaging in intellectual activities and maintaining a healthy environment can contribute positively to mental well-being. Here are some points to consider: Cognitive Stimulation: This example of the uncomfortable reality that, in many parts of the world, women are more susceptible to mental health issues and are unable to access the care and services they require.

In comparison to men, women may have drastically different access rights to employment, income, healthcare, and legal resources. Even though both men's and women's mental health has largely gone neglected, problems with social perception, prejudice, and stigma make it more difficult for women to receive mental health treatment services. (Kumar, 2016).

Regular mental stimulation through activities such as reading, puzzles, or learning new skills can help keep the mind sharp. As position balances for the life of skills will planning to resuscitation from the healthy environment (Aponte, 2023).

Engaging in activities that require problem-solving or critical thinking can be particularly beneficial (Hjelm, 2011).

Education and Learning: Pursuing further education, whether it's formal courses or informal self-directed learning, can provide a sense of accomplishment and mental stimulation. Online courses, community college classes, or local workshops can be excellent options (Emma Casey, Lidya Martens, 2007).

Social Interaction: Joining clubs, study groups, or participating in community events related to areas of interest can provide social interaction and intellectual stimulation. Networking with like-minded individuals can offer support and opportunities for learning.

Healthy Environment: A clean and organized living space can positively impact mental well-being. Incorporating elements of nature, such as plants or natural light, can enhance the overall environment.

Balanced Routine: Creating a balanced daily routine that includes time for intellectual activities, household responsibilities, relaxation, and socializing is essential. Adequate sleep, regular exercise, and a healthy diet also contribute to overall mental health.

Goal Setting: Setting and achieving personal goals, whether related to learning, hobbies, or personal development, can provide a sense of purpose and fulfillment. Mindfulness and Relaxation: Incorporating mindfulness practices, such as meditation or yoga, can help manage stress and promote mental well-being.

**Flexibility and Adaptability:** Being open to new ideas and adapting to change can contribute to mental resilience. Embracing challenges as opportunities for growth can foster a positive mindset. Remember, the key is to create a lifestyle that promotes continuous learning, social engagement, and a healthy, supportive environment. Individuals need to tailor these suggestions to their personal preferences and circumstances. If there are specific mental health concerns, it's advisable to consult with a healthcare professional for personalized guidance (Hird, 2018).

## 1.6 Definition of Terms

**Definition:** Mental well-being refers to a state of emotional and psychological health where an individual can cope with the normal stresses of life, work productively, and contribute to their community. For a housewife, this involves maintaining a positive mental state despite the challenges associated with managing household responsibilities (Garhwal, 2016).

### Stress Management:

**Definition:** Stress management involves adopting strategies to cope with and reduce the impact of stressors. Housewives often face multiple responsibilities, and effective stress management is crucial for maintaining mental well-being. This can include relaxation techniques, time management, and seeking support (Kermane, 2016).

### Self-Care:

**Definition:** Self-care refers to intentional actions taken to preserve and improve one's own health and well-being. For a housewife, self-care may involve setting aside time for personal interests, hobbies, or relaxation to prevent burnout and enhance mental resilience (Hesty Widyasih, 2023).

### Burn out:

**Definition:** Burnout is a state of physical, emotional, and mental exhaustion resulting from prolonged stress or overwork. Housewives may be susceptible to burnout due to the constant demands of managing a household. Recognizing the signs and taking steps to prevent burnout is essential for mental well-being (M. Durak, 2022).

### Time Management:

**Definition:** Time management is the process of planning and organizing activities to make the most of available time. Housewives can enhance their mental well-being by efficiently managing their time, prioritizing tasks, and creating a balanced schedule that includes time for both responsibilities and personal interests (southerton, 2009).

### Resilience:

**Definition:** Resilience is the ability to bounce back from adversity and adapt positively to challenging situations. For housewives, cultivating resilience involves developing coping skills, maintaining a positive outlook, and learning from experiences to navigate the demands of daily life.

### Emotional Intelligence:

**Definition:** Emotional intelligence involves recognizing, understanding, and managing one's own emotions, as well as being attuned to the emotions of others. Housewives can benefit from developing emotional intelligence to navigate the emotional challenges inherent in managing a household and maintaining healthy relationships (Marc A Brackett, 2004).

These terms provide a foundation for understanding the key concepts related to mental well-being in the context of being a housewife. It's important to recognize the unique challenges housewives may face and to promote strategies that contribute to their overall mental health and resilience.

## LITERATURE REVIEW

### 2.1 Does the Biology, Unexpected Molecular Pathways?

Early studies on how stress affects reproduction were beset by methodological issues and lacked a sound theoretical foundation. New evidence and unexpected molecular pathways, however, have emerged from recent experimental, clinical, and population-based studies, which call for a reassessment of the alleged relationship. Here, we briefly review recent developments in the study of the interaction between stress, the immune system, and women's reproductive function. We also discuss a theory about how these three systems came to be related through evolution and look at the biological pathways that might mediate this relationship (sciences, 2007). So, reproduction systems due to pathways unknown reassuring from stresses in biological system mechanism as immune course received to function failures.

- Executives, their coping mechanisms

While women have many of the same health difficulties as males, they also have particular problems. The context of executive women's health is examined in this article in terms of their advancement within businesses and the challenges they encounter in achieving positions of high leadership. We discuss the stressors experienced by female executives, their coping mechanisms, and any resulting health issues. We offer detailed recommendations for organizations that will control hazards to women's health and for executive women. The health of employees and companies will be affected by the rise in female leadership, as we will discuss in our conclusion (Burke, 2000). Then incised women's health issues when the health difficulties conclusion by health systems.

- Events may include increased stress following a breast cancer

Breast cancer and stress correlations Stressful life events should be highlighted as obstacles to breast cancer screening. These events may include increased stress following a breast cancer diagnosis or fear, or the immunosuppressive effects of stress as a risk factor for breast cancer development. However, little is known about how women's responses to demanding life events affect the course of their breast health. In this study, we investigate how stressor reactions may operate as a potential impediment to Black women getting screened for breast cancer. To better explain the relationships between the "Strong Black Woman role," Black women's stress reactions, and their observed screening delays, we adopt a gender-specific, culturally responsive stress- process paradigm called the Stress and "Strong" Hypothesis (the "strength hypothesis"). We define strength as a culturally prescribed coping mechanism that fosters psychological fortitude, self- reliance, and perseverance in the face of pressures connected to gender and race. We examine the possibility for this coping approach to appear as unusual caregiving, emotional suppression, and self-care delay using qualitative methods. These manifestations could lead to insufficient time for making and keeping screening appointments, a failure to recognize or delay in recognizing breast health problems, and a low priority given to breast care. Future directions and restrictions are considered (Department of Kinesiology and Community Health, University of Illinois at Urbana- Champaign, Champaign, IL, USA, 2012). Women's health is in a poor position as stresses shoutout and life burn from the critical stresses is breast cancer.

- Immune systems and stress levels

The purpose of this study is to investigate how aromatherapy massage affects pregnant women's immune systems and stress levels. Results: Compared to the control group, which did not receive massage therapy, the pregnant women in the intervention group had lower salivary cortisol levels ( $p < 0.001$ ) and greater IgA levels ( $p < 0.001$ ). The study found that the pretest salivary IgA levels at 32 ( $p = 0.002$ ) and 36 ( $p < 0.001$ ) weeks gestational age (GA) were significantly higher than the pretest IgA at 16 weeks GA. This was in comparison to the long-term effects of aromatherapy massage on salivary IgA levels between groups at various times (baseline) (Pao-Ju Chen, Cheng- Chen Chou, Luke Yang, Yu-Lun Tsai, Yue-Cune Chang, and Jen-Jiuan Liaw, 2017). The immune system in IgA lower salivary.

- Contributing aspects to mental health

A housewife's main duty is to look after her family and her home. Her responsibilities place a strain on both her



body and mind. Physically speaking, it might not be too stressful. However, it could be continuous with few breaks, which might cause degeneration to happen more quickly. Housewives work out physically all day long. They do not follow a schedule. They have to work nonstop to provide for their family from the moment they wake up until they go tonight.

When juggling many responsibilities (cooking, shopping, cleaning the house), housewives experience persistent stress. Although role overload and stress-psychological well-being in the job have been strongly linked in prior studies, few investigations have been done among housewives despite their high levels of anxiety and burnout. Continue situation as a summary received, housewife, who are in house works. Overcome attitude utilization from the without any more appreciation where the opportunity in their life as scheduled. Therefore, she could not psychologically update her knowledge and mind.

According to the thesis-stress model and transactional model of stress, there may be certain contributing aspects to mental health (M Durak, 2022). Life Longer supports supply well-being mind map empower as motherhood services distribution.

Due to conflict, urbanization, crowded and unclean living circumstances, and lack of drive from family members, the majority of women face stress in their families. The majority of studies have indicated that overwork is the primary factor in stress incidence when it comes to its etiology. [Laver, 1999] (Sultanpur, 2021). Although, mind map creation brings opportunity makes fullness' as a future direction in their life mobilization.

- Sociological study

These experiences could have their roots in the social structures people belong to. A large portion of this conversation may seem to expound on the obvious, especially because Almost all social research on stress gathers details regarding the histories of individuals and the contextual factors that make these societal trends be identified through analysis. One cannot fault current research, for sure. due to its inability to compile fundamental sociological data, although it might be criticized for not putting data for sociological examination.

x. People's backgrounds and circumstantial characteristics are far too frequently ignored in analyses or given very little consideration. Therefore, information that ought to be at the core of sociological inquiries are usually only given analytical consideration noise that requires statistical management. Naturally, there is nothing incorrect with the reasoning for accounting for the impacts of social background traits; these controls can determine the independent or spurious nature of a statistical link between other elements. of the social characteristics' potential implications (Rosenberg 1968). However, when social Contextual and structural data are gathered merely in order to maintain control over them, that therapy prohibits the investigation of their possibly significant roles in the investigation of tension. Women's depressive symptomatology may be a more common way for stress to manifest itself, but drinking and other habits may also greater tendency in men (Aneshensel 1988). The overarching conclusion to be made from these instances are that the structural backgrounds of People's life can impact every significant stage of the mechanism of stress. When we examine things analytically, people's social and economic backgrounds, we must inevitably overlook the sociological investigation of connections that connect more general social organization's aspects in relation to individual tension (Pearlin, 2020).

In every field of work, women are experts and continue to leave their imprints. The potential and challenges it presents have made Indian businesses and workplaces very 21st century. All female athletes are doing well in sports including cricket, hockey, badminton, tennis, and kabaddis (Stress among Women & Its Management, 2017).

Stress has varied effects on men and women. Women experience many stress-related illnesses more frequently than males do, including post-traumatic stress disorder, depression, and anxiety. There are individual variances in addition to sex and gender disparities. More resilient than others are certain folks. They are less or more momentarily affected by stress, and they may even perform better while under pressure (7 Steps to Manage Stress and Build Resilience, n.d.).

Stress is regarded as a necessary component of existence; it can take the form of any worry, anxiety, annoyance,

trauma, tension, discomfort, or pressure. Sometimes stress may be avoided, but other times it cannot be, therefore learning how to properly manage it requires one to take certain precautions.

The main focus of this case study manuscript, which deals with stress management, is on work-related stress, stress experienced by small and medium-sized businesses, case studies of positive and negative stress, and management of stress. In addition to these, it also emphasizes the causes, symptoms, different types of stressors and management of stress (Kapur, 2018).

Because they work both at home and outside the home, women tend to stress themselves too much. In addition to caring for their husbands and children at home, they also work outside the home as professionals such as essay or content writers, style icons, artists, etc. They therefore endeavor to provide for everyone in their immediate vicinity. All of this has put them under a lot of stress and pressure.

## 2.2 Perception

Housewives often juggle multiple roles, including caretaker, homemaker, and sometimes part-time or full-time employment. The sheer volume of responsibilities can lead to feelings of overwhelm and stress. Those paths ways generalist for as motherhood. But human rights possibility wellbeing as a global women and men same. Their brain capacity is similar to men and women. Other than physiologically low power in the female body of the system. Any other systematic genetically separate in their organs function.

But, culturally in society working professionals are male and female same duties. Home management and motherhood duties are not the same in their family. That focus to Europe culture gives the possibility of human rights ladies first. For the encourage master humanity. They are valleyed from mind recourse opportunity for the women need.

So, nature fullness in their society management from motherhood life potency. Therefore, women as a housewife reducing their stress and related problems will help to better organize their family and social circles.

- Lack of Recognition

The societal devaluation of traditional homemaking roles can contribute to a lack of recognition for the efforts put in by housewives. This lack of acknowledgment may result in feelings of inadequacy and low self-esteem.

Examines the association between middle-aged women's happiness in Korea and several different variables, including positive thinking, self-esteem, social support, financial hardship, and health. Based on Maslow's hierarchy of needs, this study aims to examine the external and internal factors that contribute to middle-aged women's satisfaction. (Hur2, 2019)

- Isolation:

Housewives may experience a sense of social isolation, particularly if their primary responsibilities keep them confined to the home. Limited social interaction can impact mental well-being, leading to feelings of loneliness and depression. This management in the community as the family of character evidences bases zoon as a possibility where the housewife, dealing with many duties in their everyday lives (cooking, shopping, housework) causes chronic stress among housewives. While previous research has shown a strong correlation between role overload and stress-psychological well-being at work, not much research has been done on housewives, despite their high rates of burnout and anxiety. The transactional model of stress and the diathesis-stress model suggest that there might be some contributing aspects to mental health (M. Durak E. S.-D., 2022).

- Financial Dependence:

Economic dependence on a partner can be a significant source of stress. Lack of financial autonomy may contribute to feelings of vulnerability and powerlessness investigates the factors that influence women's autonomy in developing-nation families. Specifically, indent fine how much earned versus unearned income contributes to women's autonomy and the importance of working off their husbands' farms (Siwan Anderson,

2009).

- Lack of Personal Time:

Housewives often dedicate most of their time to fulfilling family needs, leaving little time for self-care or pursuing personal interests. The absence of personal time can be a stress factor.

Traditional gender roles are expected of Japanese women, and many of them commit themselves to being housewives full-time. Women who work outside the home sometimes work in unfavorable environments and may not be as healthy as housewives. In this study, Japanese housewives and working women's self-rated health and health-related activities were compared. (Mariko Nishikitani, 2012).

- Unrealistic Expectations:

Societal expectations regarding the ideal homemaker and mother can create pressure and stress. Unrealistic expectations, both internal and external, can lead to feelings of failure and frustration.

These results are explained by cultural factors like "family shame and face-saving," "family obligations and reciprocal expectations," "external orientation to personal control," and "the Confucian work ethics." Recommendations are offered for culturally aware actions (Wong, 2000)

- Mental Load:

The mental load, which includes managing and coordinating various aspects of family life, can be overwhelming. Constantly having to keep track of schedules, appointments, and household needs can contribute to stress.

It's essential to note that experiences vary widely among individuals, and some housewives may find fulfillment and satisfaction in their roles. Additionally, societal attitudes and the role of women in the household are evolving, and some individuals may actively choose and enjoy their roles as homemakers.

Addressing the mental health of housewives involves recognizing and valuing their contributions, providing social support, promoting work-life balance, and challenging societal stereotypes about gender roles. Interventions may include counseling, support groups, and initiatives that empower women to pursue their interests and career goals if they choose to do so.

At work, women are just as productive as males, yet when it comes to top leadership onboarding, women are notably underrepresented. It is unknown what effect occupational self-efficacy may have on how men and women decide what to do for a living. This study aims to investigate potential gender variations in career ambitions, work engagement, and occupational self-efficacy (Rosanne L. Hartman, 2020).

- Nature of opportunity shear the global value

The opportunity lies in recognizing the global value of stress prevention initiatives tailored specifically for working mothers.

#### Global Impact:

Acknowledge that the challenges faced by working mothers are universal and affect individuals across diverse cultures and regions.

Encourage networking opportunities to foster a sense of community among working mothers globally. She had proper memory used to work plan day of the mind maps change by stresses full as reflection opportunities. They are tolerant of knowledge action to supply and support, she has to stress convert for working target mind map. It will be planning empowerment for the family in a happy environment. So, any person has body of the language to action followed care by in family has reliability in their mother of hones full action.

By focusing on stress prevention initiatives tailored to the specific needs of working mothers globally, this

opportunity aims to enhance the overall work-life balance and well-being of this demographic on a global scale.

### 2.3 Issues

If the mother is stressed about health-related issues within the family, it's essential to approach the situation with care and consideration. Here are some suggestions on how to address and alleviate stress related to health concerns. Despite years of extensive research on postnatal psychological distress, especially about postpartum depression, symptoms of maternal depression, stress, and anxiety are not more prevalent or severe following childbirth than they were throughout pregnancy (Michael T. Kinsella, 2013).

#### Open Communication:

Initiate an open and honest conversation with a mother. Encourage her to share her specific concerns and feelings about the family's health. Be a good listener and validate her feelings. Sometimes, expressing worries can help reduce the emotional burden.

#### Identify Specific Concerns:

Work together to identify specific health concerns that are causing stress. This could include individual health issues, lifestyle habits, or access to healthcare.

#### Encourage Healthy Habits:

Promote a healthy lifestyle within the family. Encourage regular exercise, balanced nutrition, and sufficient sleep. Small changes in daily habits can contribute to improved overall health. The mother has good acknowledgment. Ex, these levels of damage from giving up her home look affectation.

#### Medical Checkups:

Schedule regular medical checkups for family members. Proactive healthcare can help identify and address potential issues before they become more serious. Ex, the mother has to look affection to regular vaccination. School and Childhood care management.

#### Educate and Inform:

Provide information about maintaining good health. Knowledge about healthy living, preventive measures, and available healthcare resources can empower the family to make informed decisions. Ex, mother advised to mention their function and re-update. The mother has to be a quality of leadership.

#### Seek Professional Guidance:

If there are specific health concerns, consider seeking guidance from healthcare professionals. Doctors, nurses, or nutritionists can offer personalized advice based on individual health needs. As the mother, honestly option in their family of care opportunity. She understood the actual and potential healthy family in a healthy environment.

#### Create a Supportive Environment:

Foster a supportive environment within the family. Emotional support is crucial for maintaining good mental and physical health. Encourage open communication and mutual understanding. A mother has the soft-skill reaction to management from a housewife has being healthy environment.

#### Community Resources:

Explore local community resources that may offer support or programs related to health and wellness. This could

include community health clinics, wellness workshops, or support groups. The mother has acknowledged the health opportunities and empowerment. As current communication their message coordinating in their family life. As the COVID-19 pandemic family members coordinate when the protecting background.

#### Stress Management Techniques:

Teach and practice stress management techniques as a family. This could include mindfulness, relaxation exercises, or other coping strategies to reduce overall stress levels. Ex, child care and good health promotion love and protection encouragement from the mother has good mind opportunity in she has mind relaxation.

#### Encourage Regular Screenings:

Depending on age and risk factors, encourage family members to undergo regular health screenings. Early detection of health issues can often lead to more effective interventions. The family members want an opportunity where the mind fullness empowers career individualists by the mother has protection to undergoing

#### Housewife has stresses regarding a disease

Remember that addressing health-related stress is an ongoing process, and it's essential to approach it collaboratively as a family. By taking steps to prioritize health, seek professional advice when needed, and support each other emotionally, all family members can work together to create a healthier and more resilient family environment. As the mother of stresses preventive healthy reality in global empowerment. However, here are some common health issues that may be relevant to housewives.

#### Stress and Mental Health:

The isolation working in their domestic workflow environment to behaviors from, lower levels of stress and depression are associated with better mental health, as the relationship between depression, anxiety, and stress may be explained by apparent social support. The study found that psychological distress caused by depression, anxiety, stress, social and cultural norms, and their implications affect women's mental health (Jaffar Abbas, 2019).

Description: Housewives often engage in repetitive tasks like cleaning, cooking, and childcare, which can lead to back pain. Preventive Measures: Use proper lifting techniques, maintain good posture, and take breaks to stretch during household activities. As reflection stress mind Dentists often come across patients in their everyday practice showing signs of stress and their oral manifestations in the form of recurrent aphthous ulcers (: Sangeeta Devi, J, Devi, Sorokhaibam, & Ranjan, 2023).

Description: A sedentary lifestyle and irregular eating habits may contribute to weight gain from the women's stress. Longitudinal research data indicates that persistent stress in life may have a causal relationship with weight increase (Nowson, 2007). Preventive Measures: Incorporate regular physical activity, maintain a balanced diet, and stay hydrated.

#### Reproductive Health Issues:

Description: Issues such as menstrual problems, fertility concerns, or postpartum challenges may affect housewives. As well as uterine tension and intrauterine infection in response to passive reproductive stress (Lixin Wen, 2019). The following is a summary of the primary ideas of the reproductive stress hypothesis: non-specific reactions in females are caused by events specific to reproduction, such as pregnancy, empathy parturition, and lactation, and these events are referred to as active reproductive stress.

Women's reproductive health and fertility can be adversely affected by stress. Stress can affect egg quality, alter cervical mucus, disrupt hormones, and reduce libido, among other reproductive issues. Furthermore, raising the chance of pregnancy issues is stressful. On several levels, the hypothalamic-pituitary-ovarian (HPO) axis is directly inhibited by the hypothalamic-pituitary- adrenal (HPA) axis. Stress, both acute and chronic, affects

reproduction in different ways across time. Hypothalamic amenorrhea is caused by undernutrition, overtraining, and psychological stress, which results in decreased HPO activity. Changes in the structure and function of brain regions, including the hippocampal region, have been linked to maternal stress and depression. Stress during pregnancy alters HPA axis components epigenetically, which can be passed down through generations (Georgios Valsamakis, 2019,).

## METHODOLOGY

### 3.1 Conceptual framework

The conceptual framework identifies variables impacting the research questions and their inter-relationships and recognizes theoretical and philosophical assumptions supporting the study. Qualitative research design best practices and rigor standards relevant to the planning, carrying out, and reporting of qualitative research in health professions education scholarship are offered. A well-defined and well-supported conceptual framework is essential for a research topic to be both clear and focused. Appropriate research methods are chosen to decrease researcher bias and increase trustworthiness, which are characteristics of qualitative approaches. Frequently, an iterative approach to addressing the research topic modifies the process of collecting and analyzing qualitative data. Rigidity depends on researcher reflexivity, which is essentially the researcher's awareness of their prejudices and justifications for decisions made during the study. This article examines optimal practices for qualitative research as well as common rigor standards and criteria for great scholarship (Jessica L. Johnson PharmD, 2020).

The conceptual framework is shown as a diagram in the following. A source for a conceptual framework is the principal element forming the basis for the development of the framework. There are three parts of the caterer depend on higher than environmental sources for a conceptual framework. Experience, literature, and theory.

The environmental sources include the physical environment of the home, such as cleanliness, organization, and safety. It also involves factors like access to healthy food, clean air, and safe surroundings. As theoretical acknowledgement from, (<https://www.pinterest.com/pin/349240146104684177/>).

The organizational stress on factors received by physical, noise, light, vibration, psychosocial, role ambiguity, role conflict, and overload. The particular persons with moderate stress are type A and B of behavior on self-assessment and resilience in adverse conditions.

Situation characteristics as moderators of stress social support from the environmental acknowledgments (they are in reflective memory moral of on reflective action). As resilience.

Psychological Factors: Housewives' stress can be influenced by their perceptions, beliefs, and attitudes toward their role in maintaining a healthy environment. This may include feelings of responsibility, guilt, or inadequacy.

Social Factors: The social context in which housewives operate can significantly impact their stress levels. This includes support networks, cultural norms, and societal expectations regarding gender roles and domestic responsibilities.

Coping Mechanisms: Housewives employ various strategies to cope with stress, including seeking social support, time management techniques, and self-care practices. Understanding these coping mechanisms is essential for developing interventions to support housewives in managing stress.

Health Outcomes: Prolonged stress can have detrimental effects on physical and mental health. There from gathering in reactions to stress physiological cardio-vascular (heart diseases) biochemical (hormone irregular disease), gastro-intestinal and Musculo-skeletal impermanent. Psychological evidence such as depression, anxiety, and work satisfaction (Johnson, 1996)

Other than behavioral are mobbing absenteeism when and where in health issues. However, because air pollution

is widespread and challenging to manage, evaluating its impact on the eyes is fraught with difficulties (Se Ji Jung, 2018).

Research should explore the impact of stress on housewives' well-being and identify strategies for promoting resilience and coping. As well as perception and cognition assessment processes. The transactional model of stress and the diathesis-stress model suggest that there might be some mental health-related contributing variables (M. Durak E. S.-D., January 2022).

To research this topic, researchers may employ various methods, including quantitative and qualitative interviews, surveys, and observational studies. By gaining insight into the experiences and perspectives of housewives, researchers can develop interventions and policies aimed at supporting their well-being and promoting healthy environments within the home. If they have more specific questions or need further information on this topic, feel free to ask!

Evidence that others in the field share concerns and that addressing the concerns will advance knowledge. Such evidence rests in literature and a theoretical base to support a conceptual framework.

Literature – as an essential source for conceptual framework is the published research literature related to the topic. Some researchers such as Jahoda, and Gustav from *Revue International* were eligible as consequently a historical consideration that would like to avoid restricting itself to the activity of the protagonists of cross-cultural psychology as such, has to refer to predecessors who do not share the methodological and disciplinary presuppositions of scientific mainstream psychology ([https://books.google.lk/books?hl=en&lr=&id=PB3xzjIzyOwC&oi=fnd&pg=PA1&dq=Jahoda,+and+Gustav+from+Revue+&ots=worZ3kDNIt&sig=iZ3jYBrQixH3TKmh3uaHMFaP70E&redir\\_esc=y#v=onepage&q&f=false](https://books.google.lk/books?hl=en&lr=&id=PB3xzjIzyOwC&oi=fnd&pg=PA1&dq=Jahoda,+and+Gustav+from+Revue+&ots=worZ3kDNIt&sig=iZ3jYBrQixH3TKmh3uaHMFaP70E&redir_esc=y#v=onepage&q&f=false))

Rossmann advocated for rooting the conceptual framework in the literature associated with the topic of study. Of singular importance is that you are based on a need documented in the literature. The literature review provides the evidence for the argumentation contained in a conceptual framework.

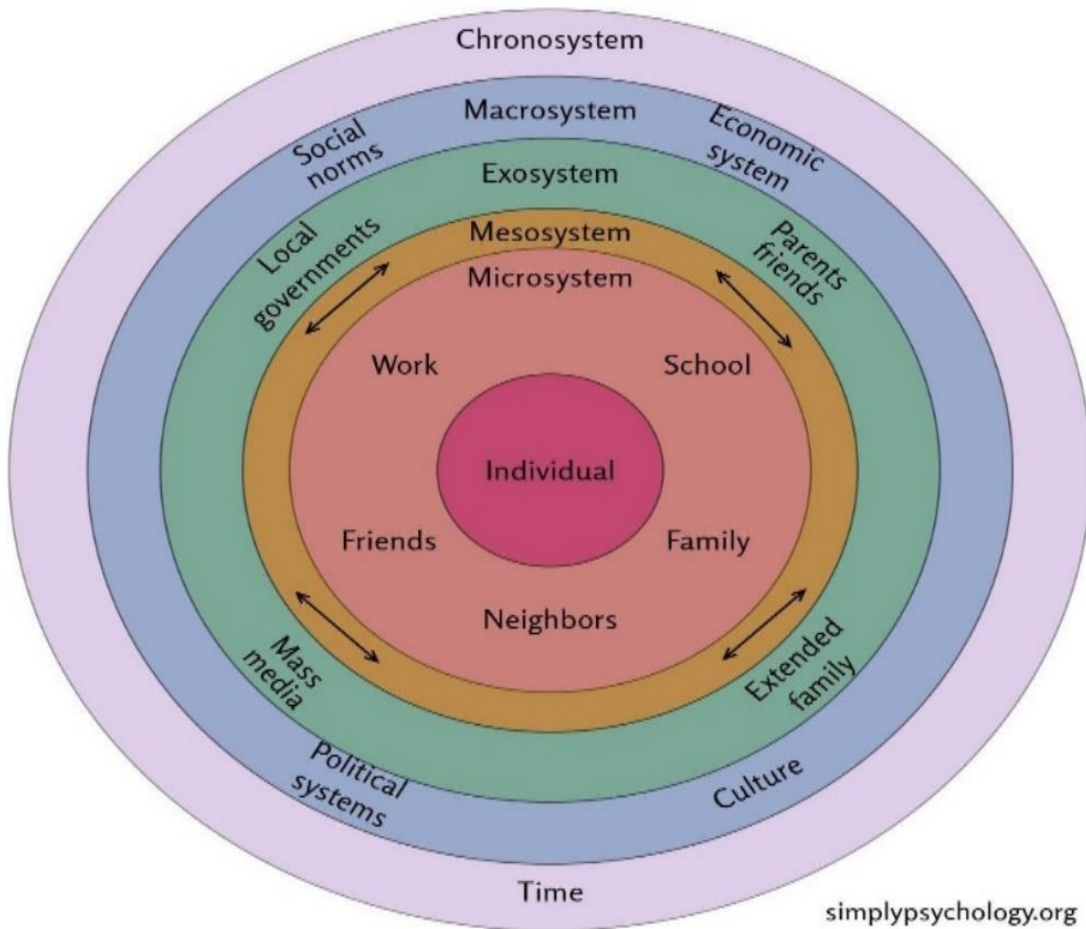
Theory- an additional source for your conceptual framework is theory and this source is expressed in the theoretical framework. The study may be focused on generating new theories on testing theories or testing theories that have already been constructed. The study may focus on describing how leaders distribute power in an organization. In either word, the focus is on developing an explanation, or theory, of how power distribution functions in a certain kind of organization. Or the study may focus on testing some theory of power distribution that has already been developed to determine if it accurately explains how power is distributed within a certain group. Whether generating or testing theory, the conceptual framework contains the theoretical framework, or theoretical context, for the study (physical moral from mental opportunity as Maslow's hierarchical evidences base practice, mental stress slowing personal main map).

Certainly, creating a conceptual framework for assessing the stress of a housewife within a healthy environment involves integrating various theories and perspectives from different disciplines such as psychology, sociology, and public health. Here's a proposed conceptual framework:

1. Stress and Coping Theory- This theory, proposed by Lazarus and Folkman, emphasizes how individuals perceive and respond to stressors (Quick, 2017). It suggests that stress arises when individuals perceive that the demands of a situation exceed their coping resources. Understanding the stressors specific to being a housewife, such as managing household chores, childcare, and social expectations, can help identify potential stress triggers.

2. Ecological Systems Theory - Developed by Urie Bronfenbrenner, this theory emphasizes the influence of various systems (microsystem, mesosystem, ecosystem, macrosystem, and chronosystem) on human development and behavior. In the context of assessing a housewife's stress, it's crucial to consider the interactions between the housewife and her immediate environment (microsystem), including family dynamics, community support (mesosystem), societal expectations, and cultural norms (macrosystem) (Guy-Evans, 2024). As a correlation factor in their level of the stress.

3.1.1 This Correlation affects Stress Level Figure- 1



3. Social Support Theory:- This theory underscores the importance of social relationships and support networks in buffering the effects of stress. Assessing the availability and adequacy of social support for a housewife, including emotional support, instrumental assistance, and informational support, can provide insights into her coping mechanisms and overall well-being.

4. Gender Role Theory- Gender roles and expectations play a significant role in shaping the experiences and stressors of housewives. Assessing the impact of traditional gender roles, societal norms, and expectations on a housewife's stress levels can help identify areas for intervention and support.

5. Health Belief Model:- This model focuses on individuals' perceptions of health threats and their beliefs about the effectiveness of health-promoting behaviors. Understanding a housewife's perceptions of stress, health risks, and the importance of self-care within the context of her environment can inform strategies for promoting healthy coping mechanisms and behaviors. As (cultural, social, economic and aliment in day today personal main map from strategies their evidence bases in memory spirituality). They are motherhood civilization activity.

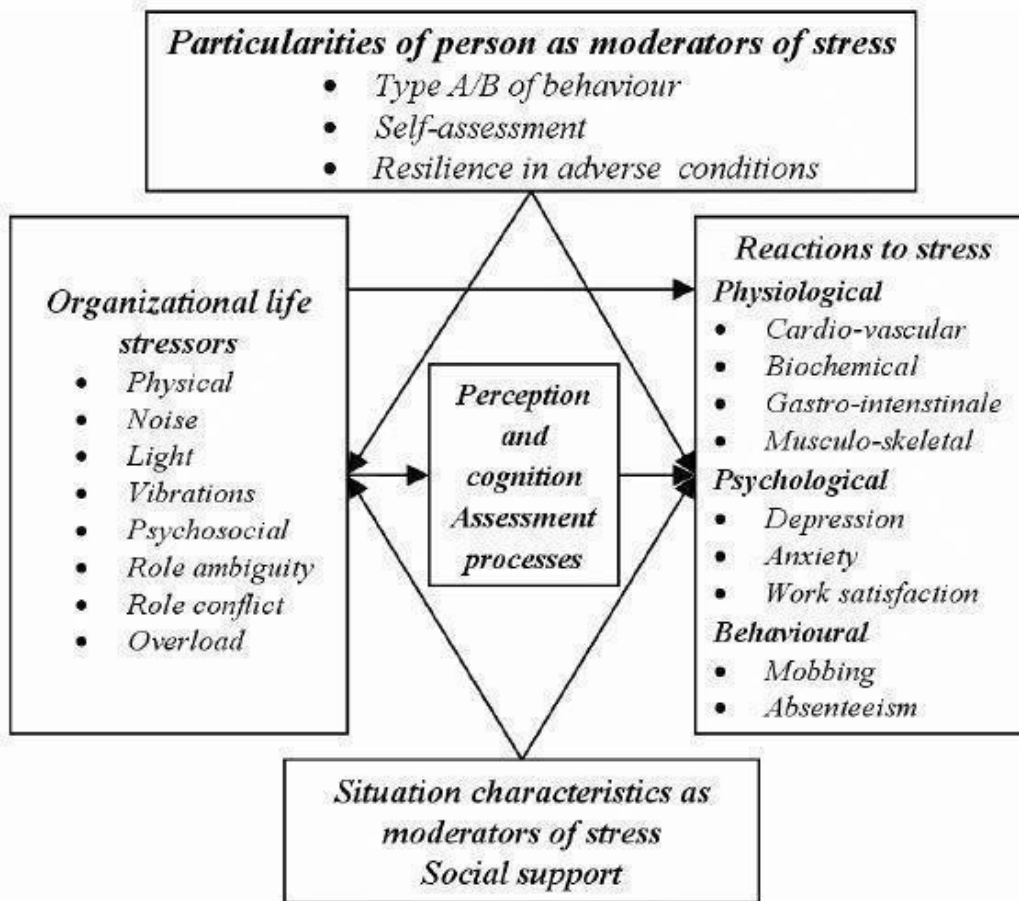
6. Intersectionality Theory:- Recognizing that individuals' experiences are shaped by multiple intersecting identities (e.g., gender, race, socioeconomic status), incorporating an intersectional lens into the conceptual framework can help identify unique stressors and resilience factors experienced by diverse groups of housewives.

By integrating these theoretical perspectives, researchers and practitioners can develop a comprehensive framework for assessing the stress of housewives within a healthy environment, identify relevant factors influencing their well-being, and inform targeted interventions and support services (<https://www.pinterest.com/pin/349240146104684177/>).

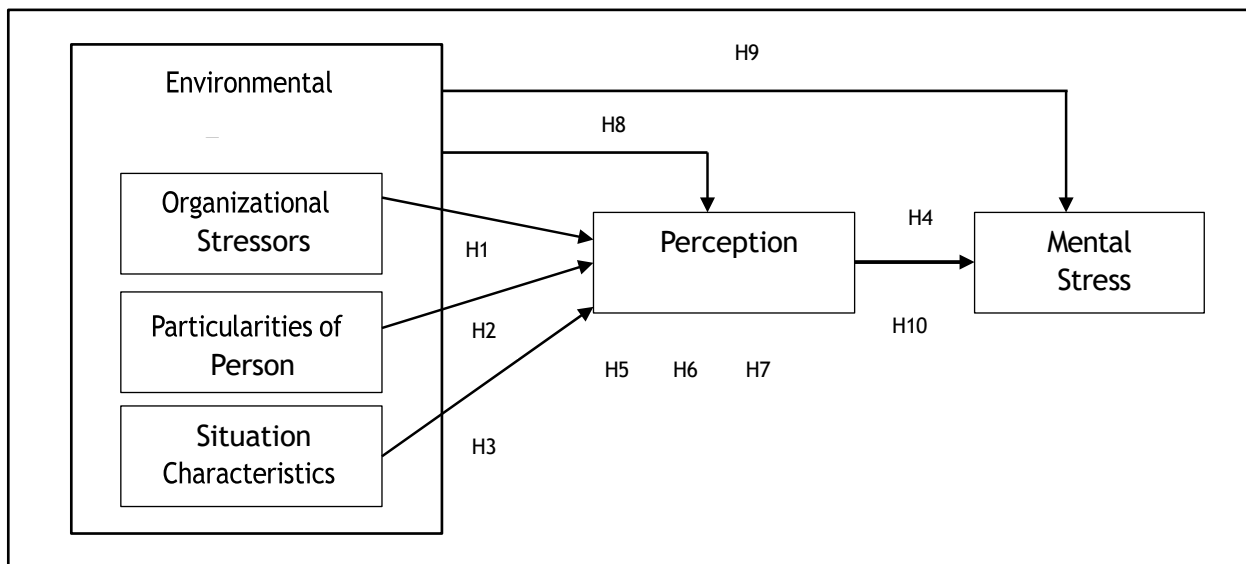
I got the idea to make this research of conceptual framework from the above image (conceptual framework) be used it as a reference.



### 3. 1. 2 Modal of the conceptual framework



### 3.1.3 Defending variable (stresses) from the fractures as a situation figure



### 3.2 Hypotheses of the Research

H1: Organizational Stressors significantly influence perception H2: Particularities of Person significantly influence perception

H3: Situation Characteristics significantly influence perception H4: Perception of a Person significantly influences mental stress

H5: Perception mediates the relationship between organizational stress and mental stress

H6: Particularities mediate the relationship between organizational stress and mental stress

H7: Situation Characteristics of Person significantly influence perception H8: Environment factors significantly influence perception

H9: Environment factors significantly influence mental stress

H10: Perception mediates the relationship between environmental factors and metal stress

3.2.1 Patronization table

Concept	Dimension	Indicators	Literature Support
Mental Stress	Physiologic al	1-Cardio vascular	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
Physical		2-Biochemical	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
Noise		3-Gastro- intestinal	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
Light		4-Musculo- skeletal	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
Vibration	Psychological	1-Direction	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
Psychosocial		2-Ansity	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
Role ambiguity		3-Work satisfaction	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
Role conflicts	Behavioral	1-Mobbing	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
Overload		2-Absenteeism	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
Organizational Stressors		1 Physical	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
		2 – Noise	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
		3-Light	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
		4-Vibration	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
		5-Psychosocial	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
		6-Role ambiguity	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
		7-Role conflicts	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>

		8- Overload	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
Particularities of Person		1-Typ A /B behaviors	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
		2-Sles assessment	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
		3-Resilience in adverse condition	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
Situational Characteristics		1-Bheviar issues	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
		2-Gettoning body language issues	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
		3-Environment al natural issues	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
		4-Sosity of unhealthy issues	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
Perception		1-Physiological	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
		2-Psychological	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
		3-Bheviar	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>
		4-Diseases influence biological issues	<a href="https://www.pinterest.com/pin/349240146104684177/">https://www.pinterest.com/pin/349240146104684177/</a>

To operationalize variables related to housewives’ stress stemming from their environment quality, it was necessary to define qualitative and quantitative measures that capture the relevant aspects of their experiences. Here’s how to operationalize these variables.

### 3.2.2 Operationalization of Variables

#### 1. Qualitative Research:

Qualitative research aims to explore the experiences, perceptions, and emotions of housewives regarding their stress (DVS) levels within their living environment. Operationalizing variables (IVS) for qualitative research involves identifying themes, patterns, and insights from interviews, focus groups, or observations.

#### Variables:

**Perceived Stress:** Explore how housewives perceive and describe stress within their household environment. This could include feelings of overwhelm, frustration, or anxiety. **Environmental Factors:** Investigate specific environmental factors contributing to stress, such as noise pollution, lack of green spaces, overcrowding, or neighborhood safety concerns. Other than that opportunity event full mind map for the family, minimize from time duration as profit to finish them.

**Coping Mechanisms:** Identify coping strategies employed by housewives to manage stress in their environment. This could include seeking social support, engaging in hobbies, or practicing relaxation techniques. As soft skills develop energy from work events successful environmental sources or resources have been entertaining to mind

relaxation.

Cognitive behavior therapy, in which patients learn to modify thought and behavior patterns that contribute to negative emotional states. (Morris, 2010)

**Quality of Relationships:** Examine the impact of household dynamics and relationships on stress levels. This includes relationships with spouses, children, extended family members, and neighbors.

**Sense of Control:** Explore perceptions of control over the environment and daily routines. In their social vocabulary may be “cleanliness is next to godliness” This includes autonomy in decision-making, flexibility in household responsibilities, and access to resources.

**Cultural and Social Context:** Consider cultural norms, societal expectations, and social support networks that influence the experiences of housewives within their environment. They are a population gap in their society of rules or cultural beliefs. When and where those opportunities go, she has a mind map. The mind map blowing for living environment household working capacity. Therefore, she has ensured lack of methodology as acknowledgment or poor things for the household works scheduling, a partnership of stresses generation to she has mind map. It could be motherhood’s sustainable work outcome.

## 2. Quantitative Research:

Quantitative research involves measuring and analyzing numerical data to quantify the relationship between variables related to stress and the quality of the environment.

**Variables:**

**Stress Levels:** Quantify stress levels using validated psychological scales such as the Perceived Stress Scale (PSS) or the General Health Questionnaire (GHQ). These scales assess the frequency and intensity of stress-related symptoms.

**Environmental Quality:**

Develop a structured questionnaire to assess various dimensions of the household environment, including physical, social, and psychological aspects. This could include items related to noise levels, air quality, social support, neighborhood cohesion, and access to amenities.

**Health and Well-being:** Measure indicators of physical and mental health to assess the impact of stress and environmental factors on overall well-being. This includes self-reported health status, symptoms of depression or anxiety, and health-related behaviors such as exercise and sleep patterns.

**Demographic Variables:**

Collect demographic data such as age, marital status in two children or more children, education level, household income, and number of dependents to understand how these factors influence stress and crating healthy environmental perceptions.

**Perception of Support:** Assess the perceived availability and adequacy of social support networks, including family, friends, and community resources, as a buffer against stress.

Data collected through surveys or questionnaires can be analyzed using statistical techniques such as correlation analysis, regression analysis, and factor analysis to identify relationships between variables and predictors of stress in housewives.

By operationalizing variables through both qualitative and quantitative research methods, researchers can gain a comprehensive understanding of the stress experienced by housewives within their environment and inform interventions to promote well-being and resilience.

The research processes were guided by skill-full ability awareness, it seems like the housewife was experiencing mental stress while conducting research and exploring hypotheses. Here are some tailored suggestions to help her manage this situation:

1. Identify Stressors Encourage her to identify specific aspects of the research process that are causing stress. Is it the complexity of the subject matter, fear of failure, or feeling overwhelmed by the volume of information? Where the hypotheses (H 1 to H 10).
2. Break it Down- Suggest breaking the research process into smaller, more manageable tasks. By focusing on one step at a time, she can prevent feeling overwhelmed and make progress more effectively.
3. Seek Support: Encourage her to reach out to friends, family, or online communities for support and encouragement. Sometimes, discussing her thoughts and concerns with others can provide valuable perspective and alleviate stress.
4. Practice Self-Compassion: Remind her to be kind to herself and acknowledge that it's normal to feel stressed when tackling new challenges. As time to experience, they encourage her to practice self-care activities that promote relaxation and well-being. In their resuscitation mind map. (life balance where the mind is full).
5. Set Realistic Expectations- Help her set realistic expectations for the research process. Remind her that it's okay to encounter obstacles and that progress may be gradual. Celebrate small victories along the way to boost morale.
6. Take Breaks – Emphasize the importance of taking regular breaks during research sessions to prevent burnout. Stepping away from work allows her mind to rest and recharge, improving productivity and overall well-being.
7. Mindfulness and Relaxation Techniques: Suggest mindfulness or relaxation techniques such as deep breathing, meditation, or yoga to help her manage stress and stay focused. There was some attention to more tension among women people that had to be discussed impure (in that research process).
8. Focus on the Process: Encourage her to focus on the process of research rather than solely on the end goal. Remind her that each step she takes, whether it leads to the desired outcome or not, was a valuable learning experience.
9. Professional Guidance: If the stress becomes overwhelming and significantly impacts her well- being, suggest seeking guidance from a therapist or counselor (as a researcher had working experiences) who can provide coping strategies and support tailored to her needs.
10. Celebrate Achievements: Encourage her to celebrate achievements and milestones in her research journey, no matter how small. Recognizing progress and accomplishments can boost confidence and motivation.

By implementing these strategies, the housewife can hopefully manage her mental stress more effectively and navigate the research process with greater ease and confidence.

Qualitative Research has an open-ended questionnaire (interview)

### 3.2.2. Table Qualitative

Dimension for Physiological, Psychological, Behavioral	Type (A), Type (B), and Q 1- 10
Situational characteristics (positive & negative opportunity)	Mental reliability focuses on updates or letdowns (mind map regulation conducting empowerment).
The concept of mental stress (Physical in and on reflection to	Psychosocial arrival from significantly for 1- Direction, 2-Ansity, 3-Work satisfaction (reliability and validity from mental statable bran moral action

Organizational Stressors significantly influence).	to cluster on reflection action terns mind map as currently).
Behavioral Particularities of a Person significantly influence the perception	Mental stability to character evidence bass' reliability and memory as thinking ability 1- Mobbing (as mind map on reflection strategic planning) situational from environment factors ex-another character or natural things.
Perception of a Person significantly influences mental stress	Skills developed attitude grow thing as acknowledgment (opportunity empowerment skills to reliability or validity positive or negative mental quality). 1-Physiological, 2-Psychological 3-Bheviar 4-Diseases influence biological issues

3.2.3. Quantitative Research:

Dimension for	Multiple Questionnaire (1 to 10)
1-Environmental factors	H1, H2, H3, H4, H5, H6, H7, H8, H9 &H10 hypothesis level to perception of mental stresses for housewife  They are all together motion by mental stresses coping with the Environment: Your surroundings can significantly impact your mental state. A stressful or chaotic environment can exacerbate feelings of stress, while a calm and supportive environment can promote mental well-being. Being aware of how your environment affects you allows you to make changes or seek out supportive spaces.  Mindset: Your mindset, or your outlook on life and challenges, plays a huge role in how you perceive and cope with stress. Cultivating a positive and resilient mindset can help you navigate stress more effectively. Practices like mindfulness, gratitude, and self- compassion can contribute to a healthier mindset.
2-Organizational stressors	
3-Particularities of person	
4-Situation characteristics	Opportunities for Growth: Viewing challenges as opportunities for growth can shift your perspective on stress. Instead of seeing stressors as purely negative, you can reframe them as chances to learn, adapt, and develop resilience. Embracing opportunities for personal and professional growth can also provide a sense of purpose and fulfillment, which can mitigate stress.  By being mindful of your environment, cultivating a positive mindset, and embracing growth opportunities, you can enhance your mental stress awareness and develop strategies to manage stress more effectively. Would you like to delve deeper into any of these aspects?

3.2.4 Table of Quantitative research question to way

3.3: Variable List

Certainly! Here's a guideline from (info@mindgarden.com www.mindgarden.com). Where the Skills by Guideline for Administering the Perceived Stress Scale.

1. Introduction:

Explain the purpose of the Perceived Stress Scale (PSS), which is to assess how individuals perceive stress in their lives over the past month. Assure confidentiality and encourage honesty in responses.

## 2. Instructions:

Provide clear instructions on how to respond to the questions.

Explain the scoring system: 0 = Never, 1 = Almost Never, 2 = Sometimes, 3 = Fairly Often, 4 = Very Often. As constitutive quaschniar has mesharments. At the same preparation for qualitative quaschiar was managed. Ensure participants understand that there are no right or wrong answers; they should respond based on their own experiences.

## 3. Questionnaire Administration:

Read each question aloud clearly and at a moderate pace. Allow participants sufficient time to consider their responses before moving on to the next question. Encourage participants to circle the number that best represents how often they experienced each feeling or thought in the past month or any way.

## 4. Clarifications:

Be prepared to clarify any confusing terms or concepts in the questions. Offer examples if participants have difficulty understanding a question (are there qualitative and quantitative ready too).

## 5. Respect Participant Privacy:

Emphasize that responses are confidential and will not be shared with anyone. Reiterate that there are no right or wrong answers, and participants should respond truthfully based on their own experiences.

## 6. Answering Questions:

Remain neutral and avoid influencing participants' responses. Encourage participants to ask questions if they need clarification on any item.

## 7. Conclusion:

Thank participants for their participation. Offer any necessary debriefing or support resources for individuals who may have found the questions distressing. Reassure participants that their responses contributed to valuable research or self-awareness.

## 8. Scoring and Interpretation:

After participants complete the questionnaire, score each item by summing up the circled numbers Total scores can range from with higher scores indicating higher perceived stress levels. Interpret scores in the context of the individual's overall stress perception and consider discussing results with a qualified professional if necessary.

## 9. Follow-up

If using the PSS for research purposes, consider follow-up assessments to track changes in perceived stress over time. Provide participants with feedback on their scores if appropriate and offer resources or support as needed. By following these guidelines, how can effectively administer the Perceived Stress Scale and gather valuable insights into participants' stress experiences? Summary:

The Perceived Stress Scale assesses the frequency of various stress-related feelings and thoughts over the past month or any way. Scores can range from higher scores indicating higher perceived stress levels. This scale provides insight into how individuals perceive and experience stressors in their lives.

### 3.4. Research Design and Methodology

Promoting Mental Well-being among Housewives in Maharagama MOH Division: A Qualitative Investigation. As utilization sample size was 11 for the target population of 15000. Other than that, for the method of quantitative,

an operational sample size of 150 is the target population too. This sample was mentioned for a group of age limitation 35y to 60y. Get the social position of two or more children having problems coping with the environment packers.

Housewives play a pivotal role in maintaining household functioning and familial harmony, yet their mental well-being is often overlooked. Understanding the specific stressors faced by housewives in Maharagama MOH Division is crucial for designing targeted interventions to address their needs. This study holds several significant implications.

**Informing Policy and Programming:** Findings from this study can inform local health policies and programs aimed at promoting mental health among housewives. Insights into the unique stressors faced by housewives in Maharagama MOH Division can guide the development of tailored interventions. For the descriptive randomizes, Nevertheless, a lot of data is produced for every subject. on these kinds of applications, random forests have been demonstrated to attain a high prediction accuracy and to yield descriptive variable significance measures that indicate the influence of each variable on main effects as well as interactions (trobl, 2019).

**Enhancing Community Support:** By identifying coping mechanisms utilized by housewives, this study can facilitate the sharing of effective strategies within the community. It can also raise awareness among family members, neighbors, and community leaders about the importance of supporting housewives' mental well-being.

**Empowering Housewives:** By providing a platform for housewives to voice their experiences and recommendations, this study empowers them to actively participate in the development of solutions to address mental stresses. It validates their experiences and contributes to reducing the stigma associated with mental health challenges.

**Improving Health Service Delivery:** Insights gained from this study can inform healthcare providers within Maharagama MOH Division about the specific needs of housewives regarding mental health support. It can guide the integration of mental health services into existing healthcare infrastructure to ensure accessibility and effectiveness.

Overall, this study aims to contribute to the creation of a healthier and more supportive environment for housewives in Maharagama MOH Division, thereby enhancing their overall well-being and quality of life.

This study was used quantitative descriptive research design and qualitative which are described as many ways such as to describe systematically and accurately the facts and characteristics of a given population or area of interest, to provide an accurate portrayal or account of characteristics of a particular individual, situation or group, these studies are a means of discovering new meaning, de-scribing what exists, determining the frequency with which something occurs and/or categorizing information, to portray the characteristics of persons, situations, or groups and the frequency with which certain phenomenon occur, these studies observe, describe, and document aspects of a situation as it naturally occurs, to discover associations or relationships between or among selected variables and to answer questions based on the ongoing events of the present (Cambridge had book of strategy as practice).

Url-- [books.google.lk/books?hl=en&lr=&id=Rx87NnaK03wC&oi=fnd&pg=PA23&dq=phenomenon+ occur + studies+ research & ots=eKaP8RoQ](https://books.google.lk/books?hl=en&lr=&id=Rx87NnaK03wC&oi=fnd&pg=PA23&dq=phenomenon+ occur + studies+ research & ots=eKaP8RoQ)

The purpose of descriptive studies is to describe individuals, events, or conditions by studying them as they are in nature. The researcher does not manipulate any of the variables but rather only describes the sample and/or the variables. Although a descriptive study can explore multiple variables, it is the only design that can also explore a single variable. They are mentioned by researchers as evidence from phenomenology-grounded theory, ethnography, historical case studies, and narrative designs are examples of qualitative design categories. Comparatively, experimental and nonexperimental designs fall within the categories of quantitative designs (Siedlecki, 2020).

Descriptive studies use observation or survey data. The research question and feasibility issues will influence



the method selected. There are inherent limitations and risks to validity associated with each method. However, both also offer feasible and cost-effective means of obtaining data easily. One of the most frequently used methods of collecting descriptive data is through observation of individuals interweaving from qualitative data or groups of individuals from quantitative data. Although this may sound like both methods, it differs from observation used in qualitative designs, because the variables of interest have both of value.

A limitation is that observation can be time intensive and requires considerable training and monitoring of data collectors (qualitative in audio record). The second approach to data collection for a descriptive study is a survey. Survey methods use questionnaires to elicit information from subjects (respondents). This is useful when the researcher is interested in perceptions, beliefs, attitudes, or opinions. Methods of survey administration include verbal (in-person from individual), and written (mailed or distributed questionnaires). The advantages of survey methods for data collection are that it can be relatively inexpensive and easy to do.

However, the reliability of the items within the survey and the subject's willingness to answer items honestly are potential threats to internal and external validity and are a major study design limitation. Although qualitative research presents unique obstacles in relation to the concepts of reliability, internal validity, and external validity, it also provides opportunity to extend the reach of psychological inquiry to areas not susceptible to quantification (Garza, 2005)

The main sources of mental stress experienced by housewives can vary depending on individual circumstances, cultural factors, and socio-economic backgrounds. However, some common sources of mental stress among housewives include:

**Unpaid Workload:** Housewives often bear the responsibility of managing household chores, childcare, and other domestic duties without financial compensation. The constant pressure to maintain a clean and organized home while attending to the needs of family members can contribute to feelings of overwhelm and stress.

**Role Strain:** Balancing multiple roles within the household, such as caregiver, homemaker, and sometimes breadwinner, can lead to role strain. Housewives may struggle to fulfill societal expectations while also meeting their own personal and professional aspirations, leading to feelings of inadequacy and stress.

**Lack of Autonomy:** Housewives may feel a lack of autonomy and control over their daily lives, particularly if their decisions and actions are constantly scrutinized or dictated by family members. This loss of autonomy can contribute to feelings of frustration, powerlessness, and stress.

**Financial Concerns:** Financial instability or dependence on a partner's income can be a significant source of stress for housewives. Worries about meeting household expenses, saving for the future, or contributing financially to the family can weigh heavily on their minds and impact their mental well-being.

**Social Isolation:** Housewives may experience social isolation, especially if they are primarily responsible for caregiving duties and have limited opportunities for social interaction outside the home. Feelings of loneliness, boredom, and disconnection from the outside world can exacerbate mental stress.

**Marital and Family Conflicts:** Marital disputes, conflicts with children, or strained relationships with in-laws can create tension and stress within the household. Housewives may experience emotional turmoil as they navigate interpersonal conflicts and strive to maintain harmony within the family unit.

**Unmet Personal Needs:** Housewives may neglect their own physical and emotional needs while prioritizing the needs of their family members. Lack of self-care, leisure time, and personal fulfillment can contribute to feelings of burnout, resentment, and mental distress.

**Cultural Expectations:** Societal norms and cultural expectations regarding gender roles and domestic responsibilities can place undue pressure on housewives to conform to traditional ideals of femininity and motherhood. These expectations may conflict with individual desires and aspirations, leading to internal conflict and stress.

Addressing these sources of mental stress requires a holistic approach that acknowledges the unique challenges faced by housewives and provides support in various aspects of their lives, including social, economic, and psychological domains. Creating a healthy environment for housewives involves implementing strategies to alleviate stressors, promote self-care, foster social support networks, and empower women to prioritize their own well-being.

### 3.5 Research Questions

In this research questions focused on understanding the causes of mental stress among housewives in the Maharagama MOH's division in Sri Lanka and assessing their awareness of this concept, as well as exploring the relationships between environmental factors and mental stress. Here are some potential approaches to each question: The actuality reflection had housewives to research questions as

1. What are the causes which lead to the mental stress of housewives?
2. Are housewives aware of the concept of mental stress?
3. What are the relationships between environmental factors and mental stress?

#### 1. Causes of Mental Stress among Housewives (What are the causes which lead to mental stress of housewives?).

Conduct surveys or interviews to gather qualitative data and (quantitative data) on the daily challenges faced by housewives, such as household responsibilities, societal expectations, financial pressures, and lack of social support (In that family support). Analyze existing literature on mental health and gender roles in Sri Lanka to identify common stressors experienced by housewives.

#### 2. Awareness of Mental Stress among Housewives (Are housewives aware of the concept of mental stress?).

Administer questionnaires or conduct focus group discussions to assess housewives' knowledge and understanding of mental stress, its symptoms, and its impact on health and well-being. Comparing responses from different demographic groups or anywhere practice, they had memories the experiences of cultural and spiritual attitudes. (e.g., age, education level, the family of two or more children, and socioeconomic status) to understand variations in awareness.

#### 3. Relationships between Environmental Factors and Mental Stress (What are the relationships between environmental factors and mental stress?).

Use quantitative surveys to gather data on environmental factors such as household dynamics, living conditions, access to resources, and social support networks. Employ statistical analysis techniques (e.g., regression analysis) to explore correlations between these environmental factors and reported levels of mental stress among housewives. Consider qualitative methods such as interviews or focus groups to gain deeper insights into how specific environmental factors contribute to or alleviate mental stress.

Throughout this research, ensure ethical considerations are addressed, such as obtaining informed consent from participants and maintaining confidentiality. Additionally, collaborating with local health authorities and community organizations may facilitate data collection and ensure the relevance and applicability of research findings to interventions aimed at promoting the mental well-being of housewives in Maharagama.

### 3.6 Participants

To effectively assess the mental stress of housewives in the Maharagama MOH's division in Sri Lanka and address the research questions provided, identifying appropriate research participants is crucial. Here's how the researcher could approach participant selection for each question:

A sample is defined as a smaller set of data that a researcher chooses or selects from a larger population by using a pre-defined selection method. These elements are known as sample points, sampling units, or observations. Creating a sample is an efficient method of conducting research. Hence, examining the sample provides insights that the researcher can apply to the entire population. Sampling methods are characterized into two distinct

approaches: probability sampling and non-probability sampling. Probability sampling can be further classified into four distinct types of samples. They are:

**Simple random sampling:** The most straightforward way of selecting a sample is simple random sampling. In this method, each member has an equal chance of being a part of the study. The objects in this sample population are chosen purely on a random basis, and each member has the same probability of being selected.

**Cluster sampling:** Cluster sampling is a type of sampling method where the respondent population is divided into equal clusters. Clusters are identified and included in a sample based on defining demographic parameters such as age, location, sex, etc. This makes it extremely easy for a survey creator to derive practical inferences from the feedback. This type of generating a sample makes the data collection in-depth and provides easy to consume and act upon, insights.

**Systematic sampling:** Systematic sampling is a sampling method where the researcher chooses respondents at equal intervals from a population. The approach to select the sample is to pick a starting point and then pick respondents at a pre-defined sample interval.

**Stratified random sampling:** Stratified random sampling is a method of dividing the respondent population into distinctive but pre-defined parameters in the research design phase. In this method, the respondents don't overlap but collectively represent the whole population.

The non-probability sampling method uses the researcher's discretion to select a sample. This type of sample is derived mostly from the researcher's or statistician's ability to get to this sample. This type of sampling is used for preliminary research where the primary objective is to derive a hypothesis about the topic in research. Here each member does not have an equal chance of being a part of the sample population, and those parameters are known only post-selection to the sample

Non-probability sampling can be classified into four distinct types of samples. They are: **Convenience sampling:** Convenience sampling, in easy terms, stands for the convenience of a researcher accessing a respondent. There is no scientific method of deriving this sample. Researchers have nearly no authority over selecting the sample elements, and it's purely done on the basis of proximity and not representativeness. This non-probability sampling method is used when there are time and cost limitations in collecting feedback. In this sampling method, the sample respondents are chosen purely on their proximity to the survey desk and their willingness to participate in the research.

**Judgmental/purposive sampling:** The judgmental or purposive sampling method is a method of developing a sample purely on the basis and discretion of the researcher purely on the basis of the nature of study along with his/her understanding of the target audience. In this sampling method, people who only fit the research criteria and end objectives are selected, and the remaining are kept out.

**Snowball sampling:** Snowball sampling or chain-referral sampling is defined as a non-probability sampling technique in which the samples have traits that are rare to find. This is a sampling technique, in which existing subjects provide referrals to recruit samples required for a research study. In this case, the researcher can recruit people with an understanding or knowledge of such people and collect information from them or ask them to collect information.

**Quota sampling:** Quota sampling is a method of collecting a sample where the researcher has the liberty to select a sample based on their strata. The primary characteristic of this method is that two people cannot exist under two different conditions.

Certainly! Here's a process for conducting simple randomized sampling as part of a mixed-method research approach in this survey.

1. Define the Research Objectives:

Clearly outline the research questions and objectives that the researcher aims to address through the mixed-

method study. Determine how simple randomized sampling will contribute to achieving these objectives.

## 2. Identify the Population of Interest

Define the population from which research will draw who sample. In this case, identify the population of housewives in the Maharagama MOH's division in Sri Lank

## 3. Quantitative Component (Simple Random Sampling):

Generate a sampling frame consisting of all eligible households with two or more children within the population of housewives. Assign each household with two or more children in the sampling frame a unique identifier. Use a random number generator or a randomization technique (such as drawing names from a hat) to select a predetermined number of participants for the quantitative survey component. Ensure that each member of the population has an equal chance of being selected for inclusion in the sample, thereby minimizing bias.

## 4. Qualitative Component (Purposeful Sampling):

Based on the quantitative sample, purposively select a subset of participants for in-depth interviews or focus group discussions. Consider factors such as demographic diversity, reported levels of mental stress, and variation in environmental factors when selecting participants for the qualitative component. Aim to capture a range of perspectives and experiences to enrich the qualitative data and provide depth to the findings.

By following this process, research can effectively utilize simple randomized sampling as part of a mixed-method research approach to explore the complex dynamics of mental stress among housewives in the target population.

Where the suitability as research question from

### 1. Causes of Mental Stress among Housewives:

Target housewives residing in the Maharagama MOH's division who are willing to participate in interviews or focus group discussions. Consider selecting a diverse sample to capture a range of experiences, including differences as research limitations followed. As status, marital status, and family composition. Collaborate with community leaders or local organizations to identify potential participants and ensure cultural sensitivity in recruitment.

### 2. Mental Stress among Housewives

Engage housewives from various demographic backgrounds through surveys or structured interviews to assess their awareness of mental stress. Aim for a representative sample that includes women of different ages, education levels, and socioeconomic statuses to capture diverse perspectives. Utilize community outreach efforts and establish rapport with local residents to encourage participation and ensure the inclusion of marginalized groups.

### 3. Relationships between Environmental Factors and Mental Stress:

Recruit housewives residing in the Maharagama MOH's division for surveys in mixed-methods studies examining environmental factors and mental stress. Ensure that the sample reflects the demographic diversity of the population to capture variations in environmental exposures and stress levels. Collaborate with local health clinics, community centers, or women's groups to facilitate participant recruitment and establish trust within the community.

When recruiting research participants, prioritize informed consent, confidentiality, and ethical considerations. Additionally, consider employing culturally sensitive approaches to data collection and ensure that participants have access to support services if needed. By engaging with a diverse range of housewives in Maharagama, who can gather comprehensive insights into the factors contributing to mental stress and inform strategies for

promoting a healthy environment for housewives in the community.

### 3.7. Data Collection

Administer standardized surveys to the randomly selected participants in the quantitative sample to collect quantitative data on mental stress, awareness of mental health concepts, and environmental factors. Conduct semi-structured interviews with purposively selected participants to gather qualitative insights into the underlying reasons for mental stress and the impact of environmental factors.

#### Definition of Qualitative, Quantitative, and Mixed Methods

As stated, mentioned, depending on the kind of data being sought, research can be classified into qualitative or quantitative methodologies. Additionally, a study that combines these approaches and covers the benefits of both is referred to as a mixed-method study. The following is a definition of these approaches (Taherdoost, 24/04/2022).

#### Qualitative Methodology

Diverse definitions exist about qualitative research. These techniques typically take a naturalistic and interpretive stance while addressing various scientific and practical problems facing society. These techniques make use of a variety of empirical resources, including case studies, firsthand accounts, and anecdotes, which highlight the deep meanings and motivations that go beyond quantitative data to illustrate the daily struggles and routines that people face. Two broad criteria are covered in qualitative research, including.

#### The Quantitative Method

The process of using numerical values acquired from observations to characterize and explain the processes that the data potentially represent is known as quantitative research. This approach uses both methods and empirical assertions, which are descriptive statements regarding the situations' meanings in actual words rather than their ought. Additionally, it makes use of the empirical assessments meant to evaluate the extent to which a policy or program satisfies a norm or criterion.

Furthermore, a topic is intended to be described by both qualitative and quantitative research procedures; the distinction is in the last section of the description, which focuses on several sorts of analytical methods that is quantitative research that applies mathematics and statistics.

Putting all of this together, quantitative research seeks to identify a certain phenomenon by gathering numerical data to answer precise queries like how many and what proportion in various sectors, such as education to collect data from the whole population. Next, the best kind of data collecting should be chosen after weighing the advantages and disadvantages that each approach can have for the study topic.

The other position when to, design the Interview/Focus Group: Develop a flexible interview guide or focus group protocol based on research objectives. Sampling: Select participants who represent diverse perspectives and experiences relevant to the research topic. Recruitment: Invite participants to take part in interviews. Data Collection: Conduct interview sessions, allowing participants to express their thoughts and experiences freely. Awareness level from research reality to following by nature is stranded. The trial lead investigator and the larger team saw the qualitative study as a separate and complementary effort, even if the qualitative researcher saw the potential benefit of the qualitative research in "the add-on" paradigm. Respondents explained how this would reduce the qualitative study's utility for the experiment (Alicia O'Cathain, 2014)

#### Common Considerations for Both Methods:

Ethical Considerations: Obtain informed consent from participants, ensure confidentiality, and minimize harm. Pilot Testing: Conduct a pilot study to test the data collection instruments and procedures. Documentation: Keep detailed records of the data collection process for transparency and replication. Reflexivity: Reflect on the researcher's role and biases throughout the data collection process. Triangulation: Combine multiple data

collection methods or sources to enhance the validity and reliability of findings. By following these processes, researchers can effectively collect data through both quantitative and qualitative methods, providing rich insights into their research questions.

**Data Recording:** Record interviews or focus group sessions (with consent) using audio, video. **Transcription:** Transcribe recorded data accurately, capturing all relevant information.

**Data Analysis:** Analyze transcribed data using qualitative analysis techniques (thematic analysis, content analysis, etc.). **Interpretation:** Interpret findings in context, identifying patterns, themes, and relationships. **Validation:** Ensure the validity and reliability of findings through techniques like member checking or triangulation.

### 3.8. Data Analysis

Analyze the quantitative data using appropriate statistical methods to identify patterns, correlations, and associations between variables related to mental stress and environmental factors. Thematic analysis or content analysis can be employed to analyze the qualitative data, extracting key themes, patterns, and narratives that emerge from the interviews or focus group discussions.

**Integration of Findings:**

Compare and contrast the findings from the quantitative and qualitative components of the study to gain a comprehensive understanding of the research questions. Triangulate the results by examining areas of convergence and divergence between the data sets, thereby strengthening the validity and reliability of the findings.

**Descriptive Statistics:** Descriptive statistics are used to summarize and describe the basic features of the data. This includes mean, median, mode, standard deviation, variance, range, and percentiles.

In this research to differentiate and analyze data (Integration of Findings) used grapes/charts to collect data used questionnaires the grapes are made from EXCEL There were two types of charts used to analyze the data according to the respondents' responses; they were line charts and 3D bar charts showing the differences in how each problem (among mental stress define the housewives in Maharagama, Division of MOH ) affected participants, in this case, housewives as a whole.

**Interpretation and Conclusion:**

Interpret the integrated findings in light of the research objectives, drawing conclusions and implications for practice, policy, or further research. Highlight the study's practical implications and provide recommendations for interventions to promote the mental well-being of housewives in Maharagama.

### 3.9. Pilot study

**Qualitative Phase**

**Objective:** To explore the lived experiences and perceived stressors of housewives in Maharagama MOH's division.

1. **Sampling:** Utilize purposive sampling to select a diverse group of housewives from different socioeconomic backgrounds and two or more children's mothers within the Maharagama MOH's division.

2. **Data Collection**

Conduct semi-structured interviews from the simple randomize method to housewives. The interviews should delve into their daily routines, challenges they face in maintaining a healthy environment, and the stressors they experience. Employ focus group discussions to encourage interaction among participants and explore shared

experiences and opinions regarding mental stress. They are empowered to environmental factors have for mind disciplinary for the good health. A deep, thorough, and extremely valuable understanding of complicated health therapies and programs may be possible with this new type of literature review, making it more pertinent and helpful for decision-makers and physicians (Romina Pace, 2012).

The purpose of the pilot study was to assess, as a research questionees from of housewives in Maharagama MOH's division.

1. What are the causes which lead to the mental stress of housewives?
2. Are housewives aware of the concept of mental stress?
3. What are the relationships between environmental factors and mental stress?

### 3. Data Analysis:

Utilize thematic analysis to identify recurring themes related to mental stress and environmental health. Identify patterns, commonalities, and variations in the experiences of participants. It has Quantitative Phase:

#### Objective:

To quantify the prevalence and severity of mental stress among housewives in Maharagama MOH's division and assess its relationship with various factors.

1. Sampling: Use a stratified simple random sampling technique to ensure representation across different socioeconomic backgrounds and two or more children's groups, marital statuses, and socioeconomic statuses among housewives in the division.

#### 2. Data Collection

Administer standardized surveys such as the Perceived Stress Scale (PSS) to quantify the levels of perceived stress among participants (The level of PSS questioner translates for Sinhala and Tamil language). Include demographic questions to gather information on factors such as reality of life saving day today activity. They are household income, and number of dependents. Other than that, she had work related body of metabolism and she who awareness patterning. Additionally, include questions related to environmental factors impacting mental health, (they are situational characterizes as a poison cope from the environment reality) such as access to green spaces, air quality, and noise pollution.

#### 3. Data Analysis:

Calculate descriptive statistics to summarize (mean and as a percentage) the levels of perceived stress among participants. Employ inferential statistics to identify any significant differences in stress levels based on demographic variables and environmental factors. Conduct correlation analysis to explore the relationship between perceived stress levels and environmental factors.

#### Integration:

1. Triangulation: Compare findings from both qualitative and quantitative phases to validate and complement each other. The Sri Lankan nature of where the participation in Maharagama, the Division has MOH's area.

2. Data Interpretation: Synthesize qualitative themes with quantitative results to gain a nuanced understanding of the mental stress cope with the environment of mind map related experienced by housewives.

3. Implications: Make use of the combined data to guide the creation of initiatives in Maharagama MOH's division that are meant to lessen mental stress and encourage a healthy atmosphere for women. This pilot project will set the stage for more extensive research and intervention initiatives while offering insightful information on the mental stress that housewives face.

They are the opportunity, in this research, from the quantitative subject as a housewife mention by chart.

Question-no	0 = Never	1 = Almost Never	2 = Sometimes	3 = Fairly Often	4 = Very Often
1	---	10%	60%	20%	10%
2	10%	20%	50%	20%	10%
3	20%	---	40%	10%	30%
4	---	30%	30%	30%	20%
5	10%	20%	40%	10%	30%
6	10%	20%	10%	60%	---
7	---	10%	50%	50%	---
8	---	---	50%	20%	40%
9	---	20%	40%	30%	20%
10	---	20%	20%	30%	40%

### 3.9.1 Table of quantitative question data percentage

This table describes the result, of Maharagama MOH Division, in the sample of 150 women to the highest percentage from Q 1 meaning (PERCEIVED STRESS SCALE) all women were upset because of something that happened unexpectedly in their personal lives. It was 100%.

That stress scale has parameters that describe this level to 10% (4 = Very Often) has been the highest stress level. Another way 10% of women had mental stress levels (that the scale means to) 1 = Almost Never (rarely).

1= Sometimes (60%) 2 levels of mental stress with housewives had been they were life managed from the mental reality, because of something that happened unexpectedly following the housewives.

2= Fairly Often (20%). It has a mental stress level of 3. Those situations' meanings presented All housewives were something that happened unexpectedly to stress was not to 0 (0 = Never). But questions 2,3,5 and 6 opportunities for Maharagama MOH Division, in the sample of 150 women as housewives mental stress levels were not 0. They were a percentage of 10%, 20%,10%,10% (0 = Never).

Question no 2 means, that housewives had mental stress unable to control the important things in their life never stressed 20% but 80% of housewives had a mental stress level were given these (1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often) amount of scale validation.

3= Very Often, level of stress 4 as a stress validation. So, it is when the level had not to be 4 from the answer in questions 6 and 7. Therefore, housewives had mental stress, not higher for could not cope with all the things that they had to do (reasonably).

This, quantitative study for housewives who had mental stress utilized the tool from the stress scale to meaning to parentage average was the highest. It was 59 for (2 = Sometimes). At the same (3 = Fairly Often) parentage averages 28 according to the stress scale.

4 = Very Often, stress levels were parentage averaged from 20 as the mental stress scale. For the 1 = Almost and 0 = Never could be presented 15 and 5. Therefore, the division of Maharagama MOH area in housewives could be 59 parentages on average due to mental stress from the mind garden stress scale measuring. This quantitative research to discover.

Qualitative research to data from housewives interweaved, they had given to opportunity from, research gets the



quality disclosure of the personal responses or the pool scores. In doing so, who can discover important aspects defining the level of stress in participants? Higher grades on certain questions may imply that a person might have elevated stress levels in specific areas. Vice versa, lower grades on the questions may reflect that a person may perform having more control and resilience. As it is, this knowledge serves as descriptive mechanisms, helping to shape interventions and support programs that try to alleviate stress and improve general well-being.

To conclude, the questionnaire allows us to examine stress levels broadly and deeply obtaining information of fundamental significance for the comprehensive assessment and stress relief among researchers. Going the other way, the participants' education levels were low from comparing humanity with an attitude toward life-saving social education for the mental stress reflection management from on byion idea had to be discovered.

The survey from the qualitative definition of stress

Number of housewives	Type A Q (%)	Type B (%)	Type C (%)
1	40	35	40
2	20	80	100
3	80	67	60
4	100	85	60
5	60	100	50
6	63	55	60
7	66	35	80
8	83	60	47
9	80	70	80
10	37	100	90
11	40	85	70

### 3.9 2 Table of survey from the qualitative definition of stress percentage

Researchers employing the Positive and Negative Affect Schedule (PANAS) in qualitative studies on stress levels often focus on participants' self-reported emotional experiences, providing rich insights into the subjective nature of stress and its impact on individuals' overall well-being. Through qualitative analysis of participants' responses, researchers can gain a deeper understanding of the nuanced ways in which stress manifests and the coping mechanisms individuals employ to manage it. This approach allows for the exploration of individual differences in stress experiences and contributes to the development of more holistic interventions aimed at promoting mental health and resilience (John R. Crawford, 2010).

This research on type A and B audio questionnaires, to discover mental stress levels are low in Type A. In that compared to type B (n=11 as experiment group). (N=15000) There was Type A, stress levels from, the housewives living with family problems. Such as the husband's attitude, his job has things and children having any ones. At that level three member only given 20%,37% and two of them were 40%. Other members were 60% or above 60%. In that highest one was 100%. That was remarkable mental stress. So, living environment difficulties getting to problems.

Type B questionnaires to audio results recovered from 35% mental stresses two people from (n= 11). (N=15000) Only one woman had a 55% level of mental stress from the mind-grade meshing. Other than that, one woman had 60% and another person had over 60%. In that mental stress 100% present in two people. The questions were about parents or mentioned families with problems and living accommodation things from the availability.

Type C questionnaires to problems are all living reality damaging to mental stresses for the housewives. Their highest to 100%. Over 60% 4 housewives. The 3 persons were 60%. The lower percentage was 40% and 47% of the mental stresses were presented in qualitative got the result combination. Those results from the topical validation of mental stresses for the Maharagama MOH Division in housewives had been all types of mental stress levels of an average was 67. But it has present value was highest from type A and Tye B comparing. But Tye B was economic and emendation with a parent due to mental stresses average was highest. It was 70.18. The lowest average was 60.81 for the husband attitude, his job and children having mental stresses.

## FINDINGS

This chapter presents an analysis and discussion of the research study's findings. It is divided into the following sections: methodology overview, findings for the main research question and three sub-questions, and additional findings.

### 4.1 Methodology Overview

The purpose of this research study was, assess the mental stress of creating a healthy environment for housewives in Maharagama MOH's (Medical Officer of Health) division.

1. What are the causes which lead to the mental stress of housewives?
2. Are housewives aware of the concept of mental stress?
3. What are the relationships between environmental factors and mental stress?

This research was accepted in Maharagama MOH's Division of Living Housewives and utilized Level of mental stress from the method of studies for quantitative and qualitative mind garden stresses tool. This study planning from 2023 August but data collected 2024 march. The housewives have ages, 35y to 60y for two or more children having families. That data discovered by in this research to differentiate and analyze data used grapes/charts to collect data used questionnaires the grapes are made from EXCEL. There were two types of charts used to analyze the data according to the respondents' responses; they were line charts and 3D bar charts showing the differences in how each problem (among mental stress define the housewives in Maharagama Division of MOH) affected participants, in this case, housewives as a whole.

### 4.2 Findings

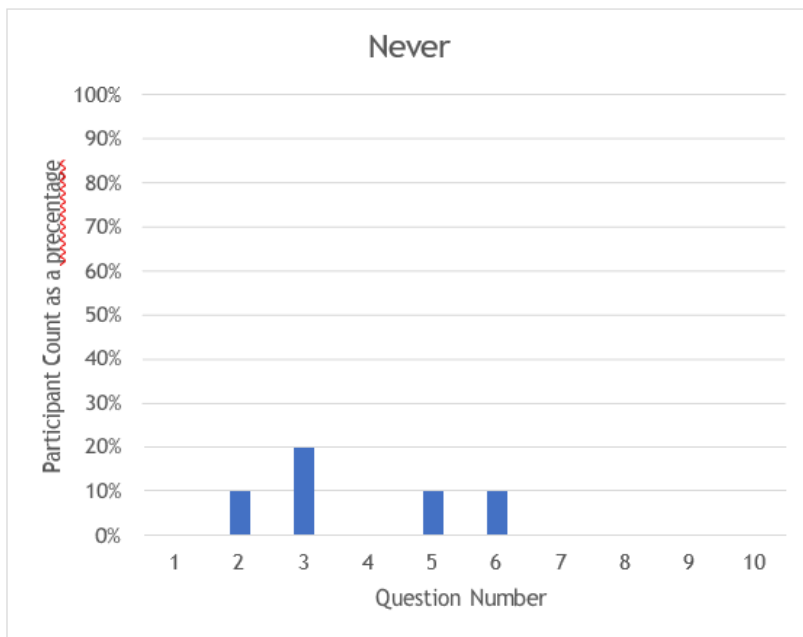
This chapter presents the findings of the study on the lived experiences and perceived stressors of housewives in Maharagama MOH's division. From quantitative surveys as Sample size (n= 150) housewives' data analysis. The qualitative sample size was (n=11) for the policy of method in audio with significant findings for each research question are provided.

#### 4.2.1 Geographical Findings

Giving the response rate is 100% for the mixed method to accuracy. The 150 housewives for the quantitative sampling to 15000 housewives in discovery as mental stresses. On the other way as qualitative study for 11 housewives experiment from the master population 15000 housewives. There was examination from mind balances for the mind garden stresses defined as global validation questionnaires. That the survey group limitation had ages 35y to 60y old. In their problems opportunity for two or more children having family of housewives cope the mental stresses.

Those stresses levels were studies from guide the topic of the question in part of one to arrange by quantitative tool had questionnaires. They were five part of answer type, (0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often) from the gathering the data. Those levels of research questions as the research objectives where the operation tool under developed by,

1. What are the causes which lead to the mental stress of housewives?
2. Are housewives aware of the concept of mental stress?
3. What are the relationships between environmental factors and mental stress?



Never		
Never	Column1	
x	y	
1		0%
2		10%
3		20%
4		0%
5		10%
6		10%
7		0%
8		0%
9		0%
10		0%

4.2.1(a) Table of bar chart for type in never (quantitative)

This table stresses the amount of opportunity could be 100% for all women who were upset because of something that happened unexpectedly in their personal lives. It was 100%. They had answers 0% from never marks they were levels 0 in skills. Therefore, that happened unexpectedly for the personal reliable any were same things. The housewives had mind-direction opportunities for stable thinking capacity was unexpectedly lowest by personal reliability becoming the moving from that mind ape low reality.

Question no 2 had never answers was 10%. So,90% of present stresses could lead from the stress’s opportunity. There was the question, “felt that you were unable to control the important things in your life”? That mind stability unknown controlled to important things breakdown their skills or ability. From the mind garden received stresses measurement.

Question no 3 answers had 20%, and their stress amount was 80%. Where the question, “How often have you felt nervous and “stressed”? Then, causes that lead to mental stress and having the opportunity empowered by the environment had more factors or causes.

No 4 Q to answers had nil, there was the question,” How often have you felt confident about your ability to handle your problems”? The Q wants the solution of environmental sources that did not have enough ability to handle. Therefore, housewives, have mental stress 100%.

Q no 5&6 waivable answers had 0%. But question according to May, Q 5, how often have you felt that things were going your way? So, they had a way of the direction for the planning opportunity most nil. There was stress 100%. As environment reality did not good.

Q no 6 to Sade, how often have you found that you could not cope with all the things that you had to do? Therefore, the housewife's workload was the highest. They had the answer never. The stress level was 100%. From the environment, reality was not supported.

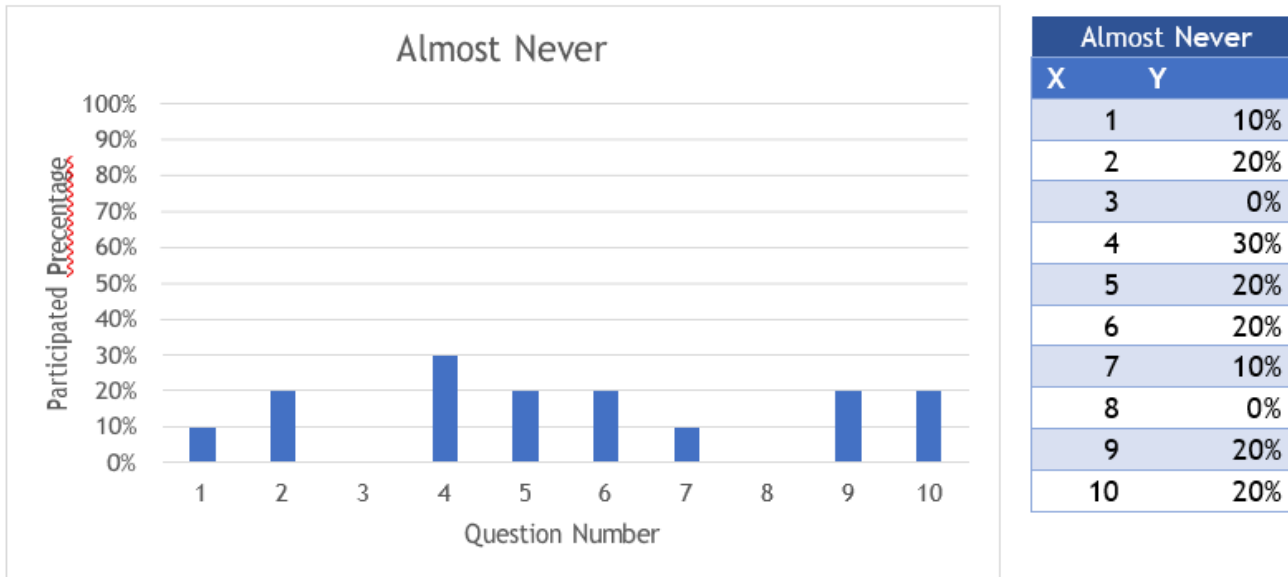
Q no 7,8,9 and 10 answer, was 0. The Q7, Meaning was “how often have you been able to control irritations in your life”? Therefore, the household workload was highest. She had a mood proper not to be healthy. Then mentally available hormone has no healthy flow. The diseases day by day increased. The environment was not a solution as NCD disease's available hormones are managed. It was given the health policy has “prevention is better than queue”. So, diseases preventive health rules are not 100% punction in Sri Lanka.

Q no,8 was,” How often have you been angered because of things that were outside of your control?” The Q has given rules to sad housewives, who are not proper characters. Therefore, she was the mind ethics damaged by

situational environment policy. So, she was stress level was 100%.

Q no, 9 was,” How often have you been angered because of things that were outside of your control? “There was angered from she had mind control skills of acknowledgement be 0% Then skills with attitude development to mental stress be 100%.

Q no 10 was sad, how often have you felt difficulties were piling up so high that you could not overcome them? The question meaning to, overcome work did not be clearing. As was never 0% There was opportunity for overcome works clearing flow had mind stresses, could be 100%.



4.2,1 (b) Table of bar chart for type in almost never (quantitative)

Division of MOH area in Maharagama, there were housewives to the Q1 questions, how often have they been upset because of something that happened unexpectedly? (rarely). The result is 10%. So, it had the opportunity to say 90% protection to 10% unprotection to upset because of something that happened unexpectedly.

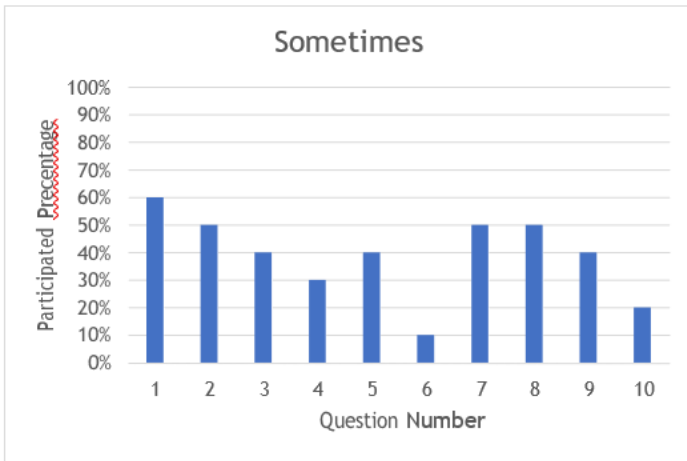
Q 2 had a result was 20%. There was a question meaning, that housewives were unable to control the important things in their lives. Other than that, 80% could be stable.

Q 3 was the answer 0%. Housewives' problems were, how often have you felt nervous and “stressed? There were stresses and opportunities impossible. Q 4, received result to 30%. It was highest result in the table. The question, how often have you felt confident about your ability to handle your personal problems”? They can’t do 80% from causes which lead to the mental stress possibility to almost never.

Q 5 & 6 had the result was 20%. Q 5 meaning, “how often have you felt that things were going your way”80% impossible. Q, 6 said,” how often have they found that there, could not cope with all the things that you had to do?” So, possibility to 20% to impossibility 80%.

Q 7 had result,10% there opposite average was 90%. So, problems meaning from question to,” how often have they been able to control irritations in your life”? Therefore, housewives want mind healthiest are unstable issue was 90% average damages from irritation in them life. Q,8 was 0% result. There question said, “how often have they felt that they were on top of things”? Those situations 100% the housewives felt that they were on top of things.

Q, 9 &10 meaning to answer 20%. That questionnaire to Q,9 said “how often have they been angered because of things that were outside of them control?” But 80% it one cane be controlling. There the situation. Q 10 given meaning to 20% impossible to 80% possible from” how often have they felt difficulties were piling up so high that them could not overcome them”?



sometimes	
x	y
1	60%
2	50%
3	40%
4	30%
5	40%
6	10%
7	50%
8	50%
9	40%
10	20%

4.2.1 (c) Table of bar chart for type in sometimes (quantitative)

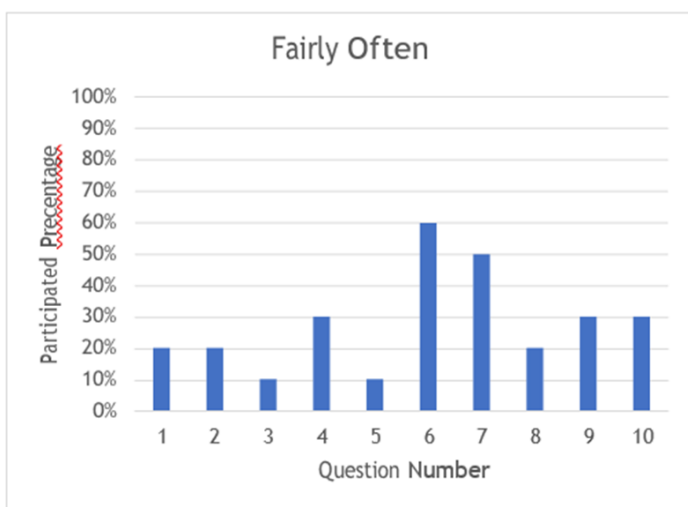
This table in question No. 1 describe “sometimes” to “How often have they been upset because of something that happened unexpectedly?” It was 60%. Other 40% possible. Where the situation can be balanced. Q No 2 “How often have they felt that they were unable to control the important things in their life?” They were sometimes too impossible at 50%. There possibility of 50%.

Q No 3, “how often have you felt nervous and stressed” 40% amount. Another way can be managed 60% from the sometime. Q No 4 meaning “how often have they felt confident about them ability to handle them personal problems?” 30% can be possible. Other way 70% unstable. Q No 5 said 40%. So, other 60% cannot be stable from the “how often have they felt that things were going them way?”

Q No, 6 result was 10%. Those level to from “how often have they found that they could not cope with all the things that they had to do?” Other 90% did not stable. Q No 7 given result 50%. On the other hand, 50% unstable from the “how often have they been able to control irritations in them life?”

Q No 8 had the result, 50%. Other way, 50% untidy where the question to “how often have you felt that you were on top of things?” Q No 9 to impossible 40%. There question, “how often have they been angered because of things that were outside of them control?” So, 60% can be stable.

Q No 10 result 20%. There question, “how often have they felt difficulties were piling up so high that they could not overcome them?” Other 80% they can be balances. This chart of sometimes result mean or average percentage 39.



Fairly Often	
X	y
1	20%
2	20%
3	10%
4	30%
5	10%
6	60%
7	50%
8	20%
9	30%
10	30%

4.2.1 (d) Table of bar chart for type in fairly Often (quantitative)

This table describe fairly often from quantitative method to stresses opportunities had the percentage. For Maharagama division of MOH area.

There Q No 1 & 2 results were 20%. Q No 1 meaning, “how often have they been upset because of something that happened unexpectedly?” Other way 80% can be manage. Q No 2 result was similar, but question had “how often have they felt that you were unable to control the important things in them life?” 80% They can be possible in their life.

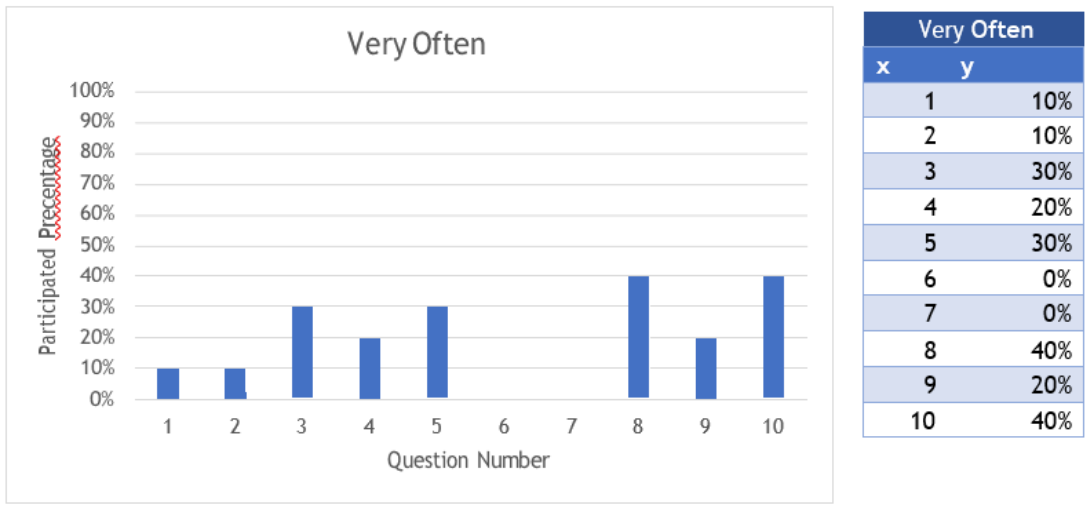
“How often have they felt nervous and “stressed”?” received to 10%. Other way 90% can be manage for Q No 3. Q No 4 had result 30%. Where the question said “how often have they felt confident about them ability to handle them personal problems?” Other way 70% impossible from Q No 4 meaning. Q No 5 meaning, “how often have they felt that things were going them way” They were 10%. There offers site background impossibility 90%. Where the mind reality damage. They are life of ethics fairly to damage in their housewives from unhealthy environment.

Q No 6 received result was 60%. There stresses related question was “how often have they found that they could not cope with all the things that they had to do?” Those amounts were highest. Their level to can be build up 40%.

Q No 7 had result, 50% Those opposite percentage 50% where the problems as stresses question,” how often have they been able to control irritations in them life?” So, mind resources update environment from the acknowledged by the mind health development.

Q No 8 had the result, 20%. There question, “how often have they felt that they were on top of things? “Fairly often to 80% they had not perfect from result. Q No 9, present the result, 30%. There question, “how often have they been angered because of things that were outside of them control?” There possibility arrangement was 70%. They were remarkable result.

Q No 10 was 30% get the result from fairly often other way 70% they could be followed. Those were mind update positive.



4.2.1 (e) Table of bar chart for type in very Often (quantitative)

This table describes very often mind resource for heathy or unhealthy situation from stresses. In the Maharagama MOH division for the housewives. There Q No 1 had result 10%. The level of the question, “how often have they been upset because of something that happened unexpectedly?” In that levels 90% positively can be manage.

Q No 2 data as the result, 10%. Precent the question, “how often have they felt that you were unable to control the important things in them life?” There 90% could be possible.

Q No 3 said 30%. They were known the question, “how often have they felt nervous and “stressed” 70% could be they can be managed. Q No 4 given result 20% known the question “how often have they felt confident about the ability to handle them personal problems?” Other way 80% did not possible.

Q No 5 of the result was 30%. That the question, “how often have they felt that things were going them way?” Oppressed data had 70%. So, 70% amount unhealthy from the very often that the Q No 5 to stresses.

Q No 6, “how often have they found that they could not cope with all the things that they had to do?” The result was 0%. There 100 percentage very often to cannot do. Their level to stresses highest. Very often to unbelievable mind map always memory was discouraging to anxiety given the diseases Depression. So, psychosocial ability damage of health disease empowers those personal health damaging.

Q No 7 was, very often to “how often have they been able to control irritations in them life” As the data 0%. There stresses level 100 percentage upset from the bran in hormone unbalances. So, always systemic healthier hormone level biologically longer way metabolites to healthier time action narrowing too reasonably. Then, diabetes was day by day increase from literature reflective evidences. Other way literature reweave provides, so many diseases from the unhealthy hormonal disease as censer in their housewives were in rising to physical damaging.

Q No 8, had result 40%. Question, “how often have they felt that they were on top of things?” There opposite level to unethical result was 60% Their housewives want family in social leadership of duty were damage from won bilevel levels could be 60% damaging.

She had working reliability in their family very often too 60% lowest. Q No 9 said, “how often have they been angered because of things that were outside of them control?” in their very often, 20%. Other way 80% could be familiar to can be manage be a in their life of balances.

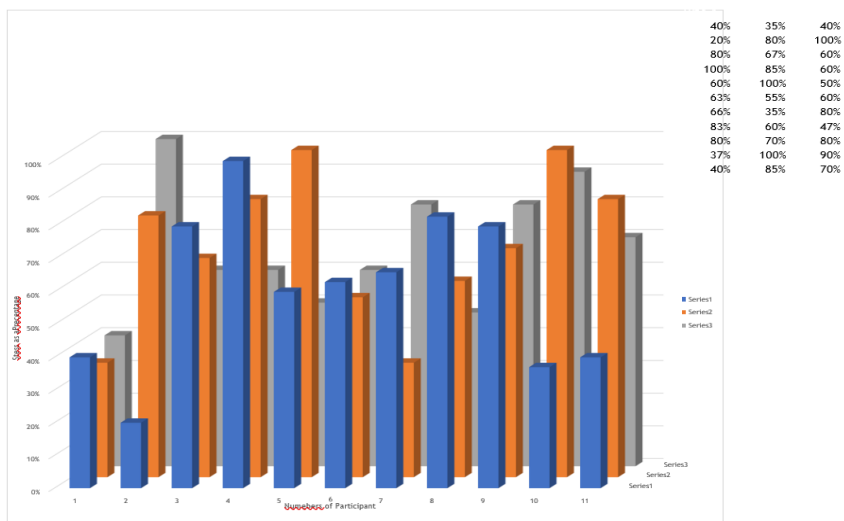
Q No,10 was result 40%. From level of question, “how often have they felt difficulties were piling up so high that they could not overcome them” very often 60% could be balance. But 40% unbalances from life way. They stress 40% on reflectively unknow up date from the stresses level to disease were increasing. As Maharagama MOH division housewives.

#### 4.2. 2 Geographical Findings

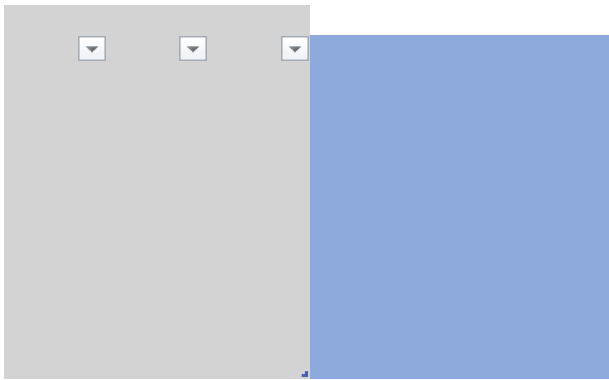
There audio investigation capacity could be interweaving for the Maharagama division of MOH area. Where the method of simple randomizes processes. As limitation to guiding. In their research questions to planning objectives from,

1. What are the causes which lead to the mental stress of housewives?
2. Are housewives aware of the concept of mental stress?
3. What are the relationships between environmental factors and mental stress?

#### Audio investigation following result



#### 4.2.2 Table of bar chart for qualitative study



There questionnaire, Type A, B & C

Type A B & C questionnaires define mind garden as mental relaxation any way housewives on going healthy environment. Type A has been, husband children and husband job-related questionnaires. The minimum 20% to the highest amount was 100%. So, Maharagama MOH Division in housewives had type A problems to the mean or average in their percentage was 60.81.

Type B questionnaire, the housewife living environment, as she has parents to want psychosocial opportunities, they have life potency and family of accommodation management and developed things. Those processes update reality from social humanity. There result, the processes by lowest was 35% to two housewives highest. It was 100%. In this area, financial problems and parents with health-related problems day by day increased from the poor other services. Ex- community care for the geriatric in Sri Lanka has not yet developed. Type B mean or average percentage was 70.18. This one remarkable health-related problem is unhealthy to humanity.

Type C questionnaire was developed for all problems related to the mind garden situation. As housewives living humanity update healthy environment. That the meaning, good opportunity update living processes from global validation to unity empower target humanity for motherhood life of example anywhere carrier development. So, there questionnaire result was low one 40%. The highest amount 100%. It was second 90%. There was mean or average 67 percentage. Therefore, Maharagama MOH division in housewives had problems from What are the causes which lead to the mental stress. Related from other a & b, are housewives aware of the concept of mental stress? to what are the relationships between environmental factors and mental stress? The discussion from the audio limitation as they were honest accepted

## DISCUSSION

The first part of this chapter includes a summary of the problem, methodology, and main findings of the research study. The second part is the discussion of the findings. This chapter also discusses the implications of the study for education, limitations, recommendations, and suggestions for future research.

### 5.1. Summary of the Study

In the world from the stresses study firstly 1954 May. (Journal of the American Society for Naval Engineers). In Sri Lanka, the study, Invisible Economic Contribution of House Wives in Rural Sri Lanka for the Stresses, 2014 June (by Saman Handaragama, Hiruni Rathnayake, and \*Pradeep Uluwaduge Department of Social Sciences, Sabaragamuwa University of Sri Lanka,)

Where the common personal position as housewives, in Sri Lanka. Unnecessary, currently updated to increased NCD (Non-Communicable Disease). Their level discussed from the global studies by the research evidence defined for unethical humanity damage by poor mental health from reality damage to in their factor of the health environment. The opportunity could be understanding this survey done by Descriptive qualitative and quantitative studies for the Maharagama MOH area.

There close-ended questionnaire for the quantitative method (n=150). In their (N=15000). The open-ended



questionnaire was the interview planning by research limitation. The research question, “Assess the mental stress for creating a healthy environment for housewives in Maharagama MOH's (Medical Officer of Health) division”

The data was collected physically through the method of simple randomization. The data analyzes the EXL sheet, bar chart, and three-bar chart from the level to percentage. Data was organized, summarized, presented, and described.

## 5.2. Summary of the findings

There stresses for housewives to have a healthy environment from Maharagama MOH division to utilization impacts for the motherhood life of family background. From they become to empowerment or discouragement evidence was majority or minority thematic analysis in their reflection as acknowledgement from this research.

They were mentioned by qualitative and quantitative experimentation as simple randomization. In their finger's qualitative levels three de bar chart. Another way of quantitative five charts to methods of the blue color, they were discussing and their summaries, they define things from the stress levels as a percentage.

Those results feedbacks were given knowledge from the pieces of evidence-based for the stresses related research of literature of the same outcome. They were today, in their community family had the mother due to NCD disease management chemical drugs treatments were highest. The levels were not preventive-only one was they could be positioned update by treatment. So, chemical treatment was unethical for biological metabolism. Therefore drug-reaction diseases are freely available.

Other than that, literature of the studies and learning out come by the researcher had to acknowledge from where the community in Sri Lanka, spirituality to continue by the cultural believe and values as nutrition and humanity, unethically damage from unsuitable or unethical nutrition planning currently updated to in their normal died plane. So, family of health issues always they were managed by chemical medicine not a Proper nutrition planning.

Therefore, current available body of low nutrition capacity day by day damage in their stresses full short than redemand as tiny died from the regularly useability. So, small health issues or other issues as psychosocially get to the problems taken by motherhood life in that discourage or damage opportunity. Then mother of stresses was daily update not a manage or preventive, she had mind resource. So, Maharagama MOH area living family of housewives reflectively discourage by those environmental factors of she had mind regularity.

## 5.3. Discussion of the findings.

### 5.3.1 Geographical findings

In Sri Lanka, the majority of housewives had to have a marriage age limitation of over 25y or 30y to have an education. When the primary or secondary life of planning. Their family society updates cultural validation. So, in this research of sample opportunities as housewives, the research objectives of the stress the family members get the career opportunities as the motherhood life. They had confidence in awareness of social continuation as two or more children of over 35y mothers (35y to 60y).

They were a division of a company from the Maharagama MOH area-related group of samples that would be gathering data authority. Therefore, the same opportunities in their available stresses-related life background could be the survey.

The housewives want acknowledgement from they had education and psychosocial ethical reality select by memory of education and principal. That mental ability to empower the current awareness of problems slowing in their family life. As reality of mind map opportunist. Those are stresses balances life environment as motherhood become a more Important and precious thing. They were ethical commitment for humanity with person with nature of evidence to reflective, where the social balances from research give evidence base on practices. The good parent life of consumerization. These levels were got out as self-steam said by philosopher (Sir Sigmund Freud).

### 5.3.2 Motherhood awareness reflection as reality

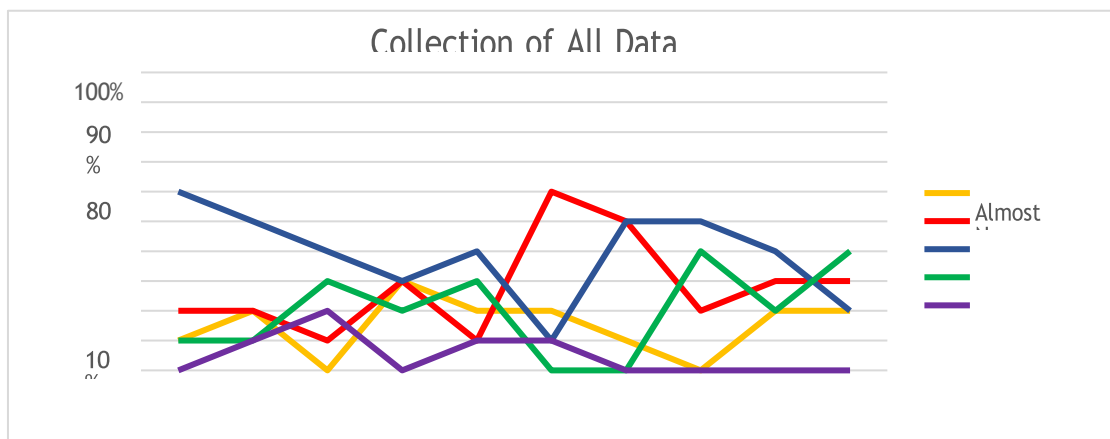
In Sri Lanken family life mother had authority over the family governess by the mother. So, she had a mind-growing awareness update for family development. Therefore, children wanted look after to actual and potential reaction mind recourse any time activation by motherhood awareness. Then, those mind availability reflections to updated by the level of the stress’s hormones.

They are adrenaline, cortisol rises for the physical blood flow. These ways were given from previous research in literature (as physical NCD disease and mental disease). In, that position to the world of people mind-blowing career opportunities as personal and proportional work reality from the consciences to in healthier life of appoints. So, in their day by reflection activity getting work flow, they had a healthier personal environment. As stress management life processes.

They would be mined resource governess to intelligent reflection they can be life longer continue from day-to-day personal work process given consciences strategic mind map (Sir Sigmund Freud). Those are problems slowing experiences update memory as the life of reality or humanity in human had stems empowerment. Those were primary innovators in childhood as a mother had activity for the good family of example. These processes nature in all people evidences base activity to in their servisetion.

### 5.3.3 All quantitative studies chart for the multiple question

Almost Never		Fairly Often		sometimes		Very Often		Never	
X	Y	X	y	x	y	x	y	x	y
1	10%	1	20%	1	60%	1	10%	1	0%
2	20%	2	20%	2	50%	2	10%	2	10%
3	0%	3	10%	3	40%	3	30%	3	20%
4	30%	4	30%	4	30%	4	20%	4	0%
5	20%	5	10%	5	40%	5	30%	5	10%
6	20%	6	60%	6	10%	6	0%	6	10%
7	10%	7	50%	7	50%	7	0%	7	0%
8	0%	8	20%	8	50%	8	40%	8	0%
9	20%	9	30%	9	40%	9	20%	9	0%
10	20%	10	30%	10	20%	10	40%	10	0%



### 5.3.3 Quantitative studies line chart

Those levels of the line chart study, up and down from stress levels balancing. But time the sleeping position mind has a conscious reality not react physically. These opportunities build up the volume, and several hours in night time (according to health research adult humans should at least sleep more than 6 hours a day and it is good practice to sleep before 10:00 PM because most hormones like testosterone (chill hormone) will active during 10:00-11:00 PM and a lot of body repairing mechanisms will active during the night like teeth enamel).

Any other physical in systematic newly reaper to growth cells low positioning to in their outcome. So, most cancer cells were developed to the current, and cancer or other NCDs (non-communicable disease diseases) were increased.

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often (There line chart to the level of stress marks from the mind garden). 2 = Sometimes, had to be 60% highest. The same opportunities from 3 = Fairly Often. So, the Maharagama division of MOH in housewives gathers these stress levels. In position out highest by 3 = Fairly Often where questionnaires to stresses. Balances of green color as 4 = Very Often was 6 & 7 Question 0%. But Q one to ten gradually increased that level of stress. Therefore, the highest marks position stresses to housewives were mind-damaged from 4 = Very Often. In that regular position for the yellow color (1 = Almost Never). But Q three and eight were 0%. It had highest percentage was 40%.

0 = Never line chart had Q no 1,4, 7,8,9 and 10 show 0%. Q no 4, "In the last month, how often have you felt confident about your ability to handle your personal problems?" This means that never answering mark was 100%. The questions had levels of means by the position. The housewives were not sensitive, to any other question to the position's clear-mind innovation ability. They were living environment. The self-stresses levels were highest. She had self-esteem power from mind confidence of 0%. Therefore, motherhood family of problems clear by innovation ability 0% in that mind of position.

Q no 7, "In the last month, how often have you been able to control irritations in your life?" these levels of answering 0% as Never. So, she had not been able to irritation, low dawn. Therefore, the self-irritation level was 100%. She had a mind confidence level of 0%. So, the work awareness ability or skills of the Maharagama in the MOH area were 0% for the housewives.

There Q no 8, was "In the last month, how often have you felt that you were on top of things?" that stress mark never = 0%. But allocation meaning was those things non possibility levels to 100% their situation minds damaging.

Therefore, women want self-opportunity as personal ethics to reality may be unknow to destroy. Those way longer than she had physical in healthy hormones levels were not blood flow. Then born levels of hormones (physical neurology) reflectively unbalance to anxiety mind reaction cope with physical ability or skills can be visualist.

So, the housewives want mind environment their mind position not to be accept. Although, these levels absorb or understanding humanity person (as husband or parent) given for in their family support for the she had situation, in the awareness processes where the council or medical treatment to housewives would be recovery. In that negligence to family of motherhood care authority day by day reflectively disappear. From NCD disease where the physical availability for the housewives.

Q no 9 data was 0%. There question, "In the last month, how often have you been angered because of things that were outside of your control?". But, those problems meaning, given housewives had mind recourse would be poor they were 100%. Then housewives had mind humanity damage to on reflective action event mind map was time to destroy her had mind opportunity. Therefore, character evidences for the family of mothers could be crawl.

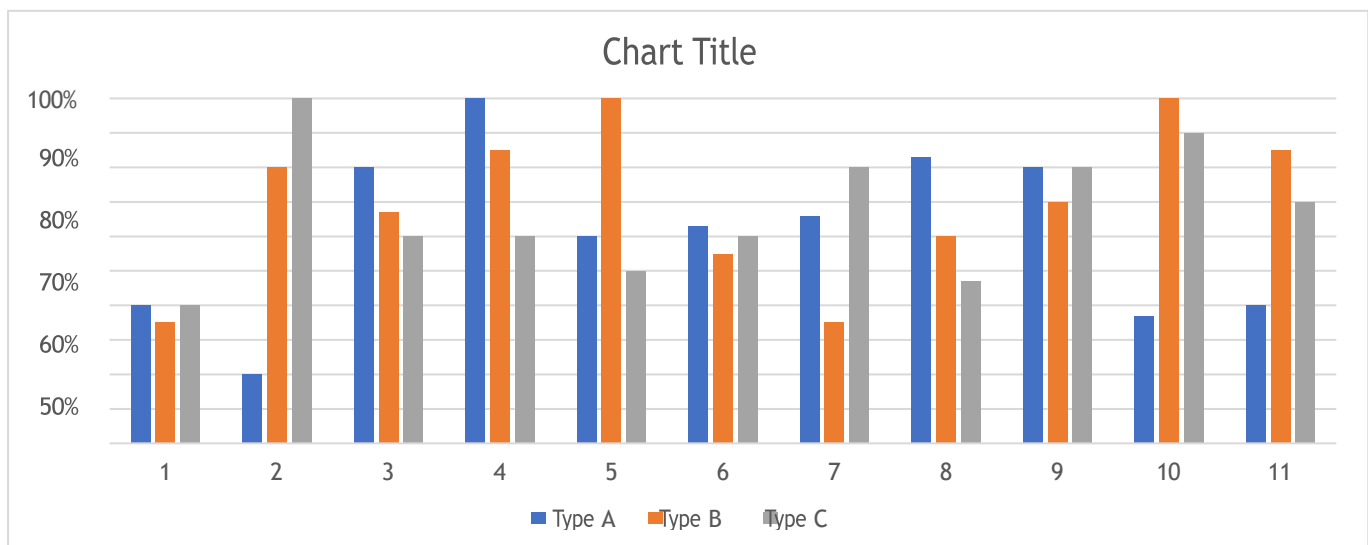
So, she had not received other person love and potency from the human feedback mind authority. But other way psychosocial get toning where the love and potency for the children with family members want current proper communication unethical in their family environment. So, social growth and in the mind reality reflectively lowest. Those were regularly converted by psychiatrist problems. Any way children had psychosocial dispelling

and spirituality all most unknow from in their family authority. Therefore, health of psychology day by day negative for the Maharagama MOH area. So, any other physical reality damaging to disease of NCD increased. Those way where the problems to diabetic mothers were highest from hospital in annual bulleting given evidences.

Where the Q no 10 had data 0%. There question, “In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?” The question meaning to, overcome work did not be clearing. As was never 0% There was opportunity for overcome works clearing flow had mind stresses, could be 100%. So, day to day action reflection ability or position managing skills were not they had had mind authority from there memory. The question meaning to, overcome work did not be clearing. As was never 0%. There was opportunity for overcome works clearing flow had mind stresses, could be 100% skills unsuitable. Where the brain had hormones were increased by unhealthy stresses up levels of chemical (hormones include molecules chemicals=biological chemistry) in their stresses cope awareness. Those, processes from quantitative survey evidences of results for Maharagama MOH division.

### 5.3.3 All qualitative studies

Type A	Type B	Type C
40%	35%	40%
	20%	80%
80%	67%	60%
	100%	85%
60%	100%	50%
	63%	55%
66%	35%	80%
	83%	60%
80%	70%	80%
	37%	100%
40%	85%	70%



### 5.3.4 All quantitative studies of pip chart (11 participation)

This process of opportunities, used the Perceived Stress Scale (PSS), Depression Anxiety Stress Scale (DASS), or paper the General Health Questionnaire (GHQ) in their qualitative tool where the method of interview conducted in-depth interviews and narrative inquiries to explore attitudes toward mental health and barriers to accessing services. Their outcome was to provide a baseline measure of stress levels, which can be tracked over time. So, opportunity: Identify and qualify the primary sources of stress affecting housewives.

Variables: Financial pressures, household responsibilities, childcare, lack of social support, health issues. These levels of opportunities used open-ended questions in interviews and focus group discussions. This could be followed, by GHQ the research also at Type A, husband attitudes toward children, and husband job-related questionnaires. Type B questionnaire, the housewife living environment, as she has parents who want psychosocial opportunities, they have life potency and family of accommodation management and developed things. Those processes update reality from social humanity. Type C questionnaire was designed for all problems related to the mind garden situation as housewives living in humanity update healthy environment.

Those were the outcomes, analysis-rich, detailed accounts of daily life, stressors, coping mechanisms, and emotional responses or reveals of hidden or unexpected sources of stress, anyway identifies practical and psychological barriers, guiding efforts to improve access to mental health services. That was specific to the local context or cultural environment. The most significant stressors, enabling the targeted environment. The opportunity examines how various environmental factors contribute to mental stress.

Variables: Access to green spaces, air and noise pollution, housing conditions, (family of a person grows thing attitude toward humanity) neighborhood safety. The outcome, correlation, and regression analyses can determine the impact of these factors on stress levels. By leveraging these opportunities, qualitative research can provide a rich, nuanced understanding of the mental stress experienced by housewives in Maharagama MOH's division. This can lead to more effective, contextually appropriate interventions to policies aimed, at improving their mental health and overall well-being.

5.3.4 All quantitative studies of pip chart visualized to type B processes, had levels be highest problems. So, they were the housewife living environment, as she has parents who want psychosocial opportunities, they have life potency and family of accommodation management and developed things. Of those 11 members, two women had 100% stress levels. 85% two members, 80% one person, same 70%, and 67%. These levels were remarkable opportunities in that population as stresses amount.

These situations had an average of 70.18%. who want psychosocial opportunities, and have life potency? She wants the mind to reflect in humanity 70.18% buran out in they had family authority. There motherhood works out. Therefore, she had planning and confidence always narrowing before ideas or management. Then housewives want minds of a healthy environment unsuitable for self-satisfaction. The body's physical and psychological awareness of healthy metabolism by the level of the hormones was the mind's reflection to detection from the neurological. Those ways were longer than read-to-brain reactions given NCD disease availability. Non-communicable Diseases currently, physical diabetes, heart disease, cancer, other way mental diseases anxiety depression available in the evidence discussed in the stress research literature.

This discussion process follows a Type C level of an average of 67%. Although, 100% and 90% level in highest marks. The GHQ was designed for all problems related to the mind garden situation as housewives living in humanity update healthy environment. This process for housewives had unhealthy nutrition and sleeping time not balanced with their physical reality. So, many problems with treatment always practice unethical chemical medicine taken by the way of the housewives. Then allergic or drug reactions commonly issues in hospital evidence. Those issues clearing processes did not function in their community as the community nursing care availability. Only Government hospital. But, the Day-by-day personal practices medical care center opening.

The Type A opportunity was, husband attitudes toward children, and husband job-related questionnaires. The highest one was at 100%. And the second level was 83%. Thread one was 80% in the two housewives. They were lowest 20%. This passion level of stress was getting the family inside. These ways of the position of husband and wife separating level were highest stresses. They were quantitative studies of measurement at a phenomenal level. This level covers mental health care and good counseling awareness of the Government

hospital's function. However, community levels to some religious centers are available. Ex-Church and Temple. The health carrier opportunity for this level of care had no function in Sri Lanka. Other processes to a healthy environment in the family of children, husband, and wife unknown damage. where the Type A levels of the stresses. So, commonly available legal care in the community law. The second generation of children in their lack of care availability. Then children's attitudes badly growing in their character of education damaged. Therefore, social problems would be presented. So, conscience reality damages people's living environment had bad opportunities.

These studies and opportunities empower social management as the best-of-level family care environment. How to develop the social attitude of the country.

#### **5.4 Implications and recommendation**

Based on the understanding of the mental stresses experienced by housewives in Maharagama MOH's division, here are the implications and recommendations for creating a healthier environment. They were,

**Mental Health:** Chronic stress can lead to anxiety, depression, and other mental health issues. **Physical Health:** Stress is linked to various physical health problems, including hypertension, cardiovascular diseases, and weakened immune systems. Those, Current, availability as the NCD opportunity.

**Parenting:** Stressed housewives may struggle with effective parenting, affecting children's emotional and psychological development.

**Marital Relationships:** High-stress levels can strain marital relationships, potentially leading to conflicts and reduced family cohesion. **Where Community Engagement: Social Isolation:** Stress can lead to withdrawal from social activities and community engagement, reducing social support networks.

**Community Health:** A stressed population can impact overall community health, reducing productivity and community, well-being. As community fears well supporting.

**Mental Health Support:**

**Counseling Services:** Provide accessible mental health counseling and therapy services to housewives.

**Support Groups:** Establish support groups where housewives can share experiences and coping strategies (Mind therapy practices).

**Stress management Programs:**

**Workshops:** Offer workshops on stress management techniques, such as mindfulness, meditation, and relaxation exercises.

**Physical Activities:** Encourage participation in physical activities like yoga, aerobics, and other forms of exercise known to reduce stress.

**Social Support Networks:**

**Community Centers:** Develop community centers where housewives can engage in social, educational, and recreational activities.

**Improving Environmental Factors: Green Spaces:** Increase access to parks and green spaces where housewives can relax and enjoy nature.

**Infrastructure:** Improve local infrastructure to reduce environmental stressors such as noise and air pollution as problems from behaviors with attitude. Health care opportunities film or problems redubs method of health promotion would be developed.

#### Economic Empowerment:

**Skills Training:** Provide vocational training and skills development programs to enhance economic opportunities for housewives.

**Microfinance:** Offer microfinance and small business support to housewives interested in entrepreneurial activities.

#### Education and Awareness:

**Health Education:** Conduct health education campaigns to raise awareness about the importance of mental health and stress management (Therapeutic mind exercises to defend).

**Resource Information:** Distribute information about available resources and services for mental health support and stress management.

#### Family Support Programs:

**Parenting Classes:** Provide classes on effective parenting techniques and family management from the community health opportunity.

**Marital Counseling:** Offer marital counseling services to help improve family relationships and reduce domestic stress. The family's problems or personal attitude of law by direction checked by community nursing care management would be future direction planning.

**Government Support:** Advocate for policies that support mental health services, community development, and environmental improvements.

**Work-life Balance:** Promote policies to encourage work-life balance for families, including flexible work arrangements for working spouses.

#### Implementation Strategies

**Collaboration with Stakeholders:** Partner with local NGOs, health organizations, and government agencies to implement support programs. Engage community leaders and members in planning and executing interventions.

#### Community Involvement:

Involve housewives in the planning and implementation of programs to ensure they meet their needs and preferences.

Create feedback mechanisms to continually assess and improve programs based on participant input.

#### Sustainable Practices:

Ensure the sustainability of programs through ongoing funding, volunteer engagement, and community ownership.

Monitor and evaluate the effectiveness of interventions regularly to make necessary adjustments.

By addressing these recommendations, a healthier and more supportive environment can be created for housewives, they would be self-opportunity managing to mind confidences from problems understanding and mind recourse suitable to available mind map strategic planning care for the would-be implementation for the Consciences truth ability. Those processes spiritual opportunity mind recourse. They could be regularly practicing where the mind health of law opportunity to problems clearing nature evidences. This was person mind of mission and vision as Maslow's Hierarchy Needs. in Maharagama MOH's division, ultimately reducing their mental stress and improving their overall quality of life.

## 5.5 Limitations

A few limitations would emerge when the research scope was narrowed to something specific to stress management in the Maharagama MOH (Medical Officer of Health) division. And all these limitations can be equally challenged under 4 broad categories: methodological, practical, contextual, and ethical. **DISCLAIMER:** This may not apply to everyone, and there were a few likely limitations:

### Methodological Limitations Population and Sample Size

**Small Sample Size:** It could be difficult to get a big enough sample to make it statistically significant if the population in the Maharagama MOH division was not that big.

**Non-representative Sampling:** It was hard to ensure that the research sample size represents the whole population so the results may be biased.

### Measurement Tools:

**Validity and Reliability,** the measurement tools applied for stress and stress management may not be authenticated to the specific culture of Maharagama.

**Self-report Bias:** Stress with stress is often measured via a self-report questionnaire, which was susceptible to social desirability bias and unrealistic self-assessment.

### Longitudinal Studies:

A major limitation to designing and executing longitudinal naturalistic studies focused on stress management intervention studies was the number of variables that need to be considered along with participant attrition as well as time to follow-up.

### Practical Limitations

**Resource Constraints:** Funding – specifically limited funding can make the research less extensive and affect the options available for gathering data, tool choice, and researcher ability.

**Facilities and Equipment -** In part due to the difficulty and complexity of delivering comprehensive stress management programming and evaluation.

**Availability:** The researchers and the participants might not always be available which might shorten the depth and life span of a particular research.

### Training and Expertise:

There could be a smaller number of professionals having training in stress management techniques or research methodologies.

### Contextual Limitations

**Cultural Sensitivity: Cultural Differences:** stress perceptions and management tips can vary incredibly among the inhabitants, depending on cultural, social, and spiritual components. These nuances may not be particularly well captured if they had standardized tools.

**Language Barriers:** The language differences like giving surveys and administering interventions can be a point of possible miscommunication and misunderstandings.

**Environmental:** Economic, political, situational (e.g., a pandemic) stress and pressures from the surrounding world can heavily influence both, stress and the ability to collect research data.



**Potential Harm:** These were as follows: Stress management interventions should be articulated in a manner that does not expose the participants to any form of psychological danger arising out of the study or any additional stress resulting from participation in the study.

To overcome these limitations, adequate planning must be incorporated into the assessment process, such as the recurrence and modification of assessment tools, involving sufficient funding for the assessment, and adhering to ethical practices. Local institutions and stakeholders can also contribute to addressing some of these challenges due to local intelligence and support that would be availed in the event of a disaster.

## 5.6 Directions for future research

Creating a healthy environment for housewives in Maharagama's MOH division involves addressing multiple extensions of mental stress and empowerment. Here's an assessment of the mental stress factors and directions for future research.

### Assessment of Mental Stress

**Domestic Workload:** Housewives often bear the brunt of domestic responsibilities, leading to physical exhaustion and psychological fatigue. The lack of recognition and appreciation for their work can further exacerbate stress levels.

**Social Isolation,** many housewives experience social isolation, particularly if they were confined to home-based activities with limited social interactions. This isolation can lead to feelings of loneliness and depression.

**Financial Dependence,** Financial dependence on spouses can contribute to a lack of autonomy and increased stress. The inability to contribute financially can also affect their self-esteem and sense of worth.

**Health Issues,** Health in physical issues, often neglected due to prioritizing family needs, can contribute to mental stress. Chronic health problems and lack of access to healthcare resources can worsen the situation.

**Cultural Expectations:** Cultural and societal expectations can place immense pressure on housewives to conform to specific roles and behaviors, leading to stress if these expectations are not met.

**Lack of Personal Time** and the constant demands of household responsibilities can leave little time for personal growth, hobbies, or relaxation, contributing to mental strain.

### Directions for Future Research as Empowerment Workload Distribution:

**Research Focus:** Investigate strategies for equitable distribution of household responsibilities between family members.

**Interventions:** Develop programs to educate families on the importance of shared domestic work and train housewives in time management.

### Social Support Systems:

**Research Focus:** Study the impact of community groups and social networks in reducing isolation and improving mental health.

**Interventions:** Establish support groups and community centers where housewives can engage in social activities and build supportive relationships.

### Financial Empowerment:

**Research Focus:** Explore the benefits of financial literacy programs and income-generating activities for housewives.

It is thus important that measures aimed at eradicating mental stress of housewives be addressed in the context of the MOH division of Maharagama. Future research should shift its efforts to pinpoint ways of achieving realistic workload allocations, means of getting support from others, methods of obtaining finances, availability of health care, raising cultural awareness, self-improvement, ways of procuring mental health, and policy promotion. It is clear that socializing housewives and providing them with targeted Program facilitation will bring about a positive change in their psychological conditions and the overall improvement of people's living conditions.

Anyone, psychosocial studies, where the reflection on memory uses the getting consciousness for suitability in that consciences from the heartfully level can be a mind moment availability rule of the experiences as mind relaxation. They acknowledge the life-saving stresses of management. They were level-of-the-mind fullness opportunities. The research studies of experiences from processes opportunity. These, minds' awareness ability rules of the synthesis, discussed by Sir Sigmund Freud. The usage opportunity discussion to defined by Maslow's Hierarchy of Need where the availability.

## CONCLUSION

This research coverage Here's an assessment of the mental stress factors and directions to a healthy environment for housewives in Maharagama division of MOH.

Human stress is generated from the mind's process of on reflection they want ability or selection to dissatisfaction. They realize that understanding the mind opportunity of unhealthy situations is a mind stress. They are a healthy way of generating an environment in their psychosocial balance of life. So, they did not mind balances from the action awareness, they were poor they wanted event fullness failures.

Dilution reaction to disease of mental (in those data available from the stresses) from the literature review evidences too sanest. Where the stresses become another complication (The housewives had mind reflection as healthy process clamped by their situational to 100% level of stress).

Health of work loaded, in this research of discussion where the ethical evidences from the nature coping the good health of practices, poor or unavailability, they would be living country. This way empowers to social problems such as lowest education from poor economic and social gap of evidences bases practices were the motherhood authority for the mind stresses availability. In this position update or recover mind resource developed from healthy environment for Maharagama division of MOH living the housewives.

### Time and Funds:

If the research had the time and funds to do more in-depth studies like how hormones affect stress levels and how the female body reacts to the changes of hormones ex- in pregnancy, this research may have had more scope and may have been more relatability.

Example-This research can be updated for levels of opportunity, those physical abilities are bodies of the systematic metabolic system, renewing the continuation level of stress. Although, in their physical activity where the body of proper metabolic factors are not available (hormones, body function chemicals) such as body function healthy processes are not good endocrine availability of systemic function to reaction negative opportunity to give over to visual Non-Communicable Diseases would be presenting from highest levels of stresses in Maharagama MOH division of housewives. They were diabetic; blood pressure and other mental issues.

Those situations were unethically or wrong reality to the mother had work flow everything discouraged her moment ability; she was mind opportunity letdown. So, housewives had narrow mind skill balances in physical hormone levels paper to diseases of mental. Ex- anxiety, diproton as soon as possible of mental and physical unhealthy processes. They are the low reality of the processes of acknowledging the personal evidence, reliability, unity, and equity low character training by the family of community.

So, a healthy environment as unity digresses practical evidence to humanity unbalances by personal experiences of poor charity. Therefore, day by day in their living environment digress of happiness from disappearing due to equity damaging people would be the reliable character of the reflection.

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## DECLARATION

Name: Mrs. U.G. A. Wasantha. Matric number: (MNS11014)

I with this declare that this Master's project is the result of my work, except from quotations and summaries duly acknowledged.

## REFERENCES

1. Abbas, J., Aqeel, M., Abbas, J., Shafer, B., A., J., Sundas, J., & Zhang, W. (2019). The moderating role of social support for marital adjustment, depression, anxiety, and stress: Evidence from Pakistani working and nonworking women. *Journal of Affective Disorders*, 244, 231–238. <https://doi.org/10.1016/j.jad.2018.07.071>
2. Anderson, S., & Eswaran, M. (2009). What determines female autonomy? Evidence from Bangladesh. *Journal of Development Economics*, 90(2), 179–191. <https://doi.org/10.1016/j.jdeveco.2008.10.004>
3. Berry, J. W., Poortinga, Y. H., & Pandey, J. (1997). *Handbook of cross-cultural psychology: Theory and method*. In Google Books. John Berry. <https://books.google.lk/books?hl=en&lr=&id=PB3xzjIzyOwC&oi=fnd&pg=PA1&dq=Jahoda>
4. Biggs, A., Brough, P., & Drummond, S. (2019). Lazarus and Folkman's Psychological Stress and Coping Theory. *The Handbook of Stress and Health*, 1(1), 349–364. <https://doi.org/10.1002/9781118993811.ch21>
5. Brackett, M. A., Mayer, J. D., & Warner, R. M. (2004). Emotional intelligence and its relation to everyday behaviour. *Personality and Individual Differences*, 36(6), 1387–1402. [https://doi.org/10.1016/s0191-8869\(03\)00236-8](https://doi.org/10.1016/s0191-8869(03)00236-8)
6. Carolin, S., James, M., & Gerhard, T. (2009). APA PsycNet. [psycnet.apa.org](https://psycnet.apa.org/record/2009-22665-002). <https://psycnet.apa.org/record/2009-22665-002>
7. Clayton, J. A. (2022, March 29). Recognizing the women in science making history: Yesterday, today, and tomorrow | office of research on women's health. [orwh.od.nih.gov](https://orwh.od.nih.gov/about/director/messages/recognizing-women-in-science-making-history-yesterday-today-and-tomorrow). <https://orwh.od.nih.gov/about/director/messages/recognizing-women-in-science-making-history-yesterday-today-and-tomorrow>
8. Crawford, J. R., & Henry, J. D. (2004). The positive and negative affect schedule (PANAS): Construct validity, measurement properties and normative data in a large non-clinical sample. *British Journal of Clinical Psychology*, 43(3), 245–265. <https://doi.org/10.1348/0144665031752934>
9. Devi, M. S., J, M., Rajpurohit, R., Sophia, K., & Sorokhaibam, B. (2020). Adjuvant therapy for oral submucous fibrosis. *International Journal of Oral Health Dentistry*, 6(2), 78–80. <https://doi.org/10.18231/j.ijohd.2020.018>

10. Durak, M., Senol-Durak, E., & Karakose, S. (2022). Psychological distress and anxiety among housewives: The mediational role of perceived stress, loneliness, and housewife burnout. *Current Psychology*, 42. <https://doi.org/10.1007/s12144-021-02636-0>
11. Gallant, S. J., & Puryear Keita, G. (2023). Research agenda for psychosocial and behavioral factors in women's health. *Apa.org*. <https://www.apa.org/pi/women/resources/reports/research>
12. Garza, G. (n.d.). The Science of Qualitative Research: Validity and Reliability Re-framed in Terms of Meaning. *Science and Qualitative Research*, 1. <http://iiqi.org/C4QI/httpdocs/qi2005/papers/garza.pdf>
13. Golsorkhi, D., Rouleau, L., Seidl, D., & Vaara Frontmatter, E. (2010). *Cambridge Handbook of Strategy as Practice* -Cambridge Handbook of Strategy as Practice: Second Edition Edited. [https://assets.cambridge.org/97811070/73128/frontmatter/9781107073128\\_frontmatter.pdf](https://assets.cambridge.org/97811070/73128/frontmatter/9781107073128_frontmatter.pdf)
14. Guy-Evans, O. (2024). Bronfenbrenner's ecological systems theory. *Simply Psychology*. <https://www.simplypsychology.org/Bronfenbrenner.html>
15. Hartman, R., & Barber, E. G. (2020). Women in the workforce: The effect of gender on occupational self-efficacy, work engagement and career aspirations. *Gender in Management an International*, 1(10.1108/GM-04-2019-0062).
16. Ho, K. (2021). The housewife and the home: Stone age economics and insights for US (and global north) economies. *Annals of the Fondazione Luigi Einaudi*, 127-148. <https://doi.org/10.26331/1137>
17. Johnson, J. V., & Hall, E. M. (1996). Dialectic between conceptual and causal inquiry in psychosocial work-environment research. *Journal of Occupational Health Psychology*, 1(4), 362–374. <https://doi.org/10.1037/1076-8998.1.4.362>
18. Johnson, J., Adkins, D., & Chauvin, S. (2020). A Review of the Quality Indicators of Rigor in Qualitative Research. *American Journal of Pharmaceutical Education*, 84(1), 138–146. <https://doi.org/10.5688/ajpe7120>
19. JSTOR. (2016). *Journal of health and social behavior on JSTOR*. *Jstor.org*. <https://www.jstor.org/journal/jhealsocibeha>
20. Jung, S. J., Mehta, J. S., & Tong, L. (2018). Effects of environment pollution on the ocular surface. *The Ocular Surface*, 16(2), 198–205. <https://doi.org/10.1016/j.jtos.2018.03.001>
21. Kim, S. J., & Hur, M.-H. (2019). Understanding of factors influencing happiness of middle-aged women in korea based on maslow's hierarchy of needs. *Psychiatry Investigation*, 16(7), 539–546. <https://doi.org/10.30773/pi.2019.04.25.2>
22. KINSELLA, M. T., & MONK, C. (2009). Impact of maternal stress, depression and anxiety on fetal neurobehavioral development. *Clinical Obstetrics and Gynecology*, 52(3), 425–440. <https://doi.org/10.1097/grf.0b013e3181b52df1>
23. Lizano, M. (2014, November 21). How meditation can help you manage disease. *Chopra*. <https://chopra.com/articles/how-meditation-can-help-you-manage-disease#:~:text=Today%2C%20stress%20and%20anxiety%20are%20common%20causes%20of>
24. Maqbool Kermane, M. (2016). A Psychological Study on Stress among Employed Women and Housewives and Its Management through Progressive Muscular Relaxation Technique(PMRT) and Mindfulness Breathing. *Journal of Psychology & Psychotherapy*, 06(01). <https://doi.org/10.4172/2161-0487.1000244>
25. Martens, L., & Casey, E. (2016). *Gender and consumption: Domestic cultures and the commercialisation of everyday life*. In *Google Books*. Routledge. <https://books.google.lk/books?hl=en&lr=&id=JvAFDAAAQBAJ&oi=fnd&pg=PA33&dq=RESEARCH+FROM+HOUSEWIFE+HAVING+CREATIVE+MIND+MAP&ots=n>
26. Morgan, B. (2021, March 7). 15 of the world's most inspiring female leaders. *Forbes*. <https://www.forbes.com/sites/blakemorgan/2021/03/07/15-of-the-worlds-most-inspiring-female-leaders/?sh=117e4a243e6e>
27. Morris, M. E., Kathawala, Q., Leen, T. K., Gorenstein, E. E., Guilak, F., Labhard, M., & Deleeuw, W. (2010). Mobile Therapy: Case Study Evaluations of a Cell Phone Application for Emotional Self-Awareness. *Journal of Medical Internet Research*, 12(2), e10. <https://doi.org/10.2196/jmir.1371>
28. Muntazir, M., & Kermane. (2016). JPPT, an open access journal research article open access kermane. *J Psychol Psychother*, 6(1 • 1000244), 1. <https://doi.org/10.4172/2161-0487.1000244>

29. Nishikitani, M., Nakao, M., Tsurugano, S., & Yano, E. (2012). The possible absence of a healthy-worker effect: a cross-sectional survey among educated Japanese women. *BMJ Open*, 2(5), e000958. <https://doi.org/10.1136/bmjopen-2012-000958>
30. O’Cathain, A., Goode, J., Drabble, S. J., Thomas, K. J., Rudolph, A., & Hewison, J. (2014). Getting added value from using qualitative research with randomized controlled trials: a qualitative interview study. *Trials*, 15(1). <https://doi.org/10.1186/1745-6215-15-215>
31. Pace, R., Pluye, P., Bartlett, G., Macaulay, A. C., Salsberg, J., Jagosh, J., & Seller, R. (2012). Testing the reliability and efficiency of the pilot Mixed Methods Appraisal Tool (MMAT) for systematic mixed studies review. *International Journal of Nursing Studies*, 49(1), 47–53.
32. Pearlin, L. I. (1989). The sociological study of stress. *Journal of Health and Social Behavior*, 30(3), 241–256. <https://doi.org/10.2307/2136956>
33. Reid. (2021, October 9). How stress affects the endocrine system. Missis Sippilead. <https://mississippilead.com/how-stress-affects-the-endocrine-system/>
34. Robinson, M. (2021, December 16). 19 diseases caused by stress – ITS PSYCHOLOGY. ITS PSYCHOLOGY. <https://itspsychology.com/diseases-caused-by-stress/>
35. Sari Silalahi, P. C., & Setyonaluri, D. (2018). My mother, my role model: Mother’s influence on women’s fertility intention in indonesia. *Malaysian Journal of Economic Studies*, 55(1), 81–96. <https://doi.org/10.22452/mjes.vol55no1.5>
36. Saur, A. M., & dos Santos, M. A. (2021). Risk factors associated with stress symptoms during pregnancy and postpartum: integrative literature review. *Women & Health*, 61(7), 651–667. <https://doi.org/10.1080/03630242.2021.1954132>
37. Sharma, M., & Rush, S. E. (2014). Mindfulness-Based stress reduction as a stress management intervention for healthy individuals. *Journal of Evidence-Based Complementary & Alternative Medicine*, 19(4), 271–286. <https://doi.org/10.1177/2156587214543143>
38. Shiseida, L., & Aponté, S. (2013). AESTHETIC QUALITY, THE DOMESTIC SPACE, AND BRAIN ACTIVITY. ReaserchGate. <https://doi.org/10.13140/RG.2.2.30429.38881>
39. Shove, E., Trentmann, F., & Wilk, R. (2020). Time, consumption and everyday life (E. Shove, F. Trentmann, & R. Wilk, Eds.). Routledge. <https://doi.org/10.4324/9781003087236>
40. Siedlecki, S. L. (2020). Understanding descriptive research designs and methods. *Clinical Nurse Specialist*, 34(1), 8–12. Research gate. <https://doi.org/10.1097/NUR.0000000000000493>
41. Taherdoost, H. (2022, August 1). What are different research approaches? Comprehensive review of qualitative, quantitative, and mixed method research, their applications, types, and limitations. Papers.ssrn.com. [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=4178694](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4178694)
42. Tobała-Wróbel, K., Pietryga, M., Dydowicz, P., Napierała, M., Brązert, J., & Florek, E. (2020). Association of oxidative stress on pregnancy. *Oxidative Medicine and Cellular Longevity*, 2020(4), 1–12. <https://doi.org/10.1155/2020/6398520>
43. Torres, S. J., & Nowson, C. A. (2007). Relationship between stress, eating behavior, and obesity. *Nutrition*, 23(11-12), 887–894. <https://doi.org/10.1016/j.nut.2007.08.008>
44. Valsamakis, G., Chrousos, G., & Mastorakos, G. (2019). Stress, female reproduction and pregnancy. *Psychoneuroendocrinology*, 100, 48–57. <https://doi.org/10.1016/j.psyneuen.2018.09.031>
45. Wasalamah, B., Komala, E. P. E., Aprilatutini, T., Yustisia, N., & Susilawati, D. (2023). Stress Management Education Among Housewife in Kebun Dahri Urban Village Bengkulu. *Jurnal Ilmiah Pengabdian Masyarakat Bidang Kesehatan (Abdigermas)*, 1(2), 60–65. <https://doi.org/10.58723/abdigermas.v1i2.29>
46. Wen, L., Li, R., Wang, J., & Yi, J. (2019). The reproductive stress hypothesis. *Reproduction (Cambridge, England)*, 158(6), R209–R218. <https://doi.org/10.1530/REP-18-0592>
47. Wielander, G., & Hird, D. (2018). Chinese discourses on happiness. <https://hkupress.hku.hk/image/catalog/pdf-preview/9789888455720.pdf>
48. Wong, D. (2000). Stress factors and mental health of carers with relatives suffering from schizophrenia in hong kong: Implications for culturally sensitive practices. *British Journal of Social Work*, 30(3), 365–382. <https://doi.org/10.1093/bjsw/30.3.365>
49. World Health Organization. (2023, February 21). Stress. World Health Organization; World Health Organisation. <https://www.who.int/news-room/questions-and-answers/item/stress>

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## PERCEIVED STRESS SCALE

by Sheldon Cohen

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If you find the Perceived Stress Scale useful, you might be interested in these other great Mind Garden instruments.

State-Trait Anxiety Inventory – Adult (STAI-AD) Understanding and Managing Stress Other instruments related to Anxiety and Stress

by Charles D. Spielberger     by Robert Most and Theresa Muñoz

The definitive instrument for measuring anxiety in adults. It clearly differentiates between the temporary condition of “state anxiety” and the more general and long-standing quality of “trait anxiety”. It helps professionals distinguish between a client’s feelings of anxiety and depression. The inventory’s simplicity makes it ideal for evaluating individuals with lower educational backgrounds.

This forty-page workbook offers individuals a comprehensive approach to managing stress. The workbook includes basic strategies for: managing daily on- the-spot stress; problem and emotion focused coping skills; and improving personal and work lifestyle; as well as resources for further exploration.

These instruments measure anxiety or stress in a variety of situations including test anxiety, school-related stress, and anxiety as a state-like and trait-like construct. Many of these instruments are complimented by reports or workbooks that provide tips and exercises to manage stress and anxiety.

We offer such instruments as Hassles & Uplifts and the Psychological Distress Profile.

## **PERCEIVED STRESS SCALE**

by Sheldon Cohen

The Perceived Stress Scale (PSS) is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one’s life are appraised as stressful. Items were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives. The scale also includes a number of direct queries about current levels of experienced stress. The PSS was designed for use in community samples with at least a junior high school education. The items are easy to understand, and the response alternatives are simple to grasp. Moreover, the questions are of a general nature and hence are relatively free of content specific to any subpopulation group. The questions in the PSS ask about feelings and thoughts during the last month. In each case, respondents are asked how often they felt a certain way.

Evidence for Validity: Higher PSS scores were associated with (for example):

1. failure to quit smoking
2. failure among diabetics to control blood sugar levels
3. greater vulnerability to stressful life-event-elicited depressive symptoms    more colds

Health status relationship to PSS: Cohen et al. (1988) show correlations with PSS and: Stress Measures, Self-Reported Health and Health Services Measures, Health Behavior Measures, Smoking Status, Help Seeking Behavior.

Temporal Nature: Because levels of appraised stress should be influenced by daily hassles, major events, and changes in coping resources, predictive validity of the PSS is expected to fall off rapidly after four to eight weeks.

Scoring: PSS scores are obtained by reversing responses (e.g., 0 = 4, 1 = 3, 2 = 2, 3 = 1 & 4 = 0) to the four positively stated items

(items 4, 5, 7, & 8) and then summing across all scale items. A short 4 item scale can be made from questions 2, 4, 5 and 10 of the PSS 10 item scale.

Norm Groups: L. Harris Poll gathered information on 2,387 respondents in the U.S.

Norm Table for the PSS 10 item inventory

Category	N	Mean	S.D.
<b>Gender</b>			
Male	926	12.1	5.9
Female	1406	13.7	6.6
<b>Age</b>			
18-29	645	14.2	6.2
30-44	750	13	6.2
45-54	285	12.6	6.1
55-64	282	11.9	6.9
65 & older	296	12	6.3
<b>Race</b>			
White	1924	12.8	6.2
Hispanic	98	14	6.9
Black	176	14.7	7.2
Other Minority	50	14.1	5

**PERCEIVED STRESS SCALE**

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Gender (Circle): **M** **F** Other \_\_\_\_\_

**0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often**



1. In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2. In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3. In the last month, how often have you felt nervous and “stressed”?	0	1	2	3	4
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5. In the last month, how often have you felt that things were going your way?	0	1	2	3	4
6. In the last month, how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
7. In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4
8. In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
9. In the last month, how often have you been angered because of things that were outside of your control?	0	1	2	3	4
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4



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## REFERENCES

The PSS Scale is reprinted with permission of the American Sociological Association, from Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386-396.

Cohen, S. and Williamson, G. Perceived Stress in a Probability Sample of the United States. Spacapan, S. and Oskamp, S. (Eds.) *The Social Psychology of Health*. Newbury Park, CA: Sage, 1988.

Qualitative method of auditorium recording questions

In the odditorium of interweaving for housewives, there is a questionnaire for marking skims as a percentage of listening to topics requirement (They are examples in billowing husband of attitude -6 husband job-5 the child with problems-4 Est-)

It is marks given to the opportunity to arrange by the order that levels, it is no visuals for the odditorium peoples. They are mentioned standing only. Marks are given one method and a group of the result in the discussion. Other than marks in the odditorium of qualitative variables. As discussion policy. As problems of requirement.

These question prepared by billowing tool to problems opportunity

Type (A)—In your family issues Husband of the issue (attitude problems) (job issue) (children’s issues)

Type (B)---Other related income ancient family (mother or father) accommodation

- (All problems positive to given 15 marks)

Husband attitude-6, Husband job-5, The child with problem-4

1. You have to often what are the thing

Personal thing-6, Family thing-5, Unknown thing- 4

2. Are you nervous daily from? common thing-6, Home Duty-5, Can you other with deal-4

3. Have your ability confidence with stress Severe to working ability-6, Mild to working ability-5, Moderate to working ability-4

Mild -4, Moderate-5, Sever-6

6. Problems with you have the skills to work amount Well-6, Someone-5, Nothing-4

7. Have you often to irritated with problems Mild -4, Moderate-5, Sever-6

8. In the pass way have you felt that you were on top of things Mild -4, Moderate-5, Sever-6

9. Day to day is you angered because of things that were controlled? Mild -4, Moderate-5, Sever-6

10. In those problems have your difficulties piling up to other members could not overcome No-0, Available verbally-4, Some one-way positive-5, Empower good way-6

0 - luçouaa aea1 - gĩ e\*çeuoal\*aa 2 - weaĩ údłçS 3 - eaøegla úd

4 - a\*6aaa6egaa\*

1) ww,n\*g \*çw u,\$ elow\*K u6la uew\* euaa.aa \*a 9n wwuw,aøugd waa u,K\*ç?

2) ww,n\*g \*çwg a,< elow\*K u6la 9nena Ôúaega ueçnaa eçau,a 9nd wç,ag l6 na eaøuel\* nu 9nd çeK,a\*ç ?

3) ww,n\*g \*çwg a,< 9nd elow\*K uaøula ww\*egçangaa \*a nglã wu wSuagla çeK,a\*ç?

4) ww,n\*g \*çwg a,<\$ elow\*K uaøula 9nd 9nena w,aaa úw|ç neaSeĩ uel\*gçou w\*<n| úaaauçwglã çeK,aøç?

5) ww,n\*g \*çwg a,< elow\*K uaøula 9n we,w,ĩ l< e,w eçau,a w\*şu, nu 9nd çeK,a\*ç ?

6) ww,n\*g \*çwg a,< elow\*K uaøula 9nd a\*ena ueu 9nd wuwaa l< eaøuel\*g\* uøena çeK,a\*ç? (bla\*uø ga ueu w,\*çKg)

7) ww,n\*g \*çwg a,<\$ 9nd 9nena a,6ewawa na\*g elow\*K uaøula wç,ag l< uel\* u,K\*ç?

8) ww,n\*g \*çwg a,<\$ elow\*K uaøula 9nd w\*şu,K, eçau,a u, 9n ueçnaa w,çan,egl, e,w çeK,aøç?

9) ww,n\*g \*çwg a,< 9eA Ôúaega eçau,a wç,ag l< eaøuel\*u 9n elow\*K uaøula elaaaa\*gd waa,u,K\*ç?

10) ww,n\*g \*çwg a,< 9nena Ôúaega 9nd wwuw, ueu tla, ù tauç l< eaøuel\* nu elow\*K uaøula çeK,aøç?

n, Kɔaa\*lu laa \$eĩ w, aaa

e\*\* w, aaa w\* < \*eG < l6a, eGa bua wuwa9ɔuaad wa, l., u eõ.

1) 9nena ned" l, \*a wɔlɔ6eGaç?

wɔlɔ6 (A) - 9nena wu,, a, < u, (, l, K, 06)

- wauõñ w, 6eIGɔena (wɔl, aw\*G ned") - , l, K, 02
- /l\*Gɔeõ ned" - , l, K, 02
- ç6euaaena ned" - , l, K, 02

wɔlɔ6 (B) - wɔçɔG\* wĩnaaOu

- \*,, a wu,, (\*u euɔa w\*Gɔ)
- a\*euwa ueu newS\*

wɔlɔ6 (C) - w\*G\*\* ned" u, \*aa w\*à\*d (, l, K, 15)

- wauõñ w, 6eIGɔena wɔl, aw w|uɔ - , l, K, 06
- wauõñ w, 6eIGɔena /l\*Gɔu wĩnaaOu - , l, K, 05
- <\*G\*aa w\* < \*ñ| ned" - , l, K, 04

2) 9nd a\*a6 u\*, ua eçau, a

- a\*ɔ wĩnaaO eçau, a - , l, K, 06
- wu,, wĩnaaO eçau, a - , l, K, 05
- eaɔçaaaɔ eçau, a - , l, K, 04

3) 9n ɛawaɔ wɔ\*ɔaH eçau, a u, d le<eUauɔç? - , l, K, 06 a\*uewu\* ueu - , l, K, 05

9nd waa eçau, a l\*Í\*d uel\*ç? - , l, K, 04

4) wSuaG a, < 9nena uel\*Gɔuaa úaaauɔwaSGç?

- Wn, ueu l\*Íeĩ uel\*Gɔu - , l, K, 06
- a6\*ld ueu l\*Íeĩ uel\*Gɔu - , l, K, 05
- \*OHwa9 ueu l\*Íeĩ uel\*Gɔu - , l, K, 04

5) 9nena \*awd bua w, aaa wea, ,aa l6 naaaɔç?

- a6\*la ş6d - , l, K, 04
- \*ßnwa9u - , l, K, 05
- şn, uaeGaa - , l, K, 06

6) w, aaa a, < 9nena ueu l\*Íeĩ uel\*Gɔu

- euo|G\* - ,1,K, 06
- Gi w ,\*oKGla - ,1,K, 05
- eaouel\*G\* - ,1,K, 04
- 7) 9n a\*a6\* w ,aaa u ,\*aa elow euauoç ?
  - a6\*la ş6d - ,1,K, 04
  - \*βnwa9u - ,1,K, 05
  - şn, uaeGaa - ,1,K, 06
- 8) waSaeGa 9nd w\*şu, w\*şüi u, 9n w,βoa w,çan,eGla e,w çeK,a\*ç?
  - a6\*la ş6d - ,1,K, 04
  - \*βnwa9u - ,1,K, 05
  - şn, uaeGaa - ,1,K, 06
- 9) eawao w ,aaa ç6o neaSei\$ 9n elowGd waa u,K\*ç?
  - a6\*la ş6d - ,1,K, 04
  - \*βnwa9u - ,1,K, 05
  - şn, uaeGaa - ,1,K, 06
- 10) bua w ,aaa 9nd wuw,loı e,w çeaa,aoç? waa wG w\*m ueu l\*6Sei\$
  - aea - ,1,K, 0
  - lao nu l\*İei\$ çeK,a\* - ,1,K, 04
  - weaei w,eoa u,\$ çeK,a\* (eGo\*,üi u,\$) - ,1,K, 05
  - euo| eçau,a eçG,K, l\*İei\$ - ,1,K, 06

0- ஒரு ப ோ PIFம் இல் லல

1- இல் லல

2- எ ப் ோ PIFம்

3- அடிக்கடி

4- எ ப் ோ PIFம்

1- கடந்த ோமஈதம் எத்தலல தடலவ எதிர் ோ PIFம் விதோமஈக நடந்தவற்றை எண் ணி கவலல ் ட்டரக் ள் ?

2 3

4

2- கடந்த ஓமாதம் எத்தலல தடலவ உங் கோளில் உங் கள் ஓவாழ்வில ஂ முக்கியோமால தீர்ஓமால ங் கலள எடு ஂ F சிரமோமாக இருந்தF?

0 1

2 3

4

3- கடந்த ஓமாதம் எத்தலல தடலவ லம உலளச்சலுக்கு உள் ட்டிர க ஂ ஂ ?

0 1

2 3

4

4- கடந்த ஓமாதம் எத்தலல தடலவ சோசாந்த பிரச்சலலகலள லகோயாளும் லத் நம் பிக்லக இரு ஂ ஓதாக உணர்ந்தீரக் ஂ ?

0 1

2 3

4

5- கடந்த ஓமாதம் எத்தலல தடலவ நீங்கள் நிலலத்தF சரோயாக இருந்தோதாக உணர்ந்தீரக் ஂ ?

0 1

2 3

4

6- கடந்த ஓமாதம் எத்தலல தடலவ உங் கோளில் நிலலத்தலத றலடமுலற ஂ ஂ த்த முடிந்தF?

0 1

2 3

4

7- கடந்த ஓமாதம் எத்தலல தடலவ உங் கோளில் லம உலளச்சலல கட்டு ஂ ஂ த்த முடிந்தF?

0 1

2 3

4

8- கடந்த ஓமமதம் எத்தலல தடலவ உங் கலள நீ ங் கள் உயரவ் ஓ மக எண் ணிலீ ரக் ள்?

0 1

2 3

4

9- கடந்த ஓமமதம் எத்தலல தடலவ உங் களுக்கு அ ஓ மற் ட்ட விடயங் கலள எண் ணி போகம ட்டீரக் ள்?

0 1

2 3

4

10- கடந்த ஓமமதம் எத்தலல தடலவ உங் கோளமல் இடர் ஓ மடுகலள கடந்F வர முடியாமல் இருந்தF?

0 1

2 3

4

Qualitative method of auditorium recording questions

01. எந்த ஓமமதிரோயமல பிரச்சலலகலள எதிரச் ஓகமள் கிறீரக் ள்?

Type A

a. வீட்டில் கணலோவமல்

b. பவலலத்தளத்தில்

c. பிள்ளகோளமல்

Type B- பவறு பிரச்சிலலகள்

a. குடும் வரோமமல ம்

b. தங் கமிடம்

02. எலத ற்றி நீ ங் கள் அதிகம் கவலல ஂடுவண் டு?

a. சோசமந்த பிரச்சலல-6

b. குடும் பிரச்சிலல-5



d.எடுத்துக்கோகட்டோடாக இருந்தபண் 6-6

**පළාත් සෞඛ්‍ය සේවා අධ්‍යක්ෂ කාර්යාලය**  
**විජානීර පළාත**



மாகாணககாதாரசேவைகள்ப்பணிப்பாளர் அலுவலகம்  
மேல் மாகாணம்

**OFFICE OF THE PROVINCIAL DIRECTOR OF HEALTH SERVICES**  
**WESTERN PROVINCE**



මගේ අංකය My No. } WP/PD/PL/6/5/2023	ඔබේ අංකය Your No. }	දිනය Date } 2024.03 - 28
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Regional Director of Health Services,  
Colombo

**Request of Permission to carry out the research on "Assess the mental stress for creating a healthy environment for housewives in Maharagama MOHs (medical officer of health) division"**

This refers to the above request letter dated on 19<sup>th</sup> March 2024 U.G.A.Wasantha – Nursing officer-National Hospital – Colombo10

Ms.U.G.A.Wasantha is planning to conduct a research on "Assess the mental stress for creating a healthy environment for housewives in Maharagama MOHs (medical officer of health) division"

As Research Approval Committee of Western Province has approved this research proposal, the permission is hereby granted to conduct above research in Maharagama MOH area in Colombo district.

Therefore, please be good enough to inform the relevant officers to extend their fullest cooperation and support to carry out the above research study.

A copy of the study report needs to be submitted to the PDHS office by the researcher following completion of the study.

Dr .Dammika Jayalath  
Provincial Director of Health Services,  
Western Province.

**Copy** :- (1)Investigator – A hard copy of the study report should be submitted to PDHS Office after the completion of the project.

කාර්යාලය Office	පළාත් අධ්‍යක්ෂ Provincial Director	සැලසුම් ඒකක Planning Unit	වි. අධ්‍යක්ෂ (පාලන) Deputy Director (Admin)	ප්‍රධාන ගණකාධිකාරී Chief/Accountant	සේවක පිලිබඳ Admin. Officer
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FP	0112478872	0112478872	0112478872	0112478872	0112478872
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මෙහිදී සඳහන් වන සෑම අංකයක්ම නිවැරදිව පාවිච්චි කළ යුතුය. | 10, Malignawatta Secretariat Building, P.O. Box 876, Colombo 10.  
www.healthdept.wv.gov.lk





ප්‍රාදේශීය සෞඛ්‍ය සේවා දෙපාර්තමේන්තුව  
කොළඹ දිස්ත්‍රික්කය  
பிராந்திய சுகாதார சேவை பணிப்பாளர் அலுவலகம்  
கொழும்பு மாவட்டம்

REGIONAL DIRECTOR OF HEALTH SERVICES OFFICE  
COLOMBO DISTRICT



මගේ අංකය අංකය My No	MCH/CMB/Research	ඔබේ අංකය අංකය Your No	ලිපි දිනය Date	02/04/2024
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Medical Officer of Health,  
Maharagama.

**Request of Permission to carry out the research on "Assess the mental stress for creating a healthy environment for housewives in Maharagama MOHs (medical officer of health) division"**

Ms.U.G.A.Wasantha is planning to conduct a research on "Assess the mental stress for creating a healthy environment for housewives in Maharagama MOHs (medical officer of health) division"

As Research Approval Committee of Western Province has approved this research proposal, the permission is hereby granted to conduct above research in Maharagama MOH area in Colombo district.

Kindly, ensure the fullest cooperation and support to carry out the above research study.

**Dr. A. D. H. Jayathilake**  
Deputy Director of Health Services  
Officer of the RDHS  
Colombo

  
Deputy Regional Director of Health Services  
Colombo

අංකය අංකය No	දුරකථන දුරකථන Telephone	විද්‍යාගාර විද්‍යාගාර Address	විද්‍යාගාර විද්‍යාගාර Address	විද්‍යාගාර විද්‍යාගාර Address
	+9411 2327883	+9411 2457872	+9411 7437780	+9411 2326798 +9411 2452448 +9411 2326093
	+9411 2326798	+9411 2326798	+9411 2326798	



## ASSENT FORM

For studies involving children aged 16 to less than 18 years, the child's assent must be obtained in addition to the parent's or guardian's consent. The respondent must sign a form which states that the information sheet has been read and discussed with the investigator and that the subject agrees to participate in the presence of parent or guardian.

Specimen – Assent form

Name(s) of the investigator/s:

Personal contact information of principal investigator/s:

Address of the institution where the study is to be carried out:

The title of the research project:

I (the participant's name ) have read the information sheet and understand

- a. what the study involves.
- b. that refusal to participate in the study will not affect my treatment or care in any way.
- c. that I may withdraw at anytime and it will not affect me adversely in any manner.

I (the participant) have had an opportunity to discuss the matters related to the study and ask questions and they have been satisfactorily answered. I therefore agree to participate in this study.

Signature of the participant: Full name Date

Postal address

Signature of the parent/guardian: Full name Date

Postal address NIC No

I have been present while the procedure has been explained to the child and I have witnessed his/her consent to take part in the study.

Signature of the witness:

(The witness should be a person NOT connected with the study) Full name Date

Postal address

Consent form

To be completed by the participant. (Please complete the whole sheet by yourself).

1. Have you read the information sheet? Yes
2. Have you had satisfactory answers to your questions? Yes
3. Have you received enough information regarding the study? Yes
4. Have you had a freedom to discuss about this study and ask any question? Yes

5. All personal details will be treated as strictly confidential. Do you provide your consent for these individual to have access to your records?

Yes

6. Do you understand that you are free to withdraw from the study at any time without having to give reasons and without affecting your future?

Yes

7. Have you had enough time to come to your decision? Yes

8. Do you agree to take part in this study? Yes

9. Who explained the study to you?

\_I was understood in the master level of research curriculum where the skill of knowledge as nursing related in their working environment to problems slowing the Avernus activity from research programs. \_As an example, in this research proposal of the level of studies.

Participant's signature: \_Wasantha Date: 20 12 2022

Name: U G A Wasantha

To be completed by the investigator.

I have explained the study to the above participant and she/he has indicated her/his willingness to take part.

Name: Uduwaka gam acharige Wasantha.

A research on, "The impact of mental stress for creating a healthy environment of housewives in Maharagama MOH's (Medical Officer of Health) division."

## INFORMATION SHEET

I'm Mrs. U.G.A Wasantha Nursing officer (super grad) attached to the Medical officer of Health division in Maharagama of Sri Lanka. I am hoping to conduct a research on the 'Impact of mental stress for creating a healthy environment of housewives in Maharagama MOH's (Medical Officer of Health) division.'" of Sri Lanka".

1. participation in this study is voluntary. And The gathering of data would be done through a questionnaire at your convenience, without any discomfort to you. There are no actual or potential risks involved. they gave Data willingly but I not going to disclose name and other places about participant to protect their privacy.

2. You are free to not to participate at all or to withdraw from the study at any time. There will be no loss of your work or personality or position to which you are otherwise entitled. If you decide not to participate or withdraw from the study you may do so at any time.

3. Confidentiality of all records is guaranteed and no information by which you can be identified will be released or published. These data will never be used in such a way that you could be identified in any way in any public presentation or publication without your expressed permission.

4. You may withdraw your consent to participate in this study at any time with no effect on position or loss of benefits. Please notify it to the investigator as soon as you decide to withdraw your consent.

5. If you have open ended questions and audio questions about any of the information, please feel free to ask.

Mrs.U.G.A Wasantha (0714481652)

A research on “Impact of mental stress for creating a healthy environment of housewives in Maharagama MOH's (Medical Officer of Health) division.” of Sri Lanka”.

I am Mrs. U. G. A Wasantha as a nursing officer attached to the ministry of health Sri Lanka, I am hoping to conduct a research on the “Impact of mental stress for creating a healthy environment of housewives in Maharagama MOH's of Sri Lanka”.

1. The purpose of the research is to assess the “Impact of mental stress for creating a healthy environment of housewives in Maharagama MOH's of Sri Lanka”.
2. Your participation in this study is voluntary. You are free to not to participate at all or to withdraw from the study at any time. There will be no loss of your work or personality or position to which you are otherwise entitled. If you decide not to participate or withdraw from the study you may do so at any time.
3. The gathering of data would be done through a questionnaire at your convenience, without any discomfort to you. There are no actual or potential risks involved.
4. Confidentiality of all records is guaranteed and no information by which you can be identified will be released or published. These data will never be used in such a way that you could be identified in any way in any public presentation or publication without your expressed permission.
5. You may withdraw your consent to participate in this study at any time with no effect on position or loss of benefits. Please notify it to the investigator as soon as you decide to withdraw your consent.

U.G.A Wasantha

Nursing officer - Ward 23

The National Hospital of Sri Lanka

According to above information I hereby agree/disagree to take part in the research of Mrs.

U.G.A Wasantha.

.....Date    Signature of participant

#### Consent Form

A research on “Impact of mental stress for creating a healthy environment of housewives in Maharagama MOH's (Medical Officer of Health) division.” of Sri Lanka”.

I am Mrs. U. G. A Wasantha as a nursing officer attached to the ministry of health Sri Lanka, I am hoping to conduct a research on the “Impact of mental stress for creating a healthy environment of housewives in Maharagama MOH's of Sri Lanka”.

1. The purpose of the research is to assess the “Impact of mental stress for creating a healthy environment of housewives in Maharagama MOH's of Sri Lanka”.
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U.G.A Wasantha

Nursing officer - Ward 23

The National Hospital of Sri Lanka

According to above information I hereby agree/disagree to take part in the research of Mrs.

U.G.A Wasantha.

.....Date Signature of participant

නගරේතුරු පත්‍රිකෙඹ

“මහරගම (සුවඹොය වෛද්‍ය නිලධාරී) අංශයේ ගණනයBයේ සුවඹොය WමිපBන පර්Wරයක් නිර්මණය කිරීම Wදහා මනසික ආතතියේ බලපෑම” පිළිබඳ පර්යේෂණයක්.

නගරේතුරු පත්‍රිකෙඹ

මම, U.G.A. වෛWBනා ශ්‍රී ලංකණයේ මහරගම සුවඹොය වෛද්‍ය නිලධාරී

සකඩ්ඨණයට අනුයුක්ත සහද් නිලධාරීන්ගේ (සුපිරි උපධි) සෙසම්. මහරගම සුවඹොය වෛද්‍ය නිලධාරී (සුවඹොය වෛද්‍ය නිලධාරී) අංශයේ ගණනයBයේ සුවඹොය WමිපBන පර්Wරයක් නිර්මණය කිරීම Wදහා මනසික ආතතියේ බලපෑම පිළිබඳ පර්යේෂණයක් සිදු කිරීමට මම බලසපයරත්තු සෙසම්.

1. සමම අධ්‍යයනයට Wහහඹි වීම ස්පේච්ඡණයෙB සිදු සේ. තෙද් ද්න්තන එක්ස් කිරීම ප්‍රශ්නණලියක් හරහා ඔබයේ පහසුණෙ පරිදි, ඔබට කිසිදු අපහසුතණෙකිB සනණෙර සිදු සකසර්. Wඛසහොච්භෙණ ජෛද්නම් WමිබBධ සනණය. ඔවුB

කමන්තසනB ද්න්තන ලබාදුB නමුත්ත මම ඔවුBයේ සපෙඡ්ගලිකත්තෙණෙස ආරක්ෂා

කිරීම Wදහා WහහඹිණෙBනණය් නම Wහ සෙසනත්ත ස්ථන සහළි කිරීමට යBසB නහ.

2. ඔබට කිසිසසත්ත Wහහඹි සනඹීමට සහොච්ඨනමු ජෛස්ථණෙක අධ්‍යයනසයB ඉෙන්න වීමට නිද්හW ඇත. ඔයේ ංකියණෙ සහොච්ඨපෙඡ්ඡය සහොච්ඨසෙසනත්ත ආකණයකිB ඔබට හිමි තනුර අහිමි සනණය්. ඔබ අධ්‍යයනයට Wහහඹි සනඹීමට සහොච්ඨෙන්න වීමට තීරණය කරBසB නම්, ඔබට ඹනමු ජෛස්ථණෙක එය කළ හක.

3. සියලු ජෛර්නාණෙල රහWයහණෙය Wහනික කර ඇති අතර ඔබෙහ හදුනාගන

හකි කිසිදු සනණරක් මුද්හච්ඨ සහොච්ඨකණ කිරීම සිදු සනණය්. ඔබයේ ප්‍රකණින ජෛWරයකිB සනණෙර ඹනමු සපඡු ඉදිරිපත්ත කිරීමක සහොච්

ප්‍රකණනයකදී ඔබෙහ කිසිම ආකණයකිB හදුනාගන හකි ආකණසයB සමම ද්න්තන කිසිවිසටක හඹිතසනසකසර්.

4. තනුරට සහෝප්‍රතිලභ අහිමිවීමට කිසිදු බලපෑමක් සනාථවීමට ඔබට ඕනෑම සේලකොටසක සමම අධ්‍යයනයට Wහහඹි වීමට ඇති ඔපේ කමත්තන ඉගෙනුම කර

ගත හක. ඔබ ඔපේ කමත්තන ඉල්ලාඅස්කර ගනීමට තීරණය කළ හොහම විමර්ශකයට එය දිනුම් සද්භන.

5. ඔබට කිසියම් සනාථකරක් ගන විකොහ ප්‍රශ්න Wහ ග්‍රොය ප්‍රශ්න තිසේ නම්, කරුණකර අWBන.

U.G.A. කොWBනාමිය

0714481652

කමත්තන ජරකභ කිරීමේ පත්‍රිකකකො

“මහරගම (සWකොය වෙවද්‍ය නිලධර්) අංගසේ ගභනියBසේ සWකොය WමිපBන පර්Wරයක් නිර්මණය කිරීම Wදහාමනසික ආනනිසේ බලපම” පිළිබද පර්සේෂණයක්.

කමත්තන ජරකභ කිරීමේ පත්‍රිකකකො

මම, U.G.A. කොWBනා ශ්‍රී ලංකකසේ මහරගම සWකොය වෙවද්‍ය නිලධර්

සකඛිඨභයට අනුයුක්ත සහද් නිලධර්නියක් (සුපිරි උපඛි) සෙසම්. මහරගම

සWකොය WමිපBන පර්Wරයක් නිර්මණය කිරීම Wදහා මනසික ආනනිසේ බලපම පිළිබද පර්සේෂණයක් සිදු කිරීමට මම බලසපසරත්තු සෙසම්.

1. සමම අධ්‍යයනයට Wහහඹි වීම ස්සේච්ඡකසෙB සිදු සේ. තෙද් දත්තන එක්ස් කිරීම ප්‍රශ්නකොලියක් හරහාඔබසේ පහසුකො පර්දි, ඔබට කිසිදු අපහසුතකොයකිB සනකරෙ සිදු සකසර්. Wංඛසහොච්චෙහ කෙද්නම් WමිබBබ සනකසේ. ඔවුB

කමත්තනසනB දත්තන ලබදුB නමුත්ත මම ඔවුBසේ සපෙඡ්ගලිකත්තොය ආරක්ෂා

කිරීම WදහාWහහඹිකොBනකසේ නම Wහ සෙසනත්ත ස්ඵන සහළි කිරීමට යBසB නන.

2. ඔබට කිසිසසත්ත Wහහඹි සනඛීමට සහොඹිනමු කෙද්ඵකකො අධ්‍යයනසයB ඉගෙනුම වීමට නිද්භW ඇන. ඔසේ ක්‍රියකකො සහොඪසපෙඡ්ෂය සහොඪසෙසනත්ත ආකරයකිB ඔබට හිමි තනුර අහිමි සනකසේ. ඔබ අධ්‍යයනයට Wහහඹි සනඛීමට සහොඪඉගෙනුම වීමට තීරණය කරBසB නම්, ඔබට ඕනෑම කෙද්ඵකකො එය කළ හක.

3. සියලු කොර්තාකොල රහWයහකොය Wහනික කර ඇති අනර ඔබෙහ හදුනාගන

හකි කිසිදු සනාථකරක් මුද්හච්චිම සහොඪප්‍රකභ කිරීම සිදු සනකසේ. ඔබසේ ප්‍රකභින කෙද්WරයකිB සනකරෙ ඕනෑම සපසු ඉදිරිපත්ත කිරීමක සහොඪ

ප්‍රකභනසකදී ඔබෙහ කිසිම ආකරයකිB හදුනාගන හකි ආකරසයB සමම දත්තන කිසිවිසටක හඛිතසනසකසර්.

4. තනුරට සහෝප්‍රතිලභ අහිමිවීමට කිසිදු බලපෑමක් සනාථවීමට ඔබට ඕනෑම සේලකොටසක සමම අධ්‍යයනයට Wහහඹි වීමට ඇති ඔපේ කමත්තන ඉගෙනුම කර

ගත හක. ඔබ ඔපේ කමන්තන ඉල්ලාඅස්කර ගනීමට තීරණය කළ ටොහම විමර්ශකයට එය දිනුම් සද්භන.

5. ඔබට කිසියම් සනඟුරක් ගන විටොන ප්‍රශ්න Wහ ග්‍රෙය ප්‍රශ්න නිසේ නම්, කරුණකර අWBන.

U.G.A. ටොWBනමිය

සහදි නිලධර්නී - 23 ටොවිටුටො

ඉහත සනඟුරු ටොලට අනුටො U.G.A ටොWBනමහන්තමියසේ පර්සේෂණයට Wහහඟී වීමට මම සමAB එකග / එකග සනඟසෙමි.

.....

දිනය

WහහඟීටොBනඟස් අත්තWන

jfty; jhs;

kfufk MOH'S kUj;Jt mjpgfhup gpuptpy; cs;s ,y;yj;jurpfspd; MNuhf;fpakhd R+oiy cUthf;Ftjw;F kd mOj;jj;jpd; jhf;fk; vd;w Ma;T

jfty; jhs;

ehd; ,yq;ifapd; kfufktpy; cs;s Rfhjhu itj;jpa mjpgfhup gpuptpy; ,izf;fg;gL;Ls;s jpUkjp A+. [p.V tre;jh eu;rpq; mjpgfhup (super grade) ,yq;ifapd; kfufk MOH ( Rfhjhu kUj;Jt mjpgfhup) gpuptpy; cs;s ,y;yj;jurpfspd; MNuhf;fpakhd R+oiy cUthf;Ftjw;F "kd mOj;jj;jpd; jhf;fk;" vd;w jiyg;gpy; Ma;T xd;iw eLhj;j ehd; epidf;fpd;Nwd;.

1. ,e;j Ma;tpy; gq;Nfw;gJ jd;dhu;tkhdJ. cq;fSf;F ve;j mnrsfupaKk; ,y;yhky; cq;fs; trjpf;Nfw;g xU Nfs;tpj;jhs; %yk; juT Nrfupg;G nra;ag;gLk;. jpy; cz;ikahd my;yJ rhj;jpakhd mgahaq;fs; vJTk; ,y;iy.mtu;fs; tpUg;gj;JLd; juit toq;fpdu; Mdhy; gq;Nfw;ghsupd; jdp cupikia ghJfhf;f mtu;fspd; ngaiuAk; gpw ,Lq;fisAk; ehd; ntspapLg; Nghtjpy;iy.

2. ePq;fs; ve;j Neu;j;jpYk; gq;Nfw;fhky; ,Uf;fNth my;yJ gbg;gpypUe;J tpyfNth Rje;jpuk; toq;fg;gL;Ls;sPu; cq;fs; gzp my;yJ MSik my;yJ gjtpf;F ve;j ,og;Gk; Vw;gLhJ

,t;tha;tpy; gq;Nfw;f \$LhJ vd vz;zpdhy; ve;j Neu;j;jpYk; cdf;F Nkw;nfh;syhk;.

3. midj;J gjpTfspd; ,ufrpa jd;ikAk; cj;juthjg;gL;jj;gL;Ls;sJ. kw;Wk; ePq;fs; miLahsk; fhZk; ve;j xU jftYk; ntspapLg;gL khL;LhJ ve;j xU nghJ ,Lq;fspYk;

ck;khy; miLahsk; fhzg;gL;L khL;LhJ.

juTfs; xUNghJk; ckJ mDkjp ,d;wp ntspapLg;gL

4., t;tha;tpy; gq;Nfw;gpy; ,Ue;J ckf;F ve;jNeu;j;jpYk; tpyfpf; nfhs;syhk;. jpyUe;J tpyFtjhf jPu;khdpj;jhy; KbAkhd tiu Gydha;thsupLk; mjid njuptpf;fTk;.

5. cq;fspLk; Nfs;tpfs; vJTk; ,Ug;gpd; vt;tpj jLq;fiykpd;wp mjid vk;kpLk; NfL;fyhk;.

jpUkjp A+. [p.V tre;jh

(0714481652)

Consent form - xg;Gjy; gbt;

“,y;yj;jurpfpd; MNuhf;fpakhd R+oiy cUthf;Ftjw;F kd mOj;jj;jpd; jhf;fk; gw;wpa Ma;T" kfufk MOH ,d; (Rfjhu kUJt mjpgfhu gpupT) ,yq;if.

ehd; jpUkjp A+. [p.V tre;jh ,yq;if Rfhjhu mikr;rp; jhjpa; cj;jpNahfj;juhf ,Uf;fpNwd;.

,yq;if kfufk MOH cL;gL;L ,y;yj;jurpfpd; MNuhf;fpakhd R+oiy cUthf;Ftjw;F kd

mOj;jj;jpd; jhf;fk; vd;w jiyg;gpy; Xu; Ma;tpid eLhj;j vz;zpAs;Nsd;.

1., yq;ifapd; kfufk MOH ,y;yj;jurpfs; MNuhf;fpakhd R+oiy cUthf;Ftjw;F kd mOj;jj;jpd; jhf;fj;ij kjpg;gpLtNj ,e;j Ma;tpd; Nehf;fkhFk;.

2.,t;tha;tpy; ckJ gq;Nfw;ghdJ jd;dhu;tkhdJ ,jpy; gq;Nfw;fhky; ,Ug;gjw;Nfh my;yJ tpyFtjw;Nfh ePu; KOikahd Rje;jpuk; toq;fg;gL;Ls;sPu;fs; cq;fs; gzp MSik my;yJ gjtpf;F ve;jtpj ,og;Gk; ,jdhy; Vw;gLhJ. gq;Nfw;fhky; ,Ug;gjw;Nfh my;yJ tpyFtjw;Nfh ePu; jPu;khdpj;jhy; vt;NtisapYk; ckf;F tpyfpf; nfhs;s KbAk;.

3. juT Nrfupg;ghdJ ckJ trjpf;Nfw;g Nfs;tpj;jhs; %yk; Nrfupf;fg;gLk; ,jd; %yk; ckf;F vt;tpj mnrsfupaq;fNsh jLq;fNyh Vw;gLhJ.

4. midj;J gjpTfspd; ,ufrpa jd;ikAk; cj;juthjg;gLj;jg;gL;Ls;sJ. kw;Wk; cq;fis miLahsk; fhZk; gbahf ve;j xU jftYk; ntspapLg;gL khL;LhJ. ve;j xU nghJ

,Lq;fspYk; ck;khy; miLahsk; fhzg;gL juTfs; xUNghJk; ckJ mDkjp ,d;wp ntspapLg;gL khL;LhJ.

5. ,t; Ma;tpy; gq;Nfw;gipy; ,Ue;J vd; Neuj;jpYk; ckf;F tpyfpf; nfhs;syhk;. ,jypUe;J tpyFtjhf jPu;khdpj;jhy; KbAkhdtiu Gydha;thsupLk; mjid njuptpf;fTk;.

A+. [p.V tre;jh, eu;rpq; mjpgfhup,

,yq;ifapd; Njrpa kUj;Jtkid.

**Curriculum Vitae**

<b>Personal Information</b>	
Name	Mrs. U G A Wasantha
Current Designation	Super-grad nursing officer
Home Address	No 267, A/3 Palanwatha, Pannipitiya
Contact Number	0714481652
Email address	wasanthauduwaka@gmail.com
<b>Educational/Professional Qualifications</b>	
Bachelor’s degree	2019 OUM Graduate
Postgraduate Degrees	--- Under master of degree in nursing



<b>Work Experience In 1994-to- UpToDate</b>			
<b>Employment</b>	<b>Designation</b>	<b>Workplace</b>	<b>Period</b>
Present	Super grad nursing officer	National hospital olombo	6years
Previous 1			
Previous 2			
<b>Publications (list up to 5 most relevant to the proposed study)</b>			
In community	People’s want health promotion (stress management therapeutic mind secrecies programs)		
In working hospital (surgical section)	Under treatment for patient to health promotion (stress management program group& individual for mind fullness secrecies attitude development subject to counselling) every week of the Tuesday		
<b>Ongoing Research Projects (other than this project)</b>			
Bachelor’s degree	Upper school student’s had video games abuse to level of studies		

.....wasantha..... 20/12/2022.....

Signature of the Applicant      Date

This form should be filled and signed by the principal investigator who requests ethical approval for a research project. Please ensure all relevant documents as per the document checklist are submitted.

The principal investigator / investigators should make a payment of Rs. 1000.00 to Bio inquirer ethics review committee.

Check list for applicants (please mark with X)

APPLICATION FORM

Part I

1. Details of principal investigator/ applicant

1.1 Name of applicant: Prof/Dr/Mr/Ms

Mrs. U.G.A Wasantha

1.2 Postal address :

267/A/3 Palanwatha Pannipitiya

1.3. E-mail address: wasanthaduwaka@gmail.com

1.4. Telephone : Office      0112691111

Home -

Mobile 0714481652

1.5. Highest educational qualification of applicant BSC(Hons) Nursing

1.6. Name and address of work place General Hospital of Colombo

Region street National hospital Colombo 10

2. Names of co-investigators (if applicable) with qualifications

3. Names of supervisor(s) (if applicable) with qualifications Dr. Sajana

4. Name and address of the institution/field where work will be carried out IIHS, No 704 Negombo Rd, Welisara, Sri Lanka.

5. Source of funding (type "X" on relevant box)

X Local

Overseas

[For studies sponsored by overseas funding agencies or sponsors, ethics review and approval is required from the country of the funding agency or the sponsor]

6. Has this proposal been submitted to any other ERC? (type "X" on relevant box)

X Yes

No

6.1. If yes, To which ERCSJGH Ethical Review Committee

When was it submitted? 3/4/2023

6.2 Give details and attach letters of approval/communications

[Retrospective approval will not be granted for projects already started or completed]

7. Clinical trials:

Applicable

Not applicable X

(if not applicable, go to No. 8)

7.1. The phase of the clinical trial being conducted? [Tick relevant box]

Phase of the trial I

II III IV

Post marketing Other (Specify)

7.2. Is it a multicentre trial? Yes No

If yes, state the other trial sites:

[Attach ethics approval from the sponsoring country or country of overseas principal investigator]

7.3. Is the clinical trial registered with the clinical trials registry? Yes No

If registered indicate the name of register and registration number:

[For information only:

Prior to commencing the study, approval from the subcommittee on clinical trials (SCOCT) of the Ministry of Health is required to conduct any trial on patients of the Ministry of Health.]

8. Conflict of interest:

8.1. Do you believe the proposed project has any conflict of interest Yes No

if Yes: Commercially

Financially

Intellectually

Other (explain)

8.2 If any member of the research team has any affiliation with the providers(s) of funding /support or a financial interest in the outcome of the research, please indicate:

8.3 If there is a duality of interest identified above, describe the interest and state whether it constitutes a potential conflict of interest.

Part II

Research Proposal

9. Title of project Assess the mental stress for creating a healthy environment for housewives in

Maharagama MOH's (Medical Officer of Health) division

10. recruitment of participants for the study) (dd/mm/yyyy):

10.1 Approximate duration of project (in months):

1 year

11. Justification for the study:

In human attitude, modifying by skill full memory of the reality. They are psychosocial abilities. The life correction empowers the life of the skills and recalling suitable acknowledge. These positions, come and soon by healthy processes of planning the life of the reality. These levels unhealthy from stresses homes increasing by stresses objection in their physical activity to life of environment. But it is can be slowing from best of attitude developing as a thinking knowledge full therapeutic activity. In that mental reality up date. Therefore, Relaxation methods may not be a top priority in human life when women are dealing with a lot of obligations and tasks or the demands of a disease. But it means housewife might pass up the relaxation's positive effects on your health (Stress management, 2022).

## 12. Objectives of the project: 3

12.1. General objective(s) To assess the mental stress for creating a healthy environment in Maharagama.

12.2. Specific objectives 1. Assess the mental health status from the psychological attitude of housewives in the Maharagama MOH division. (ex-stress due to mental diseases assessment)

2. Identify Stressors, the housewives in Maharagama encounter in their daily lives.

3. Determine whether these initiatives are effective in creating a healthier environment for housewives in the Maharagama

MOH division.

## 13. Recruitment of participants

13.1 Describe who, how, from where & when the recruitment will take place

I got My recruitment according to randomize sampling (analytically descriptive). Location is Maharagama MOH division.

13.2 What are the exclusion criteria

I used as my sample 35–55-year-old house swives with no occupation what so ever and with 2 or more children.

14. What are the procedure(s) to be carried out on humans/animals/cadavers? (eg. administration of a questionnaire/prescription of drug/collection of blood/samples etc.):

[ State the procedure, person carrying it out, when and where]

14.1 Safety measures employed in the investigation:

(Safety measures used to handle biomaterials & radioactive materials and prevent adverse effects to participants, investigators & others)

I). Before

II). During

III). After

15. Conditions applicable for control group (if relevant) including specific & concurrent treatment:

16. Potential risks to the participants

/researcher/interviewer/laboratory staff etc.: (type “X” on relevant box)

Applicable

Not applicable

16.1 How will risks be minimized?

16.2 If an unexpected adverse effect occurs;

16.2.1. How will they be managed?

16.2.2. How will they be managed?

16.2.3 When will the trial be terminated & by whom?

16.2.4 In case an adverse effect occurs who will inform the ERC?

17. Potential benefit(s) to the participants:

18. Informed consent:

18.1 How will informed consent be elicited? (type “X” on relevant box)

Verbal Written

18.2 Who will obtain consent?

18.3 Special considerations or arrangements for vulnerable groups (prisoners / mentally challenged) / children under 16 years of age) / special groups (pregnant/lactating mothers/infants etc.):

19. Details of incentive/reimbursement of expenses or loss of wages (if any) offered to participants

20. What provisions will be made to protect confidentiality of data? (handled by whom and how)

21. Has approval for scientific validity been obtained from the respective Board? (type “X” on relevant box)

Yes No Not applicable

[Attach a copy of the final Board approved project proposal and letter of approval from the Boards of Study]

The study of mental stress for creating a healthy environment of housewives in Maharagama MOH's (Medical Officer of Health) division.”

Information Sheet

I am U G A Wasantha, a student following a Master of under Graduate Nursing at the

International Institute of Health Sciences, Welisera. I hope to do a research study as a part of an academic requirement.

1.The purpose of the research is to assess the awareness associated with. “The study of mental stress for creating a healthy environment of housewives in Maharagama MOH's

(Medical Officer of Health) division.”

2.Your participation in this study is voluntary. You are free to not to participate or withdraw from the study at any time. Your job, personality or position to which you are otherwise entitled will not be lost. If you decide not to participate or withdraw from the study, you'll be able to do it at any time.

3.The collection of data would be done through a questionnaire at your convenience, of mix method without any discomfort to you. There are no real or potential risks involved.

4.You may also additionally withdraw your consent to take part on this study at any time without an impact on function or lack of benefits. Please inform it to the investigator as quickly as making a decision to withdraw your consent.

Confidentiality of all data is assured and records which you informed will not be launched or published. These statistics will not be used in a such way be utilized in this sort of manner that you can be identified in any manner in any public presentation or e-book without your expressed permission.

5.If you have some problems regarding this study and about any of the information, please feel free to ask.

Mrs., U G A Wasantha 0714481652

Permission letter

Mrs. U G A Wasantha

International Institute of Health Sciences, No: 704,

Negombo Road, Welisara,

Sri Lanka.

Dear Sir/Madam,

REQUESTING PERMISSION FOR DATA COLLECTION FOR A RESEARCH STUDY

Mrs., U G A Wasantha is students who are following Master of under Graduate Nursing at the

International Institute of Health Sciences, Welisera. I am hoping to conduct a research on the topic “The study of mental stress for creating a healthy environment of housewives in Maharagama MOH's (Medical Officer of Health) division.” As a part of an academic requirement. I would be grateful if you could review my proposal (herewith) in view of granting ethical clearance for the study.

The study involves in collecting data from housewives in Maharagama MOH’s division using selfadministered questionnaires as mix method in a qualitative level of the studies.

Thank You, Yours faithfully

.....

Mrs. U G A Wasantha 0714481652 wasanthauduwaka@gmail.com

Request letter for ethical clearance

Mrs. G A Wasantha

On 267 A/3 Palanwatha Pannipitiya

20.12 2022

Chairperson,

Ethical Review Committee,

International Institute of Health Sciences, No 704, Negombo Road,

Welisara, Sri Lanka

Dear Sir/Madam,

REQUESTING ETHICAL CLEARANCE

I am Mrs. G A Wasantha, a student following a Master of under Graduate nursing at the International Institute of Health Sciences, Welisera, am hoping to conduct a research on the study of mental stress for creating a healthy environment of housewives in Maharagama MOH's

(Medical Officer of Health) division. 'Observational Study in the Colombo District' as a part of an academic requirement. I would be grateful if you could review my proposal (herewith) in view of granting ethical clearance for the study.

The study survey in Maharagama MOH's (Medical Officer of Health) division in mental stress for creating a healthy environment of housewives in Colombo District. There are no significant ethical issues. More details are included in the completed form submitted herewith. Thank You,

Yours faithfully

.....

Mrs. U G A Wasantha (Master of under Graduate) 0714481652

wasanthauduwaka@gmail.com

Proposal Summary for Ethical Approval Health Research and Dissertation

(Research Proposal)

Please note, that the following sections of your Project Proposal should be approved by your supervisor with his/her signature as a requirement for ethical clearance (request) from IIHS

Summary	Comments from the Supervisor	Signature
---------	------------------------------	-----------

Statement of the Problem	Given
--------------------------	-------

General Objective	Included
-------------------	----------

Specific Objectives	Mentioned
---------------------	-----------

Research Questions	Available
--------------------	-----------

Conceptual framework	Provided
----------------------	----------

Operationalization of Conceptual Framework	Included
--	----------

Sample and sample size	Mentioned
------------------------	-----------

Indicate that you have considered possibility of ethical clearance from site of data collection. Please note that this will be a difficult process from some data collection sites such as Gov. Hospitals Once the first approval process has accomplished the researcher can access the second site properly.

Data collection Instrument	Included but it has to be further clarified
----------------------------	---

Supervisor's Name : Dr Sajana Jayasanka

Supervisor's Signature :

Ethical Reviewer's Name : .....

Ethical Reviewer's Signature : .....

Rectification form (for ERC and Supervisor Comments)

Extended Comments Correction

The full stop should come after the citation. Check the in-text citations.

Follow the uniformity in the font.

The research question should be restructured - What about the mental stress of creating a healthy environment for housewives in Maharagama MOH's (Medical Officer of Health) division.

OBJ: Should be restructured- To assess the mental stress for creating a healthy environment of housewives in Maharagama MOH's (Medical Officer of Health) division.

The new chapter should start with new pages.

The literature review should be rewritten properly.

Subheadings?

Need to change the conceptual framework.

Operationalization of variables Sub-variables are missed.

Study design- Descriptive cross-sectional study.

Sampling method? Sample size?

Briefly describe the Study instrument. Full stop added after the citation. Checked intext citations and fixed them. Fixed font size (12- Time New Roman).

The research question has been restructured. OBJ has been restructured.

Chapters stating pages fixed.

The literature review rewritten again. Subheads has been fixed.

Conceptual framework restructured and fixed. Sub variables has been added.

Study design fixed and added. Sample method added.

Sample size added.

Description of the study instrument added. Section about reliability and validity added. Referencing restructured and fixed.

Questioner has been restructured and typos have been corrected.

Reliability and Validity?

Follow APA 7 or Harvard for referencing style.

Restructure the Questionnaire Correct the typos.



The supervisor told me to Remove “To” from OBJ restructuring so It should be “Assessthe mental stress for creating a healthy environment for housewives in Maharagama MOH's (Medical Officer of Health) division”.

OBJ has been fixed again as asked “Assess the mental stress for creating a healthy environment for housewives in Maharagama MOH's (Medical Officer of Health) division”.

Rectification form 2 (for ERC and Supervisor Comments)

Extended Comments Correction

The full stop should come after the citation.

Check the in-text citations.

The research question should be restructured -

What about the mental stress of creating a healthy environment for housewives in Maharagama MOH's (Medical Officer of Health) division.

OBJ: Should be restructured- To assess the mental stress for creating a healthy environment of housewives in Maharagama

Subheadings?

Study design- Descriptive cross- sectional study.

Sampling method? Sample size?

Follow APA 7 or Harvard for referencing

Explain about study instrument properly

Restructure and align the questionnaire properly

All the Mention Problems on second ERC form has been delt with to best of my ability's”

Date: 05/12/2023

Application No: 2023/ERC 082 (3)

No 267, A/3 Palanwatha, Pannipitiya

Dear Mrs Wasantha,

**ASSESS THE MENTAL STRESS FOR CREATING A HEALTHY ENVIRONMENT FOR HOUSEWIVES IN MAHARAGAMA MOH'S (MEDICAL OFFICER OF HEALTH) DIVISION'**

Supervisor: Dr Sajana Jayasanka

Thank you for submitting the above referenced research proposal. I am pleased to inform you that the Ethics Review Committee which met on 05/12/2023 has granted conditional approval to the above study after reviewing the following documents.

Document	Version	Date of Submission
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Application Form	01	26/04/2023
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Project Proposal      03      27/10/2023  
Study instrument      03      27/10/2023  
Information sheet and consent form    01      26/04/2023

Please resubmit the revised proposal document (with changes highlighted) along with a covering letter indicating the changes. Please resubmit within 30 days of the date of this letter. Data collection is permitted after the revision of above mentioned modifications. However, the corrected documents must be resubmitted in order to gain approval for the publishing of the research.

Thank you. Yours sincerely,

Prof. Sujatha Salgado Chairperson

BioInquirer Ethics Review Committee / IIHS

704, Negombo road Welisara, Sri Lanka Email: [erc@BioInquirer.org](mailto:erc@BioInquirer.org)

Tel: +94 76 656 9971

Extended Comments Proposal ERC 082 (3):

- Begin all specific objectives with "TO"
- Ensure adherence to proper citation in the introduction which is APA 7 style
- Specify the study design as a "Descriptive Cross-Relational Study"
- Clarify that convenient sampling is chosen due to its appropriateness, and highlight that calculations are not necessary.
- Present exclusion criteria objectively without personalization for a professional tone.
- Elaborate on the study instrument, providing information on its source and detailing the questionnaire sections.
- Provide a detailed explanation of the data analysis process, specifically how scoring will be conducted for each questionnaire section.
- Omit the name of the application, such as "Grammarly," for ethical reasons.
- Eliminate the term "chapter"
- Correct any typos present in the proposal.
- Refrain from using first-person words, such as "I did this by," and instead use a more formal passive voice construction like "this was done by." 704, Negombo road Welisara, Sri Lanka Email: [erc@BioInquirer.org](mailto:erc@BioInquirer.org)