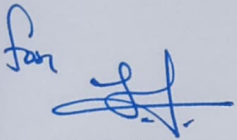


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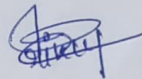


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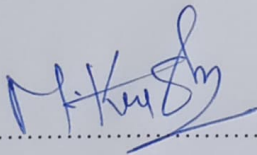


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Locus of Control and Perceived Social Support among Working and Nonworking Women

Dissertation submitted in partial fulfilment of the requirements for the award of

Bachelor of Science in Psychology

By

Femina Mendez

SB21PSY013

Under the guidance of

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ST. TERESA'S COLLEGE (AUTONOMOUS), ERNAKULAM

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MARCH 2024

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I, Femina Mendez, do hereby declare that the work represented in the dissertation embodies the results of the original research work done by me in St. Teresa's College, Ernakulam under the supervision and guidance of Ms. Princy Thobias, Assistant Professor, Department of Psychology, St. Teresa's College, Ernakulam, it has not been submitted by me to any other university or institution for the award of any degree, diploma, fellowship, title or recognition before.

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Abstract

Women often play an important role in improving the health of society through the many contributions they make. The aim of the current study is to examine the relationship between locus of control and perceived social support among working and non-working women. A sample of 150 working and nonworking women was taken. Levenson's Multidimensional Locus of Control scale (Levenson., 1973) and Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) were the tools used to measure the locus of control and perceived social support respectively among individuals. The result of spearman correlation indicates that individuals with an internal locus of control perceived more support than did individuals with an external locus of control and from Mann U Whitney test it was found that there is a significant difference between working and nonworking women in terms of locus of control and perceived social support. Implications of these findings helps to identify the potential areas for improvement in support systems for both working and non-working women.

Keywords: Locus of control, perceived social support, working women and nonworking women

CHAPTER 1
INTRODUCTION

“The degree to which I can create relationships, which facilitate the growth of others as separate persons, is a measure of the growth I have achieved in myself”

-Carl. R. Roger.

Women often contribute to many good things that support society. These may include leadership, care, collaboration, change, and commitment to the advancement of society. Most working women are paid to work or find work outside the home. They often face the challenges and rewards of balancing work and personal life. Women who do not work will focus on family responsibilities such as care or housework and will be able to achieve more success. Both groups can contribute to society in a meaningful way, and personal preferences and circumstances influence their choices. It is important to respect and appreciate the many ways women choose based on their own values and goals. Working women and nonworking women are different depending on the patient. Working women will experience satisfaction, independence, and satisfaction from their jobs. On the other hand, women who do not work tend to focus on other things in their lives, such as family or personal pursuits (Andrisani P. J., 1978). It is important to recognize that each person's experience is unique and that factors such as personal preferences, social expectations, and life choices play an important role in mental development. Working women and non-working women may differ in their locus of control or their beliefs about how people can control events that affect them. However, this will vary depending on the person and the situation. Finally, the locus of control is an individual activity influenced by many factors, including self-awareness and social expectations.

Working women often receive perceived social support from colleagues, supervisors, and partners at work. The strength of unity, common goals, and friendship can increase the sense of support. Unemployed women, especially those who work regularly, will rely heavily on social support from family, friends, and the community. The thoughts and ideas they acquire from these relationships can affect their health. Although sources vary, working and non-working women benefit from social support. This connection leads to depression, mental illness, and poor perception of work, both professional and personal. James Sengendo and Janet Nambi in 2020 used the concept of locus of

control in their research to illustrate the relationship between the environment and the individual's assessment of their ability to cope with the problem and correct behaviors.

Locus of control

The term 'Locus of control' refers to how much control a person feels they have in their behaviour. A person can either have an internal or external locus of control (Rotter, 1954). Internal versus external locus of control refers to the extent to which a person thinks he or she can exercise control over the events in his or her environment (Lefcourt, 1980; Phares, 1976; Rotter, 1966). People with an external locus of control tend to be more stressed and prone to clinical depression (Furnham & Steele, 1993).

Theories associated with locus of control

Self-efficacy and personality traits are two related to locus of control but different concepts. Another important aspect is personality and its relationship with our place of control.

Self-efficacy theory. This theory is a concept proposed by Albert Bandura (2010) and is a measure of a person's desire to achieve goals. Social psychologist Bandura taught that no matter how talented a person is, if he does not believe he is talented, that belief will affect their ability to succeed. People with low self-efficacy are more risk-averse and less likely to trust people with low self-efficacy (Schunk, 1990). Self-efficacy and locus of control are related but not the same thing. Individuals with an internal locus of control may feel that their health outcomes are the result of their actions, but they may not achieve their goals.

Attribution style and locus of control. Attribution style is also a theory of behaviour in which the locus of control is one of three reasons (Weiner, 1938). Thinking about thinking involves something more important than believing that one has control over it -whether the cause is global or specific, stable or unstable. Global attribution means that the event one believes in is consistent across all contexts. Custom attribution is the opposite of global attribution. It only occurs in a custom context. Whether an effect is stable or unstable describes whether it occurs the same over time or only at one point. Weiner (1986) suggests that ability is stable and internal, whereas emotions are unstable and internal. Hard

work can be seen as stable and external, while luck can be seen as unstable and lacklustre. The level of understanding of control will vary from person to person. Similar to control, our design influences our behaviour. For example, imagine your brother comes to visit you and gets angry at you over something trivial, yells at you, and then storms off. If you attribute his behaviour to internal, fixed, and worldly reasons, you will think that your brother's behaviour causes him to behave this way in every situation, at every layer, and at all times. If you attribute his behaviour to internal but unstable and important reasons, you may think that he is in a bad mood, that this behaviour is not like him, and that something must make him angry. As two evaluations of the same situation, we will act differently. If we think the person is in control of their behaviour, we become less forgiving. If we think of it as a one-time event rather than something that will happen regardless of the situation, we are more likely to let it go.

Locus of Control and Personality Theory. Most of the studies on locus of control and its relationship with personality have been in the field of job satisfaction and health. The Big Five personality traits (emotional stability, adaptability, openness, agreeableness, and curiosity) have been shown to influence outcomes in these areas to varying degrees. The relationship between these characteristics with control areas and how they interact with business life and health has been examined (Boysan & Kırıl, 2017; Mutlu, Balbag & Cemrek, 2010; Sorensen & Eby, 2006). In general, emotional stability (formerly known as neuroticism) and emotionality have a strong relationship with locus of control. If a person has this mindset, believing that their actions will directly affect the outcome of the situation will lead to hard work. In contrast, people with an external locus of control have been shown to experience more anxiety and depression (Benassi. V.A, Sweeney. P.D & Dufour. C.L, 1988). If a person feels that they are at the mercy of the outside and in control of their life, this will lead to anxiety and helplessness. The concept of learning without success and its relationship with other areas of management was proposed by Martin Seligman (1975). He thinks that the thoughts of melancholic patients indicate helplessness, that is, they do not believe that their actions will have a positive impact on their lives. This type of thinking can affect the external locus of control due to a lack of self-confidence (Abramson, Seligman & Teasdale, 1978).

Types of locus of control

Internal Locus of Control. Internal locus of control refers to controlling an effort. Higher internal control is associated with positive behaviours such as self-control and self-efficacy. It means that people believe they can control their own ways and ignore the effects of other factors. Decision-making and creative problem-solving are part of the management environment; Stress and failure are not caused by other forces. Qualities associated with people who tend to have internal control include good control, such as motivated people. However, there are some negative aspects to management, including going around or bypassing others to achieve desired results.

External locus of control. External locus of control describes forces coming from outside. People with an external locus of control believe that they do not have much freedom regarding their own interests and well-being. Self-control is thought to limit external influences that drive life and change. With this method of control, if someone does well on the exams, they may believe that they did well or that the questions were easier than usual. Learned helplessness and increased need for approval may be signs of external control. People with outside control often enjoy nature. They can have good control, like someone who is sick and alive because of prayer. But they can also have poor control, such as submitting to fate.

Factors affecting locus of control

Genetic factor. Genetic factors can influence a person's control centre as well as personal childhood experiences, especially the personality and behaviour of caregivers in the early days.

The role of the Guardian. There is evidence that parents can play an important role in shaping the role of children in the governing environment. Encouraging children to be independent and teaching them to associate actions with consequences allows for better development of internal control.

Socioeconomic status. People who see themselves in the middle of the socio-economic status have a place out of control because they see money as power and believe that things that do not belong to them belong to others.

Moral judgments. Some studies suggest that the locus of control is important in the moral judgments of individuals in some cultural groups. When faced with moral dilemmas, people with internal locus of control generally respond better than people with external locus of control.

Nature and nurture. Natural and nurture influence control sources. A person's genes or a person's history of social influence may be considered sufficient to explain how the person behaves. None of these arguments allow people to control their own actions and behaviour.

Confidence. Individuals with high self-confidence have been shown to have internal control. People with internal control will have the confidence to be a good person and thus be able to fulfil their heart's desire.

Motivation. Individual with internal locus of control will lead to higher motivations. Here self-efficacy and locus of control are interrelated.

Religious. It is found that individuals with high scores of religiosity will also have an internal locus of control. Someone with an internal locus of control would most likely believe in working to be a good person so that they can reach a higher spiritual state.

Perceived social support

Social support is the perception of being cared for by others and having a reliable network to turn to when needed, in everyday situations or specific moments of crisis (Taylor, 2011). Perceived social support has been implicated as a more robust predictor of physical and mental health than objective measures of social support (Brissette et al., 2002; George et al., 1989). Moreover, it has been shown that a high level of perceived social support from multiple sources is associated with better physical and psychological health (Fang et al., 2020).

Theories of Perceived Social Support:

Attachment theory. This theory was proposed by John Bowlby, it focuses on the early bonds formed between infants and their primary caregivers. Although it has been applied to the relationship between parents and children, its principles have been expanded to understand how early attachment affects people's memory, emotions, and how they behave in a variety of relationships, including

friendships and romantic partnerships. In the context of perceived social support, it provides insights into how early attachment experiences shape an individual's approach to seeking and interpreting support in later relationships. This theory suggests that people develop specific attachment styles based on their early interactions with caregivers. The attachment patterns are secure, anxious-ambivalent, anxious-avoidant, and disorganized. These patterns influence how individuals approach relationships and seek support. People develop internal working models based on early experiences. This mental representation guides people to interpret social context and estimate available social support in various situations.

Social cognitive theory. The theory expands upon the concept of cognitive theory and applies specifically to understanding and use of social support. This theory was proposed by Bandura (1986), forms the basis of relational intelligence theory, which emphasises the interaction between the individual, behaviour, and the environment. According to the social cognitive theory of Perceived Social Support, individuals' perceptions of social support are influenced by cognitive processes such as observation, interpretation, and self-efficacy beliefs. Bandura believed that people acquire knowledge and beliefs about social support through observational learning, in which they observe and stimulate the behaviour and emotions of others in relationships. At the core of this theory is the concept of self-esteem, which refers to one's belief in one's ability to use social support and cope with stress. Bandura proposed that individuals with high self-efficacy are more likely to believe that social support is available and helpful when needed. In contrast, individuals with low self-efficacy may perceive social support as less available. This theory also emphasizes the role of cognitive appraisal processes in shaping an individual's perception of support. Individuals interpret and evaluate the responsiveness and satisfaction of support through communication-based on their own understanding of the situation and coping resources. He highlights the dynamic and interdependent nature of the cognitive support relationship. By understanding the cognitive processes of social support, interventions can be designed to improve people's self-esteem and promote more effective coping strategies in response to stress and depression.

Cognitive appraisal theory. Cognitive appraisal theory, as proposed by Richard Lazarus and Susan Folkman, states that people interpret and evaluate events based on their perception of their impact on their health and their ability to cope with situations. In the context of perceived social support, cognitive appraisal comes into play during the second evaluation stage. When individuals encounter stress, they evaluate the presence and adequacy of perceived social support as part of a coping mechanism. Perceived social support from friends, family, or social interactions was measured in terms of its ability to help relieve stress.

Buffering hypothesis. The stress hypothesis relates to social support and was proposed by Sheldon Cohen and Thomas Wills in a 1985 article titled “Stress, social support, and the buffering hypothesis”. The hypothesis states that social support acts as a buffer during times of stress and reduces the negative impact of stressful events on a person’s life, health, and wellness. According to this theory, the presence of social support can act oppositely, reducing the effects of stress and increasing strength. Community support includes emotional, educational, and counselling support received through social media. This theory recognizes the importance of knowing about social support and addresses people's beliefs and thoughts regarding the availability of support. Even if not received directly, the experience of social support can be beneficial in coping with stress.

Types of social support:

A long conversation with a friend may feel different than a conversation with someone who gives a lot of advice. There are many different ways people support each other.

Perceived social support. It refers to how a person perceives friends, co-workers, and family to provide support and assistance in times of need. It can be perceived from three sources: family, friends, and significant others (Zimet et al., 1988). It is considered an expression of the ability to solve problems and is associated with better physical and mental health and quality of life. Social support is also referred to as the frequency of support actions that are provided by others, which is why it can be understood as the subjective feeling of being supported (Santini et al., 2015). Overall, perceived social support is a significant predictor of life satisfaction and negative affect (Kostak et al., 2019; Shensa et

al., 2020; Siedlecki et al., 2014). Social support has been shown to have a positive impact on mental health and psychological well-being.

Friendly Support. Friendly Support is a type of support provided to an experienced social worker also known as a partner. This can be seen as having friends to engage in shared social activities.

Emotional support. Emotional support often includes attention and emotions as well as physical or emotional comfort, such as a hug or a pat on the back. Sometimes all you need is a friendly, caring person to talk to and talk to and to listen to your instincts. They don't need to give advice or try to solve your problems, they just want to listen and show you that they care.

Esteem support. It is a type of social support manifested as trust or support. Someone who provides good support will point out strengths you may have overlooked. Life coaches and many therapists provide this type of support to show their clients that they believe in themselves.

Informational support. Providers provide information in the form of advice and share information that can help people understand possible next steps. This type of support can help reduce stress during problem-solving. It also helps us make better decisions.

Tangible support. It is also known as concrete support and instrumental support. Here individuals work with others to help them solve problems. It may also involve actively working to help someone solve a problem they are facing. A supportive person can bring you dinner when you're sick, help you find solutions, or do other tasks to help you deal with the problem at hand.

Sources of Perceived Social Supports:

Perceived social support can come from many sources, including family, friends, loved ones, pets, social relationships, and people to work with. Sources of support can be natural such as family and friends or more formal such as mental health professionals or community organisations.

Support from a romantic partner has healthy benefits, especially for men. However, family-specific work support is more effective in dealing with work stress in the family, which can cause stress between parents and children. Additionally, social support from friends did provide a buffer in response to marital stress, because they were less implicated in the marital dynamic.

Factors Affecting Perceived Social Support

It has been determined that factors such as age, gender, marital status, number of children, and education affect social support. Research shows that social support is higher in married people, men, people with low education levels, and the elderly.

Marriage. Perceived higher social support has been positively associated with marriage both directly and indirectly through social relationships

Parenting self-efficacy. Perceived social support is associated with parenting self-efficacy. Low social support was associated with lower parenting self-efficacy, whereas increased levels of perceived support were associated with higher parenting self-efficacy.

Parental support. Research shows that parental support is important in self-esteem, which plays an important role in understanding social support.

Cultural norms. The supportive social networks might differ in the norms that guide interactions and the shared expectations of how a person and the network are connected. Therefore, the decision to seek social support may be influenced by these norms and expectations.

Communication. Many studies have shown that information exchange and social interaction can improve social cognition, positively reducing the impact of social communication, stressful situations, and promoting health (Chu et al., 2010; Zhang, 2017).

Interpersonal relationships. A person's sense of support often depends on the reality of the personal economy expressed by a significant other. Support includes personal contact and discussion, love and understanding, care and concern, love and friendship, financial assistance, respect and acceptance, information, etc.

Locus of control. Individuals with internal locus of control tend to believe that they can control the consequences of their actions, making them less dependent on the environment (Lefcourt, 1980; Phares, 1976; Rotter, 1966). When it comes to the direct effect of social support, it can be said that individuals with external control will have weak minds and therefore will need the support of others to protect their health (Dalgard et al., 1995).

Rational of the study

The study helps to identify the potential areas for improvement in support systems for both working and non-working women. It also provides information on how individuals cope with challenges and stressors, particularly in the context of employment and to understand the difference in personality and psychological differences in working and non-working women. It helps to identify the potential area for improvement in social support for both working and nonworking women. It enhances overall wellbeing of each individual. It helps to understand how psychological conditions differ between the two groups and how they affect many aspects of their lives. This study provides useful information for designing interventions and supports that target the specific needs of working and non-working women.

Statement of the problem

To investigate the relationship and differences of locus of control and perceived social support on working and nonworking women.

CHAPTER-II
REVIEW OF LITERATURE

This study focused on locus of control as a personality variable that may affect the amount of support that individuals perceive. Locus of control and perceived social support are two psychological constructs that play significant roles in shaping individuals' perceptions and experiences (Skinner.,1996). Locus of control refers to the extent to which individuals believe they have control over events in their lives, while perceived social support refers to the belief that one has access to supportive social networks (Rotter, 1996). Working women often face unique challenges that can impact their locus of control and perceived social support (Sarwar & Shah, 2006). The demands of balancing work and family responsibilities, along with potential workplace discrimination and bias, can influence their sense of control over their lives and their perceived levels of support from their social networks (Major & Konar,1984; Thompson & Beauvais,1998). Several studies have examined the relationship between locus of control, perceived social support, and various outcomes among women.

Malekzadeh researched the topic "Health-related lifestyle, perceived stress, depression, perceived social support, coping strategies and health management concepts clearance in colon cancer patients; study" in 2020. He conducted this study on 100 Indian colon cancer patients selected using a questionnaire. Eligibility sample from July 2013 to September 2014 at Nizam Institute of Medical Sciences (NIMS) Hospital, Hyderabad, India. The statistical tool used is method analysis. Findings indicate that negative coping styles are directly and negatively associated with HRQOL mediated by emotional distress. Cancer patients who used more negative treatments were found to have more depression and worse HRQOL. Perceived social support is directly and positively related to HRQOL, which is mediated by perceived stress and depression; suggests that patients with greater perceived support have anxiety and depression; therefore, they have better HRQOL. Depression and anxiety are directly and indirectly related to HRQOL. Perceived stress is treated with depression. There was no significant relationship between HLOC and HRQOL.

“The moderating role of social support for marital adjustment, depression, anxiety, and stress: Evidence from Pakistani working and nonworking women” was the title of the study conducted by Abbas et al., in 2019. This study examined how social support moderates the prolongation of mental

distress related to depression, anxiety, stress, and marital adjustment in working and nonworking women. The study aimed to reveal the relationship between social support and mental health issues associated with depression, anxiety, stress, and marital adjustment among females. The Questionnaires were distributed among 500 targeted women, and valid responses were received from married working women in hospitals, banks, and multinational companies, and married nonworking women from residential areas of Islamabad and Rawalpindi, Pakistan. A cross-sectional design with purposive sampling was adapted for this research, and three scales were used to measure stress, anxiety, depression, social support, and marital adjustment and its social and cultural implications among the sampled population. They found that social support was positively and significantly associated with marital adjustment, although it showed a negative association with anxiety, depression, and stress in working and nonworking women; this finding reflects the better mental health of the study population. Social support acts as a moderator for marital cohesion, affection, stress, and depression, and the results reflected that the nonworking women with higher marital cohesion and affection showed less stress and depression because of social support.

A 2018 study by Asberg and Renk examined “stress, external locus of control, and social support as predictors of psychological adjustment among incarcerated women with and without a history of sexual abuse”. Participants included 39 women who were incarcerated in the county jail at the time of participation. Regression analysis and correlation are statistical analysis used. Results showed that incarcerated women's greater stress, higher levels of external LOC, and negative perception of support were associated with more depressive symptoms, but not optimism and self-deprecation. Regression analysis showed that stress and social support were significant predictors of depression and anxiety. Overall, the findings demonstrate the importance of stress and social support in predicting incarcerated women's adjustment, particularly depression and stress symptoms.

Dag and Sen conducted a study on "The Role of Mutual Support Perceptions in the Relationship Between General Causality Orientation and Locus of Control of Psychopathological Symptoms" in 2018. The sample is 799 university students. The statistical analysis used are regression analysis and Sobel test. Findings showed that internal locus of control and self-regulation were found to be effective

as key predictors of psychological well-being, while external locus of control and bad behavior were viewed negatively. The study found that social support fit the mediating role, with social support from friends being more effective than family support.

Locus of control & well-being among college students was a study conducted by Malhotra and Suri in 2017. A sample of 120 students attending Delhi University was taken. Correlation coefficient and t-test were used to analyse the data. Result of the study indicated that Internal Control is a successful predictor of wellbeing components. Also, no significant differences were found on age and gender for Control and wellbeing.

Isika conducted the research on "Perceived Social Support and Locus of Control as Predictors of Career Outcome Expectations" in 2013. There were 263 participants from the Faculty of Foreign Languages of Seluk University, where most of the participants were considered to be representatives of business, engineering, education, technical education, law and medical faculty graduates. Multiple analysis of variance (MANOVA), Pearson product moment correlation coefficient and multiple regression analysis were used in statistical analysis. The results show that among perceived social support, family support is a significant predictor of job satisfaction. Locus of control also predicts the impact of job performance.

Damasek, Frencl, Perekovic, Cavajda, Kovacek worked on "Locus of Control, Social Support and Alcoholism" in 2012. The study included 60 elderly men diagnosed as long-term alcoholics. To examine the contribution of personal and social support in explaining the duration of abstinence, a correlation matrix was created and the analysis returned. The results showed that those who had internal control were able to quit smoking for a longer period of time, while those who received social support from friends were able to quit smoking in a shorter time. Research also shows that alcohol consumption is associated with control and that social support from friends contributes significantly to explaining abstinence over time.

Izaute et al., (2008) studied "Perceived social support and local control after traumatic brain injury (TBI) in patients after 3-5 years of injury. The sample number was 46 and the study used t test. The results of the study showed that patients were classified as "high recovery" or "relapse" in the

context of social recovery, whereas patients were classified as “high recovery” or “low recovery” in the context of functional recovery. Although patients with higher recovery rates were found to be more satisfied with social support, both groups reported lower levels of social support. Considering LC, TBI patients had greater weakness in LC than non-TBI patients. Among patients with positive recovery, LC was less likely to be associated with “competence” or “powerful others.” Patients whose recovery process is slow explain their problems with external factors.

Erol & Yasemin conducted a study in 2008 titled "Social support (perceived and received) as a moderator of the relationship between stress and health: The importance of management". Participants were 224 Turkish first-year students. Hierarchical regression analysis are tools used in most research. Findings show that both internal and external stress, frequent stress, and general stress predict depression, anxiety, and health problems seen and supported in the body. Different patterns of social interaction were observed in terms of perceived social support, stress (frequency, intensity, generality), and management and intrinsic outcome variables (depression, anxiety, physical health problems).

A study by Steese et al., (2006) was done on “Understanding Girls' Circle as an intervention on perceived social support, body image, self-efficacy, locus of control, and self-esteem.”. Participants were 63 girls from across the United States. The statistical tool used is the paired sample t-test. Research supports the theory that the Girl Circle model is effective based on the impact of gender on girls by showing increases in perceived social support, self-efficacy, and perceived body image. Although the data showed changes in direction, the results for self-esteem and locus of control were not significant.

In 2006, Olapeba and Chovwen conducted a study titled “The Impact of Widowhood Culture and Governance Space on Widows' Social Services in Anambra, Nigeria.” The participants comprised 185 widows aged between 26 and 90 years from 16 local governments of Anambra State. ANOVA of independent means and t test were used here. Results showed that widows with an internal locus of control had better perceived social support than widows with an external locus of control. Research has also shown that duration of widowhood and age at widowhood also affect widowed men's perceptions of social support. It is therefore suggested that there is a need to promote the restoration of culture to ensure recognition of widows.

Noor conducted the study "Work-family conflict, locus of control and women's health: Test of alternative methods" in 2002.. Validity analysis was a multiple regression analysis examining the role of control factors separately for the two outcome measures. In a sample of 310 Malaysian working women with families, work-family conflict was a significant predictor of job satisfaction and anxiety, was negatively related to job satisfaction, and was positively related to depressive symptoms.

Chen, Deng, and Chang conducted a study in 2001 on "Comparison of health control domains and perceived social support between cancer patients and AIDS patients." Participants were 219 cancer patients and 122 acquired immunodeficiency syndrome (AIDS) patients. The statistical tools used here are independent t-test and ANCOVA. Findings show that AIDS patients have higher HLOC than cancer patients. Cancer patients were found to be more supportive than AIDS patients. In both samples, social support was positively related to internal HLOC and negatively related to HLOC duration.

"The relationship between children's perceived social support, locus of control, and self-esteem" is a study conducted in 2001 by Kim, Hee, Park, and Ja. The research was conducted on 190 fifth grade students. T-test and Pearson correlation are the statistical tools used here. Findings showed that children who perceived social support had higher self-esteem than children who experienced low levels of social support. Successful children who experience external success have high self-esteem, regardless of the level of support. Children who take pride in their own abilities or efforts will only have high self-esteem when they receive high levels of support.

"Social support, locus of control, and psychological well-being" is a study conducted by VanderZee and Buunk in 1997. This study was conducted on students who were recruited at the University campus. The sample size was 240. The correlations were computed of social support and locus of control with depression. The hierarchical regression and z test were also used. They found that the locus of control was internally oriented, the more social support respondents experienced. That social support would mainly contribute to the psychological well-being of individuals with an external locus of control. A significant negative correlation was found between social support and depression. The correlation between locus of control and depression was also significantly negative, indicating that the more subjects' locus of control was internally directed, the less likely they were to feel depressed.

The correlation between perceived support and depression was much higher for respondents with an external locus of control than for respondents with an internal locus of control, respondents with an external locus of control seem to profit more from social support than do respondents with an internal locus of control. The highest depression scores were found among individuals with an external locus of control who perceived little support.

Cummins conducted a study on “Perceptions of social support, receipt of supportive behaviours, and locus of control as moderators of the effects of chronic stress” in 1988. Participants were recruited from evening classes in business administration at a university in the suburbs of a large metropolitan city in the southwestern United States. The sample size was 112. Intercorrelations is the tool used here. Results of the cross-sectional analyses are consistent with previous research with respect to received support as hypothesised; however, an opposite or "negative" buffering effect for internals is obtained when the measure of support is perceived reassurance of self-worth. Main effects of perceived social support, but not received support, are obtained for externals but not (with one exception) for internals. These findings are discussed in terms of their implications for the study of coping with stress.

“Understanding the Stress Process: Linking Social Support with Locus of Control Beliefs” was a study conducted by Krause in 1987. The participants in this study were identified through a random community survey of persons aged 65 and older who lived within the city limits of Galveston, TX in 1984. Regression analysis was used. The result was that only emotional support and integration were found to influence feelings of control, suggesting that it is important to examine specific types or dimensions of support.

Fusilier, Ganster, Mayes conducted a study on “Effects of social support, role stress, and locus of control on health” in 1987. Here the researchers examined full time police officers and firefighters. The sample size was 312. A two-part hierarchical regression analysis strategy was used. The first part was aimed at identifying main effects and interactions, and the second part was aimed at a more specific delineation of any interactions found. The first part involved the computation of what Ganster et al. (1986) termed "omnibus regressions" for each of the strain dependent variables. The omnibus regressions included as independent variables both stressors, social support, the three locus of control

variables, and the product terms carrying the two-way and three-way interactions. The regression involving epinephrine as the dependent variable used an additional step because the epinephrine, the measure taken at the start of work, was entered alone on the first step. This was done to partial off-the-job epinephrine level and thus allow assessment of epinephrine change while on the job. The second part of the analysis involved computing more parsimonious regressions, which used only those independent variables identified in the omnibus regressions as having an interactive effect on strain. This was done so as to allow the removal of irrelevant terms from the regression equations and provide a clearer interpretation of the interactions found in the larger regressions. Interpretations of the significant three-way interactions suggests that locus of control and social support may jointly determine how workers respond to job stress. The form of the interactions, however, differs depending on whether the outcome represents a short-term alarm reaction or a longer-term health outcome.

“Locus of control as a stress moderator: The role of control perceptions and social support” was a study conducted by Sandler and Lakey in 1982. The participants were 93 undergraduate students. Finding was that the correlation between negative events and anxiety was greater for externals than for internals. However, locus of control did not affect ratings of control over negative events or the correlations between high and low control negative events and psychological disorder. Locus of control did affect the receipt and impact of social support. Externality was positively related to the quantity of support received but the stress- buffering effect of support was obtained for internals and not externals.

CHAPTER III

METHODS

Aim

To find the relationship between locus of control and perceived social support among working and nonworking women.

Objective

- To find the relationship between internal and external locus of control and perceived social support among working and nonworking women.
- To understand the differences in perceived social support between individuals with internal and external locus of control.
- To compare the difference in locus of control in working and nonworking women.

Hypothesis

H1: There is no significant relationship between internal locus of control and perceived social support among working and nonworking women.

H2: There is no significant relationship between external locus of control and Perceived social support among working and nonworking women.

H3: There is no significant difference in working and nonworking women in terms of locus of control.

H4: There is no significant difference in working and nonworking women in terms of perceived social support.

Research Design

This research is a cross-sectional study, employing nonparametric analysis including the Spearman's correlation test and Mann-Whitney U test.

Sample And Sampling Design

The study investigates the relation between locus of control and perceived social support among working and nonworking women. The sample includes 75 working women and 75 Non working women. The women were aged between 22-50 years. Purposive sampling is chosen for this study.

Inclusion criteria:

1. Individuals willing to participate voluntarily in the study.
2. Working women and nonworking women
3. Age between 22-50.

Exclusion criteria

1. All males were excluded
2. The females of age below 22 and above 50 are also excluded.

Operational Definition

The term ‘Locus of control’ refers to how much control a person feels they have in their behaviour. A person can either have an internal or external locus of control (Rotter, 1954). Internal versus external locus of control refers to the extent to which a person thinks he or she can exercise control over the events in his or her environment (Lefcourt, 1980; Phares, 1976; Rotter, 1966). People with an external locus of control tend to be more stressed and prone to clinical depression (Furnham & Steele, 1993).

Social support is the perception of being cared for by others and having a reliable network to turn to when needed, in everyday situations or specific moments of crisis (Taylor, 2011). Perceived social support has been implicated as a more robust predictor of physical and mental health than objective measures of social support (Brissette et al., 2002; George et al., 1989). Moreover, it has been shown that a high level of perceived social support from multiple sources is associated with better physical and psychological health (Fang et al., 2020).

Tools

1. Sociodemographic sheet

Sociodemographic sheet was used to collect information regarding age and employment status.

2. Levenson's Multidimensional Locus of Control Measure:

This scale was developed by Levenson (1973, 1976, & 1981). This scale consists of 24 items. It is used to measure the three dimensions of locus of control, internal (individual's belief they have control over their life), powerful others (life is controlled by others), and chance (life is determined by fate or chance, see Appendix B). This scale has an internal consistency coefficient of 0.81 based on Cronbach's Alpha. This questionnaire is based on 6-point Likert scale measuring individuals' responses within a range from strongly agree to strongly disagree.

3. The Multidimensional Scale of Perceived Social Support:

Multidimensional Scale of Perceived Social Support was developed by Zimet, Dahlem, Zimet & Farley, (1988). MSPSS is a 12 item-scale that measures respondents' perception of social support from his/her family, friends, and significant others. These sources of support also constitute the MSPSS's subscales, namely family (Fam), friends (Fri) or significant other (SO). Ratings are made on a seven-point scale with anchors 1: Very strongly disagree and 7: Very strongly agree. Sample items include "There is a special person who is around when I am in need" and "My family really tries to help me." The range of possible scores varies from a minimum score of 4 to a maximum score of 28 for each subscale, higher scores reflecting more support from each support. Coefficient alpha reliability ranged between .79 and .98 and test-retest reliability coefficient ranged between .72 and .85 after two or three-week intervals. The reliability of total scale was .88. This study administered a Turkish version of the MSPSS (Eker & Arkar, 1995; Eker, Arkar, & Yaldiz, 2001). The adapted MSPSS's alpha coefficient ranged between .80 and .95. Based on a number of investigations, it has been determined that this scale has good reliability and validity. The internal consistency of the MSPSS as indicated by Cronbach alpha (0.93) is high. The MSPSS scale exhibited an excellent construct validity and was retained and assessed through confirmatory analysis.

Procedure

The study aims to investigate the relationship between locus of control and perceived social support among working and nonworking women. A sample of 150 working and nonworking women of age between 22 and 50 were selected. Prior to participation, participants are provided with detailed information about the study and are asked to provide informed consent. This includes explaining the purpose of the research, the procedure involved, and their rights as participants. Only those who provide consent voluntarily proceed to complete the Levenson's Multidimensional LOC Scale (LMLOC) and The Multidimensional Scale of Perceived Social Support (MSPSS) questionnaires. Both scales are selected based on their established reliability and validity in measuring locus of control and perceived social support. Data collected from the questionnaires are then analysed using SPSS for statistical analysis. The findings are interpreted within the context of existing literature, discussing their implications for psychological theory and practice.

Ethical Considerations

- Consent of the participants was obtained prior to the study.
- Participants were treated with respect for their autonomy and dignity.
- Adequate level of confidentiality of participants information was maintained
- Transparency was upheld in all forms of communication regarding the study.

Statistical Analysis

The data collected from the participants was analysed using SPSS software (Statistical Package for Social Sciences) of version 29.0.2.0. As the data is not normally distributed, non-parametric tests were used. The correlation was measured using spearman's Correlation Coefficient to analyse the relationship between internal locus of control and perceived social support and also to analyse the connection between internal locus of control and Perceived social support among working and nonworking women. The significant difference in working and nonworking women in terms of locus of control and difference in terms of perceived social support were analysed by Mann-Whitney U test.

Normality Testing

Table 1

Test for Normality using Kolmogorov- Smirnov test

	Sig.
LOC total	0.01
PSS total	0.01

From the table, it can be inferred that the distribution is non parametric as the significance for locus of control and Perceived social support is less than 0.05.

CHAPTER IV
RESULT AND DISCUSSION

The present study aims to compare the locus of control and perceived social support among working and non-working women. It also focus on whether there is any significant differences in locus of control or perceived social support in a sample of 75 working and 75 Non working women. Locus of control refers to an individual's belief about the extent to which they can control events affecting them. Perceived social support is the subjective perception that one has access to supportive relationships and assistance from others. Overall, this study could shed light on the unique challenges and experiences of working and non-working women, highlighting the importance of factors like locus of control and perceived social support in shaping their well-being and life outcomes.

Table 2

The table shows the descriptive statistics of the data

	N	Mean	Std. Deviation
Locus of control	150	1.23	.420
Perceived social support	150	5.429	1.21741

The mean and Std. Deviation of locus of control was found to be 1.23 and .420, whereas that of perceived social support was found to be 5.429 and 1.21741 respectively. The n value (number of participants) for locus of control and perceived social support and assertiveness is 150.

Hypothesis 1: There is no significant relationship between internal locus of control and the perceived social support among working and non-working women.

Table 3

Indicates the correlation between internal locus of control and perceived social support among working and non-working women.

	Perceived social support
Internal locus of control	.336**

** . Correlation is significant at the 0.01 level (2-tailed).

The findings states that there is a significant positive correlation between internal locus of control and perceived social support [$r(148) = .336$, $p = <.01$]. The primary objective of the study is thus confirmed. Hence the hypothesis, there is no significant relationship between internal locus of control and perceived social support, is rejected.

Hypothesis 2: There is no significant relationship between external locus of control and Perceived social support among working and non-working women.

Table 4

Indicates the correlation between external locus of control and perceived social support among working and non-working women.

	Perceived social support
External locus of control	-.234**

** . Correlation is significant at the 0.01 level (2-tailed).

There is a significant negative correlation between external locus of control and perceived social support [$r(148) = -.234$, $p = .004$]. Hence the hypothesis, there is no significant relationship between external locus of control and perceived social support, is rejected.

The above two hypothesis can be backed up by a study conducted by KI VanderZee and Buunk in 1997. They also concerned the relationship between locus of control and social support. Participants was students were recruited at the University campus. A significant correlation was found between locus of control and the social support measure. The more their locus of control was internally oriented, the more social support respondents experienced. It must be noted, however, that the relationship between locus of control and perceived support was not very strong, which is also the case in this study.

The findings of this study also align closely with previous research conducted by Kim et al., in 2001. The study done on 119 fifth grade children suggested that children who attributed their success to internal factors had high self-esteem; children who attributed their success to external factors had low self-esteem. Successful children who attributed their success to external factors had low self-esteem, regardless of their social support level.

Hypothesis 3: There is no significant difference in working and nonworking women in terms of locus of control.

Table 5

Shows the result of Mann-Whitney Test to find the significant difference in working and nonworking women in terms of locus of control.

Variable	Mean rank		<i>U</i>	<i>z</i>	<i>P</i>
	Nonworking women	Working women			
Locus of control	74.5	76.5	2737.5	-.389	.697

The mean rank for group working women was 76.5 and the mean rank for group nonworking women was 74.5. The significant value is .697, which is greater than 0.05. This suggests that the distribution of locus of control for working women is not significantly different from the distribution of locus of control for nonworking women ($U = 2737.5$, $p = .697$). Hence the hypothesis, there is no significant difference between working and nonworking women in terms of locus of control, is not rejected.

The findings in this study is similar to the study conducted by Nethravathi R, Pallavi K.P and Nidab in 2021, which examined the relationship of Locus of Control among Working and Non-Working Mothers. The aim of that study was to compare the Internal - External Locus of Control orientation among the working and non-working mothers. The study Hypothesis was there is no significant difference in Locus of Control among working and non-working mothers. Result of the study shows that there is no significant difference between the working and Non-Working Mothers Locus of Control.

Hypothesis 4: There is no significant difference in working and nonworking women in terms of perceived social support.

Table 6

Table shows the result of Mann-Whitney Test to find the significant difference in working and nonworking women in terms of perceived social support.

Variable	Mean rank		U	z	P
	Nonworking women	Working women			
Perceived social support	75.45	75.55	2808.5	-.015	.998

The result of the two-tailed Mann-Whitney test shows that there is no significant difference in term of perceived social support in working and nonworking women ($U=2808.5$, $z=-.015$, $p=.998$). The mean rank for group working women was 75.55 and the mean rank for group nonworking women was 74.45. This suggests that the distribution of perceived social support for working women is only slightly different from nonworking women. Hence the hypothesis, there is a no significant difference between working and nonworking women in terms of perceived social support, is not rejected.

This study is in contrary to the study conducted by Saima Beigh in 2018 aimed to explore the perceived social support with respect to various socio demographic variables. The sample of the present study consisted of 500 working women from different sectors of Srinagar district. The results revealed that there is no significant difference among working women in levels of qualification with respect to Perceived Social Support.

CHAPTER-V
CONCLUSION

In summary the current findings shed light on the locus of control and Perceived social support among working and nonworking women. In this present study we were discussing total four hypothesis. In the first hypothesis, we focused on examining the relationship between locus of control and perceived social support. Our analysis revealed a positive relationship between locus of control and perceived support.

For the second hypothesis, our attention shifted towards exploring the relationship between external locus of control and perceived social support. In this case, a negative correlation was observed between external locus of control and perceived social support.

In third hypothesis were that there is no significant difference in working and nonworking women in terms of locus of control. Here Mann-Whitney U test was used. By the statistical analysis it was concluded that there is no significant difference in working and nonworking women in terms of locus of control

The last hypothesis was that there is no significant difference in working and nonworking women in terms of perceived social support. Here also Mann-Whitney U test was used. It also concluded that there is no significant difference in working and nonworking women in terms of perceived social support. The result showed that the majority of respondents have an average level of perceived social support. There is a need for more social support should be provided to them. Internal locus of control in women is higher than the external locus of control. It can be concluded that there is no significant relationship between perceived social support and locus of control.

Findings

Statistical analysis confirmed that individuals with internal locus of control tend to experience greater social support, supporting hypotheses 1 and 2. Additionally, hypotheses 3 and 4 revealed no significant difference in locus of control and perceived social support between working and non-working women.

Implications

- The present study has important implications for to identify the potential areas for improvement in support systems for both working and non-working women.
- It provides information on how individuals cope with challenges and stressors, particularly in the context of employment.
- It helps to understand the difference in personality and psychological difference in working and nonworking women.

Limitation

- The cross-sectional study design does not allow causal inference, therefore prospective research is recommended to establish the temporal link between the above mention factors.
- In this current study all constructs were measured by self-report questionnaires. Here, participants may not be able to give accurate or correct answers or express themselves in a better way due to social desirability bias or to present themselves in a more favourable light.
- In our study men are not represented which does not permit a gender comparison. It is an essential aspect that needs to be addressed in future research.

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APPENDICES

Appendix A

Informed Consent Form

You are invited to participate in a research study on locus of control and perceived social support among working and nonworking woman. Before deciding to participate, please read the information given below and ask any questions you may have.

Purpose:

The purpose of this study is to explore the locus of control and perceived social support among working and nonworking woman Your contribution will help to an understanding of these aspects.

Procedure:

You will be asked to complete 2 questionnaires. Please ensure you answer the questions according to your true feelings and experiences. Your honest and open responses are crucial for the success of this study. There are no right or wrong answers, each individual possesses their own views. Your participation is valued and your response will contribute to the meaningfulness of the research.

Confidentiality and Voluntary Participation:

Your responses will be strictly confidential. No personally identifiable information will be disclosed in any reports or publications resulting from this research. Your participation is entirely voluntary, and you have the right to withdraw at any time without consequence.

I have read and understood the information provided above. I voluntarily agree to participate in this research.

Participant's Name/ Initials:

Signature:

By signing this form, you acknowledge that you have been given the opportunity to ask questions and that you voluntarily consent to participate in this study.

Appendix B***Sociodemographic Detail:***

Name/Initials:

Age:

Educational Qualification:

Occupation:

Appendix C

Levenson's Multidimensional Locus of Control scale

Please rate the following statement, by indicating the extent to which agree or disagree. (-3 strongly disagree to +3 strongly agree)

	Strongly Disagree					Strongly Agree
1. Whether or not I get to be a leader depends mostly on my ability	-3	-2	-1	+1	+2	+3
2. To a great extent my life is controlled by accidental happenings.	-3	-2	-1	+1	+2	+3
3. I feel like what happens in my life is mostly determined by powerful people.	-3	-2	-1	+1	+2	+3
4. Whether or not I get into a car accident depends mostly on how good a driver I am	-3	-2	-1	+1	+2	+3
5. When I make plans, I am almost certain to make them work.	-3	-2	-1	+1	+2	+3
6. Often there is no chance of protecting my personal interests from bad luck	-3	-2	-1	+1	+2	+3
7. When I get what I want, it's usually because I'm lucky.	-3	-2	-1	+1	+2	+3
8. Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of power.	-3	-2	-1	+1	+2	+3
9. How many friends I have depends on how nice a person I am.	-3	-2	-1	+1	+2	+3
10. I have often found that what is going to happen will happen.	-3	-2	-1	+1	+2	+3

11. My life is chiefly controlled by powerful others.	-3	-2	-1	+1	+2	+3
12. Whether or not I get into a car accident is mostly a matter of luck.	-3	-2	-1	+1	+2	+3
13. People like myself have very little chance of protecting our personal interests when they conflict with those of strong pressure groups.	-3	-2	-1	+1	+2	+3
14. It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.	-3	-2	-1	+1	+2	+3
15. Getting what I want requires pleasing those people above me.	-3	-2	-1	+1	+2	+3
16. Whether or not I get to be a leader depends on whether I'm lucky enough to be in the right place at the right time.	-3	-2	-1	+1	+2	+3
17. If important people were to decide they didn't like me, I probably wouldn't make many friends.	-3	-2	-1	+1	+2	+3
18. I can pretty much determine what will happen in my life.	-3	-2	-1	+1	+2	+3
19. I am usually able to protect my personal interests.	-3	-2	-1	+1	+2	+3
20. Whether or not I get into a car accident depends mostly on the other driver.	-3	-2	-1	+1	+2	+3
21. When I get what I want, it's usually because I worked hard for it.	-3	-2	-1	+1	+2	+3
22. In order to have my plans work, I make sure that they fit in with the desires of people who have power over me.	-3	-2	-1	+1	+2	+3

23. My life is determined by my own actions.	-3	-2	-1	+1	+2	+3
24. It's chiefly a matter of fate whether or not I have a few friends or many friends.	-3	-2	-1	+1	+2	+3

Appendix D

Multidimensional Scale of Perceived Social Support

Below are 12 statements that you may agree or disagree with. Indicate your agreement with each item by ticking the appropriate box, from very strongly agree to very strongly disagree. Please be open and honest in your response.

	Very Strongly Disagree						Very Strongly Agree
1. There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2. There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
3. My family really tries to help me.	1	2	3	4	5	6	7
4. I get the emotional help & support I need from my family.	1	2	3	4	5	6	7
5. I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6. My friends really try to help me.	1	2	3	4	5	6	7
7. I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8. I can talk about my problems with my family.	1	2	3	4	5	6	7

9. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11. My family is willing to help me make decisions.	1	2	3	4	5	6	7
12. I can talk about my problems with my friends.	1	2	3	4	5	6	7