

Effects of a Multi-Week Facilitator-Based Mindfulness Program on Resilience and Psychological Well-Being in Homemakers in India

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Abstract

In India, it is estimated about one in five people need psychological or psychiatric counselling. And when it comes to women in India, especially homemakers, statistics are more shocking. The aim of the study was to evaluate the potential of a short Mindfulness Program of 5-weeks for Indian Women, especially homemakers. Sixty homemakers within the range of 20-60 years of age were selected. Out of which, 30 homemakers were in the experimental group and other 30 in the control group. Thirty homemakers were allotted to the control group. Participants in the experiment group went through a Mindfulness Program of 5-weeks (weekly once). The researchers used the Five Facet Mindfulness Questionnaire (FFMQ) to collect details before and after the program. Confirmatory tests fitted with the results. After 5 weeks of the mindfulness program, significant changes were seen in the experimental group in four of the FFMQs showing beneficial effects. The beneficial increases were 18.84%, 26.11%, 21.55% and 23.27% at $p < 0.05$, with the exception of one facet at an increase of 12.5% at $p > 0.05$. The findings are relevant to conceptual issues on mindfulness as well as assessment with FFMQ.

Keywords: Mindfulness; Resilience; Psychological Wellbeing

INTRODUCTION

There are various Meditation techniques practiced in India. Transcendental meditation is practice with closed eyes and then repeating mantras for a certain period. Vipassana Meditation involves self-observation, and also creates a deeper connection between the mind and body. Metta meditation is all about wishing well for others. Chakra Meditation is for bringing inner balance and well-being; this includes focusing on Chakras (Inner focal points). Yoga Meditation is widely practiced in India, which requires doing yoga exercises with a focus on breath or body to cultivate mental stillness. Mindfulness meditation is being aware of thoughts to create a space between impulse and action that gives a choice for crafting meaningful steps instead of reacting under urges (Welch, 2019).

There might be different views on how Mindfulness started, but the majority agree it is part of religion in the east and practiced in a secular way in the west. If one person is to name, who helped to bring the mindfulness concept from religion to the secular mainstream, that would be Jon Kabat-Zinn. He established Mindfulness-based stress reduction (MBSR) as the first secular program on Mindfulness which is to be aware of the surrounding that comes from being attentive with determination of being present in the moment, and being nonjudgmental (Purser, 2014). This program is aimed at treating patients in the hospital. Later this program was attended by people coming from all walks of life. Carlson in 2012 elaborated on various benefits of Mindfulness. For healthy individuals, it enhances cognitive functioning and brings a positive effect on psychological well-being. For patients, it helps in Psychiatric and Somatic conditions (Carlson, 2012).

Many recognised therapy models have incorporated mindfulness practices. MBSR, is a fact-based approach that helps people with pain, stress, anxiety, and depression by providing intense, secular mindful activity. Mindfulness-based cognitive therapy (MBCT), employs mindfulness to treat negative emotions, anxiety etc. Acceptance and Commitment

Therapy (ACT), which explains mindful conduct, attention to one's values, and commitment to action are all viable alternatives to attempting to modify one's thought patterns (Shepero et al., 2018).

Some researches emphasized on the positive effect of mindfulness in dealing with Aging, Altruism, Alzheimer, Anxiety, Asthma, Attention, Bias (Race, Age), Blood Pressure, Brain Gray Matter, Burnout, Cancer, Childrens (on Kids), Chronic Headache, Chronic Pain, Coronary Artery Disease, Depression, Diabetes Type 1, Epilepsy, Fibromyalgia, Finance (Saves Money), Hair Loss, Headache, Health-Related Quality of Life, Heart diseases and stroke, HIV, Hypnosis, Hypertension, Immunity, Infertility, Inflammation, Irritable Bowel Syndrome, Loneliness, Menopausal Syndrome, Mental Health, Migraines, Multiple Sclerosis, Negative Feeling, Pain, Premenstrual Syndrome, Psoriasis, Relationship, Respiratory Disorders, Sleep Quality, Social Isolation, Stress, Weight Management and Well-being (Chen et al., 2012; Fountain-Zaragoza & Shaurya, 2017; Wallmark et al., 2012).

Britton et al. (2017) in one of the studies claims that women need mindfulness more than men as they do more multitasking that affects performance. Multiple other studies show women benefit more from Mindfulness Meditation than Men do.

Earlier days, women's role in India was to take care of the household chores, and men were bread earners. Over the years, there are changes in the role of Indian women in society. There still exist inequalities and discrimination in various areas depending on different factors such as state, workforce, etc. (Shastri, 2014).

Women in India now engage in almost all the areas; women contribute to society and enjoy equality like never before. They play different and multiple roles based on the environment; in many fields, they stand at the top presenting their contribution and leadership (Deiningner et al., 2020).

The discussion emphasizes that mindfulness contributes to resilience by promoting self-regulation, metacognition, and emotional awareness, which are essential in managing stress and maintaining psychological well-being (Shapiro et al. 2006; Hill & Updegraff 2021). Furthermore, the introduction points out that mindfulness aids in improving psychological well-being by fostering positive emotions, life satisfaction, and a sense of purpose, which are crucial for overall mental health (Burns 2016; Davis 2019).

The introduction culminates by highlighting the importance of mindfulness in the lives of homemakers. Despite the significant role that mindfulness can play in improving the resilience and psychological well-being of homemakers, the introduction notes that there is limited research on this specific demographic. Therefore, the current study aims to address this gap by examining the effects of mindfulness on resilience and psychological well-being among homemakers, with the underlying premise that educating a female on mindfulness could potentially benefit the entire household (Moe 2021; Shapiro et al. 2006).

Additionally, the introduction examines the concept of resilience, especially in women, and its relationship with mindfulness. Resilience is the ability to adapt during adversity, and is influenced by factors such as age, social support, and psychological resilience (Ackerman 2020; Sambu & Mhongo 2019).

Homemakers in India spend most of their time fulfilling the demands of family members at home and bind those family members with emotional bonds. They wear so many hats, and their responsibility starts the day they get married. They carry various duties depending on the role they play like spouse, daughter-in-law, mother, sister-in-law, others. Homemaker is used for those individuals (housewives and non-working mother) who gives their time and energy, and dedicate their complete life for the betterment of the other family members (Asad, 2020). Psychologist Chandan Rathore (2017) explains, –Being a homemaker is a tough job as you channelise your brain and body into doing numerous tasks at the same time.

There is a saying in Maharashtra, “MulgiShikli Pragati Zali”. This means educating a girl is like educating a family, community, country. A mother is the first teacher to a child and influences what she knows to other family members and surroundings. We perceive the same with Mindfulness; once the homemaker inculcates the mindfulness skills and attitude, she will impart to others resulting in others also reaping all the benefits that come with mindfulness practice.

This introduction effectively sets the stage for further exploration of the relationship between mindfulness, resilience, and psychological well-being, particularly in the context of homemakers. This group plays a crucial role in the family and society but is often overlooked in research.

REVIEW OF LITERATURE

Davis (2019) stated that well-being for an individual is having a sound mental health, satisfied from life, able to feel the purpose of life, and to mitigate stress.

Pishgahi et al. (2020) studied the effect of MBCT in increasing infertile couples' resilience. Other areas studied were reducing anxiety, stress, and depression. The sampling was done in 2019 from Karaj city counselling centres (Iran), where all the volunteers were women suffering from anxiety and related problems. For the quasi-experimental (pre-test-post-test with a one-month control and follow-up group), selection of 30 individuals was carried out by sampling method, from which 15 individuals each were divided for MBCT intervention group and control groups, respectively. The experimental group was subjected to eight sessions (each session for 90 minutes) of mindfulness-based therapy (2 days/week), whereas no therapy was given to the control group. This experiment was followed up for one month with all the volunteers, where the individual from both control and experimental groups responded to Spielberger's state-of-the-art anxiety questionnaires, Connor and Davidson's resilience, and Schneider's hope before and after the intervention. Upon analysis, a significant reduction in the anxiety level, increase in resilience and higher life expectancy was observed in the volunteers of the experimental group compared to the control group.

In Iran, Heidarian et al. (2016) studied the impact of mindfulness training in increasing and reducing rumination in female breast cancer patients of Iran (40 patients). The experiment was designed in a random trial manner where patients from both control (no session of mindfulness training) and experimental (8 sessions of mindfulness training) groups completed the rumination and resilience questionnaires before and after the training. After the completion of the course, t-test results exhibited significant increased resilience and reduced rumination in the experimental group then compared to the control group. Similarly, a cross-sectional survey was conducted in South Africa where 225 women leaders from high educational institutes were selected and mindfulness training was performed to check the levels of resilience. After performing Pearson's correlation analyses, multiple regression analyses and mediation analysis, it was found that positive affect and mindfulness can significantly predict the resilience among the studied volunteers. Additionally, it was seen that mindfulness behaves as a partial mediator for understanding the relation between positive affect and resilience.

Cejudo et al. (2019) assessed the effectiveness of mindfulness-based intervention (MBI) over resilience, well-being, trait emotional intelligence (TEI) and mental health in 104 women between the age of 29 and 77 years with fibromyalgia. A quasi-experimental design (pre and post treatment assessments after the intervention and a follow-up assessment for half a year along with the control group) was used for measuring the satisfaction with life (SWL), positive affect (PA), mental health, and resilience among the selected individuals using scales and questionnaires. The results exhibited significant differences in SWL, PA, mental health and resilience among the groups. Significant differences in TEI were only observed in the case of follow-up test results.

Nyklíček and Kuijpers (2008) studied the effects of MBSR intervention on psychological well-being and quality of life in 40 women and 20 men (Dutch) suffering from stress with a mean age of 43.6 years. The volunteers were selected randomly with no stratification and divided into two groups, where one group received MBSR and the other group was in the waiting-list. The volunteers filled up the questionnaires for psychological well-being, quality of life, and mindfulness during pre- and post-test intervention periods. For psychological well-being, study constructs such as perceived stress, vital exhaustion, positive affect, and negative affect were studied. To assess the effectiveness of the intervention, scores from questionnaires at baseline and follow-up tests were considered as a dependent variable for the multivariate repeated measures analyses of covariance (MANCOVAs). The analysis showed significant reduction in distress in the group with intervention compared to the control, which results in better psychological well-being.

Carmody and Baer (2008) figured out the correlation between performing MBSR in the household and psychological well-being. Other areas studied were medical, psychological symptoms and perceived stress. For the study, 74 adults experiencing stress and anxiety and symptoms such as chronic pain were given an 8-week MBSR program, and their home practice time throughout the intervention was monitored. The pre- and post-test MBSR analysis is found to enhance mindfulness and well-being, along with a decrease in stress and other related symptoms. Ahmadvand et al. (2012) conducted a study on 105 Iranian students (average age=20.25 years) to understand how mindfulness affects psychological well-being. Pearson correlation and regression analysis on the data collected from two questionnaires (well-being questionnaire and five facet mindfulness questionnaire) showed a strong correlation between mindfulness and well-being.

Kemper et al. (2015) conducted an experiment on 213 clinicians and trainees with an average age of 28 years, from Midwestern academic health centre in which majority of the participants were females. There were 11% of dieticians, 14% of nurses, 38% of physicians, 24% of social workers, and 12% of other professionals. For the assessment of resilience 6-item brief resilience scale was used. The assessment of mindfulness was done using the 10-item cognitive and affective mindfulness scale and an assessment of perceived stress was conducted using the 10-item Perceived Stress Scale. A multiple regression analysis was conducted after analyzing descriptive statistics and Pearson correlations to determine whether mindfulness is associated with resilience. Both mindfulness and self-compassion were found to strongly correlate with resilience during the study. Birtwell et al. (2018) explored Formal and Informal Mindfulness Practice among 174 female participants (average age=44.5 years) and its associations with Wellbeing. Through the online survey, participants could access participant information, consent forms, and questionnaires. The study included questions on sociology and a mixed open, closed and Likert scale questions such as how the mindfulness practice was incorporated into their life and what difficulties they are facing in continuing the practice such as falling asleep. Mann-Whitney test was used to figure out the frequency difference among the individuals who attended live sessions compared to those who did not attend. For quantitative analysis, categories such as method of introduction to mindfulness, frequency, and duration of formal and informal practice were coded. The raw scores of the Acceptance and Action Questionnaire (AAQ-II1) and the Short Warwick Edinburgh Mental Well-Being Scale (SWEMWB) were added. The analysis showed that the practical resources, time/routine, support from others, and attitudes and beliefs, were crucial factors to maintain mindfulness practice. On the other hand, informal practice sessions were found to be related with positive well-being and psychological flexibility.

Ivtzan et al. (2016) an eight week experiment on online Mindfulness-Based Strengths Practice (MBSP) was carried out to observed its effect on general wellbeing. In the study, 19 and 20 individuals participated in MBSP group (7 males and 12 females with average age of 50.24 ± 6.97 years) and control groups (9 males and 11 female with average age of 49.30 ± 8.37 years), respectively. Again, out of the 19 individuals from MBSP group, 9 individuals performed the experiment on the first tenure then followed by 10 individuals in the second tenure with a gap of few months. The questionnaires including scale in life satisfaction, flourishing, positive psychotherapy inventory, and signature strengths inventory, were devised to observed the quality of wellbeing after MBSP intervention. The Wilcoxon signed-rank tests established the fact that the individual undergone MBSP had significantly more score in all the taken measurements then compared to the control group. Only a slight enhancement in the score of satisfaction with life was observed in MBSP group then that of control group.

OBJECTIVE OF THE STUDY

To assess and compare Resilience and Psychological well-being in homemakers who are exposed to mindfulness training and those who are not exposed to it.

METHODS

Study Design and Participants

For this program, the variables were divided into independent variable that includes Mindfulness Training Program (see Table 1); and dependent variables that include resilience, psychological wellbeing.

Table 1. Operational definition of the Mindfulness training program

Details	Batch 1	Batch 2	Batch 3
Start date	Sept 12, 2021	Sept 18, 2021	Oct 17, 2021
End Date	Oct 10, 2021	Oct 16, 2021	Nov 14, 2021
Day	Sundays	Saturdays	Sundays
No. of Homemakers	6	8	16
Time for 1 session	5 hours - 15 min break		
Timing	7 am- 12 noon (including post-session optional Q&A)		
Delivery	Google meet		
Language	Hindi		
Contents	Adapted from MBSR, MBCT and ACT program		
Week 01	Mindlessness and Mindfulness		
Week 02	Overcoming challenges in being Mindful		

Week 03	Decoding Automatic Thoughts
Week 04	Building Resilience
Week 05	Meaningful Life and Relationship
Mindfulness Meditation 1: Mindful Eating	It is the intentional, non-judgmental awareness of the sensory experience of food, unrelated to counting calories, carbohydrates, fat, or protein.
Mindfulness Meditation 2: Body Scan	It involves gradually focusing on different body parts and sensations from the feet to the head.
Mindfulness Meditation 3: Sitting Meditation	This is the heart of formal meditation: letting go of any need to achieve and simply observing the breath.
Mindfulness Meditation 4: Mindful Movements	Engaging in a variety of exercises while focusing all our attention on them.
Mindfulness Meditation 5: Turning Towards Meditation	To manage difficult emotions as its complex interaction between physical, emotional, and mental realms.
Inclusion Criteria	Understanding Hindi and English; Minimum one year married women living with family;
Exclusion Criteria	Anyone experiencing any recent trauma in life
Research Design	Random group design was used to compare between two groups on study variables
Program Includes	Theory, Group Discussion, Meditation, Assignments

The participants were given the consent form and they were also explained about the study. The researcher shared the questionnaire form over email and WhatsApp, followed by which gave instructions about how to respond to each item in the questionnaire. After clarifying all the doubts of the participants, the Participants attended the Mindfulness program, after which they were again asked to respond to all FFMQ questionnaires. The program included theory, group discussion, meditation and assignments. The participants from the control group were given tests during the same timeline. They were debriefed about the research findings. The participants were thanked after all data was collected for Data analysis using appropriate statistical methods.

INTERVENTION

For the current research, the Five Facet Mindfulness Questionnaire (FFMQ) was used. It was developed by Baer et al. (2006) to assess mindfulness through five distinct facets. It is a widely recognized tool in mindfulness research and is available for free use in academic settings. The FFMQ consists of 39 items that evaluate five core aspects of mindfulness which are observing (to notice inner and external experiences like emotions), describing (to describe the experiences by words), acting with awareness (Engaging in activities with full attention and presence and not behaving automatically), non-judging of inner experience (not evaluating the inner thoughts and feelings), and non-reactivity to inner experience (not to get too much involved with the coming and going of feelings). Here, respondents rate each item on a 5-point Likert scale, ranging from “Never or very rarely true” to “Very often or always true. The FFMQ has demonstrated strong psychometric properties. The internal consistency (Cronbach’s alpha) for the overall scale and its facets generally ranges from 0.75 to 0.91, indicating good reliability. For example, typical alpha coefficients for the facets are Observing (~0.83), Describing (~0.92), Acting with awareness (~0.87), Non-Judging of Inner Experience (~0.89), Non-Reactivity to Inner Experience (~0.91). The FFMQ has shown strong construct validity. It is significantly correlated with other mindfulness measures and indicators of psychological well-being. Higher mindfulness scores are often associated with lower levels of psychological distress and greater emotional regulation. The FFMQ correlates well with other established mindfulness scales, such as the Mindful Attention Awareness Scale (MAAS) and the Kentucky Inventory of Mindfulness Skills (KIMS).

If we consider the relevance to Resilience and Psychological Well-Being, it is mentioned that assessing facets like non-reactivity and non-judgment, provides insights into how individuals manage stress and maintain emotional stability. Higher mindfulness scores on the FFMQ are linked to improved emotional resilience, better-coping strategies, and enhanced overall psychological health, making it a valuable tool for examining these constructs.

Ethical Considerations and Data Collection

Informed consents were taken from the participants. Confidentiality of the participants’ details was maintained. Privacy during data collection was maintained. Participants were debriefed. Participants were allowed to leave the study in between if they felt uncomfortable without any penalty.

Statistical Analysis

After completion of the program and data collection, final samples were created which needed further modifications were necessary. Raw scores obtained from the questionnaires were delivered to Microsoft Excel, where basic calculations were carried out. With MS Excel, reversed items from the FFMQ questionnaire were rescored and the total scores and scores of each of the five scales were computed. For further analysis of the data, SPSS 22 and MS Excel Data Analysis were carried out. Mean and standard deviation were used as descriptive statistics to analyse the socio-demographic variables. It was found that the difference in scores follows normal distribution, hence paired t-tests were computed to compare homemakers who are either exposed or not exposed to mindfulness training.

RESULT AND DISCUSSION

Our present research primarily focuses on the benefits of mindfulness on resilience and psychological well-being in homemakers from several cities of India.

Participant Demographics

For this objective, 60 homemakers were selected and randomly assigned to the group of experimental and control groups. The mean age of the Experimental group was 38.4 ± 10.19 and that for control participants was 38.37 ± 7.57 . There was no significant difference between the groups about their age. All the details (occupation, family, marital status, children, regular exercise or yoga, and education) of the participants (experimental and control) have been shown in Fig 1. The participating samples were from different parts of India. However, the majority of the participants were from Mumbai (EG= 15, CG=11) followed by Kolkata (EG=2, CG=8). The other participating cities were Aurangabad, Bangalore, Delhi, Gandhinagar, Guragaon, Hyderabad, Indian staying Abroad, Jaunpur, Palakkad, Kotagiri, Lucknow, Parbhani, Pune, Raichur and, Yavatmal.

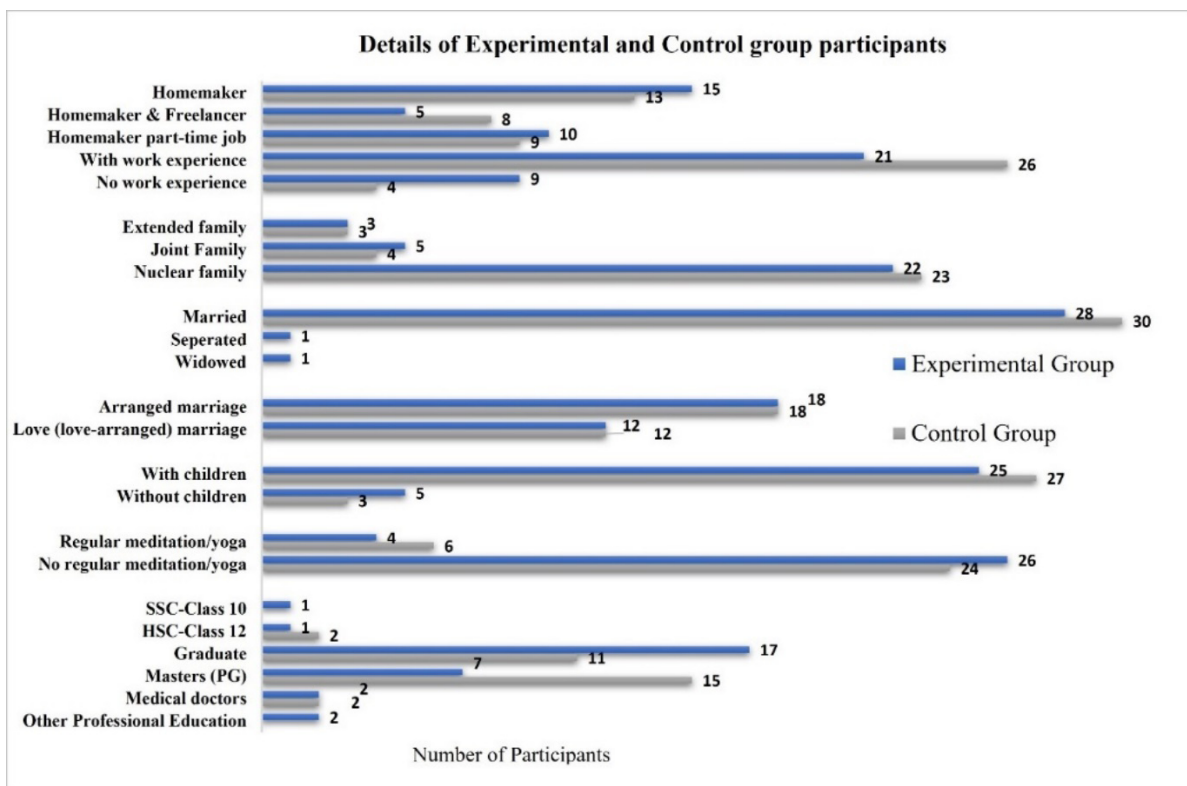


Figure 1. Details of the Experimental and Control group participants.

STATISTICAL TESTS

To confirm or reject the finding, the test for normal distribution of the data set was conducted. The normality distribution was confirmed by both the Kolmogorov-Smirnov test for larger samples and the Sharipo-Wilk test for small sample. Both the test confirmed for total score, $D(30) = 0.948$, $p > 0.05 = ns$. As the p-value is $0.085 > 0.05$ we retain the null

hypothesis of normality. The Kolmogorov-Smirnov test and the Sharipo-Wilk test of the pre and post-difference of the experimental group are presented in Table 2. Fig 2 shows the normal Q-Q plot of the five facets of mindfulness. By interpreting the graphical normal Q-Q plot, the data of the five facets shows normal distribution as all the data points are close to the diagonal line. Table 3 shows the descriptive analysis of the five facets of the experimental and control group before and after the program. This means as the difference in FFMQ scores follows the normal distribution, we can carry out paired t-tests for FFMQ scores. Table 5 and Table 6 give us the paired-t test results of the difference between Pre and Post mindfulness programs of the control and experimental groups. The control groups showed statistically significant differences in the FFMQ facets (except one) whereas in the case of the control group, the difference was non-significant.

Table 2. Kolmogorov-Smirnov and Sharipo-Wilk test of Normality for FFMQ total and the five facets.

Tests of Normality						
	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
diff_FFMQ	.150	30	.085	.948	30	.150
diff_obs	.102	30	.200*	.983	30	.893
diff_describ	.129	30	.200*	.951	30	.175
diff_actingwawareness	.103	30	.200*	.968	30	.492
diff_Nonjudging	.139	30	.142	.963	30	.363
diff_Nonreactivity	.088	30	.200*	.966	30	.435

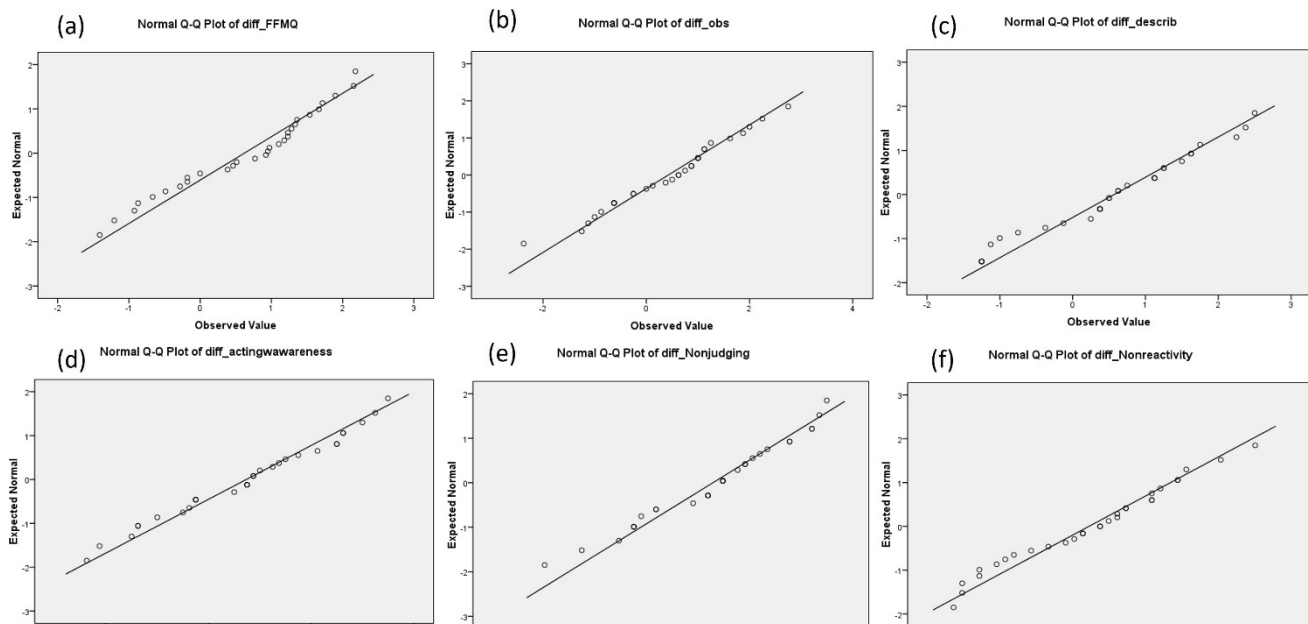


Figure 2. Normal Q-Q plot of the pre and post difference of the experimental group of a) total FFMQ b) Observe c) Describe d) Acting awareness e) Non-Judging and, f) Non-Reactivity

Table 3. Descriptive Analysis between FFMQ and five facets of the experimental group.

Descriptive FFMQ and Five Facets of Experimental Group									
						95% Confidence Interval for Mean			
		N	Mean	Std. Deviation	Std. Error	Lower Bound	Upper Bound	Minimum	Maximum
FFMQ Total	Pre	30	2.9453	.67956	.12407	2.6915	3.1991	1.51	4.67
	Post	30	3.5667	.65612	.11979	3.3217	3.8117	2.38	4.54
Observing	Pre	30	3.4000	.99210	.18113	3.0295	3.7705	1.25	5.00
	Post	30	3.8250	.87568	.15988	3.4980	4.1520	1.75	5.00

Describing	Pre	30	3.0292	1.07112	.19556	2.6292	3.4291	1.25	4.75
	Post	30	3.6000	.65522	.11963	3.3553	3.8447	2.50	4.88
A Awareness	Pre	30	2.8250	1.04045	.18996	2.4365	3.2135	1.13	4.75
	Post	30	3.5625	.93757	.17118	3.2124	3.9126	1.75	4.75
Non-Judging	Pre	30	2.5792	.81967	.14965	2.2731	2.8852	1.13	4.75
	Post	30	3.2875	.94695	.17289	2.9339	3.6411	1.38	4.75
Non-Reactivity	Pre	30	2.8857	.87695	.16011	2.5583	3.2132	1.00	4.43
	Post	30	3.5571	.89596	.16358	3.2226	3.8917	1.57	4.86

Table 4. Descriptive Analysis between FFMQ and five facets of the control group.

Descriptive of FFMQ and Five Facets of Control Group									
		N	Mean	Std.Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
FFMQ Total	Pre	30	3.3726	.45129	.08239	3.2041	3.5412	2.54	4.33
	Post	30	3.3581	.53049	.09685	3.1600	3.5562	2.46	4.62
Observing	Pre	30	3.4333	.68050	.12424	3.1792	3.6874	1.75	4.63
	Post	30	3.2833	.84711	.15466	2.9670	3.5997	1.50	4.75
Describing	Pre	30	3.6708	.91532	.16711	3.3290	4.0126	1.38	5.00
	Post	30	3.6167	.86099	.15719	3.2952	3.9382	1.75	5.00
A Awareness	Pre	30	3.6792	.87880	.16045	3.3510	4.0073	1.38	4.88
	Post	30	3.6042	.95879	.17505	3.2462	3.9622	1.50	5.00
Non-Judging	Pre	30	2.9417	.96140	.17553	2.5827	3.3007	1.38	4.88
	Post	30	3.0000	.96098	.17545	2.6412	3.3588	1.13	4.50
Non-Reactivity	Pre	30	3.1048	.70480	.12868	2.8416	3.3679	1.71	4.57
	Post	30	3.2762	.82444	.15052	2.9683	3.5840	1.86	4.86

EFFICACY OF THE MULTI-WEEK FACILITATOR-BASED MINDFULNESS PROGRAM

Table 5 and Table 6 shows the effectiveness of both the experimental and control groups after the program. There were no significant differences between the pre and post results $(\frac{[Posttest - pretest]}{pretest} \times 100)$, of the control group as per the questionnaire using paired samples t-tests(Huang et al. 2013). However, for the experimental group, a significant increase in the post-program results was noticed after analysing the effects in each of the factors Describing (18.84 % at $p=0.008$), Acting Awareness(26.11% at $p=0.019$), Non-Judging (21.55% at $p=0.003$), Non-reactivity (23.27% at $p=0.011$), and FFMQ total (21.1% at $p=0.002$) except for a non-significant increase in case of Observing (12.5% at $p=0.055$).

Table 5. Paired samples test of the Control group

Paired Samples Test									
		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Pre_FFMQTotal - Post_FFMQTotal	.01453	.34890	.06370	-.11575	.14481	.228	29	.821
Pair 2	Pre_observing - Post_observing	.15000	.88778	.16209	-.18150	.48150	.925	29	.362
Pair 3	Pre_Describing - Post_Describing	.05417	.66362	.12116	-.19363	.30197	.447	29	.658

Pair 4	Pre_Acting Awareness - Post_Acting Awareness	.07500	.85450	.15601	-.24408	.39408	.481	29	.634
Pair 5	Pre_Non Judging - Post_Non Judging	-.05833	.85710	.15648	-.37838	.26171	-.373	29	.712
Pair 6	Pre_Non reactivity - Post_Non reactivity	-.17143	.68193	.12450	-.42606	.08321	-1.377	29	.179

Table 6. Paired samples test of the Experimental group

Paired Samples Test experimental									
		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Pre_FFMQTotal - Post_FFMQTotal	-.62137	1.02054	.18632	-1.00244	-.24029	-3.335	29	.002
Pair 2	Pre_observing - Post_observing	-.42500	1.16366	.21245	-.85952	.00952	-2.000	29	.055
Pair 3	Pre_Describing - Post_Describing	-.57083	1.09598	.20010	-.98008	-.16159	-2.853	29	.008
Pair 4	Pre_A Awareness - Post_A Awareness	-.73750	1.63256	.29806	-1.34711	-.12789	-2.474	29	.019
Pair 5	Pre_Non Judging - Post_Non Judging	-.70833	1.21429	.22170	-1.16176	-.25491	-3.195	29	.003
Pair 6	Pre_Non reactivity - Post_Non reactivity	-.67143	1.35430	.24726	-1.17713	-.16572	-2.715	29	.011

The aim of the study was to assess psychometric properties pre and post the mindfulness program. The study validated the use of mindfulness as measured by FFMQ among homemakers. The scores of the experimental group were higher than the control group as expected. With this, we can imply that by doing mindfulness sessions and meditations one can have a sound internal and external experience. One attains the feeling of having these experiences in a nonjudgemental manner. One learns to have control over the various thoughts and feelings and how not to react. It showed how one can be actually present without the mind flying elsewhere. Awareness and attention are important factors which was attained with the program. Our result aligned with previous studies relating mindfulness to psychological well-being and quality of life. Earlier reports suggest three of five facets significantly predicted psychological symptoms i.e. Nonjudging, Nonreactivity, and Acting with awareness. However, in the current study, even Describing was found to be significantly enhanced post-program however, the better change in Observing was found to be insignificant as previous such studies. Previously, it reported that when a person has higher scores in the five facets, he/she is very likely to tag an observed phenomenon with words, particularly mindful of the present events, non-judgemental and non-evaluative of his/her feelings, thoughts, and sentiments. These people have very less chances of experiencing hopelessness, anxiety or low well-being (Deng et al. 2011) .

LIMITATIONS

Following are the limitations of the study:

- Language of Meditation Audio: Although the mindfulness sessions were conducted in Hindi, the meditation audio used was in English. Providing meditation resources in the local language could have improved resonance and effectiveness for participants.
- Variability in Facilitators: The mindfulness-based program followed a standardized procedure; however, the sessions were conducted by different facilitators. Variations in personal characteristics and facilitation styles may have influenced the results.
- Inter-Participant Differences: Despite the random assignment of participants into groups, individual differences

among participants may have affected the outcomes. Although inclusion and exclusion criteria were applied to mitigate these differences, they could still be a variable of concern.

- **Sample Size Limitations:** The relatively small sample size could impact the internal and external validity of the findings, limiting the ability to generalize the results to a broader population.
- **Diverse Homemaker Status:** The study focused on homemakers, but some participants were working part-time or freelancing. This dual role may have introduced variability in the study variables and influenced the overall results.
- **Short Duration of Intervention:** The multi-week duration of the mindfulness program may be insufficient to capture long-term effects on resilience and psychological well-being. A longer intervention period could provide more comprehensive insights.
- **Lack of Follow-Up:** The absence of follow-up assessments post-intervention limits the understanding of the sustainability and long-term impact of the mindfulness program on participants.
- **Self-Reported Data:** Reliance on self-reported measures for assessing psychological well-being and resilience may introduce bias. Objective measures or third-party evaluations could enhance the accuracy of the data.
- **Limited Diversity in Participant Demographics:** The study sample may not fully represent the diverse socio-economic and cultural backgrounds of homemakers in India, potentially affecting the generalizability of the findings.
- **Implementation Fidelity:** Variations in how the mindfulness program was implemented by different facilitators or settings could impact the consistency and effectiveness of the intervention.
- **Potential Placebo Effect:** Participants' awareness of receiving a mindfulness intervention might have introduced a placebo effect, influencing their perceived benefits and outcomes.

SUGGESTIONS

Following are suggestions for future research:

- **Larger Sample Size:** A larger sample size may provide better insight into the study variables and increase the generalizability of the research findings.
- **Comparison with Working Women:** Studying the significant differences between homemakers and working women may offer deeper insights into the study variables across different occupational contexts.
- **Exploration of Additional Variables:** Investigating other variables such as physical health, mental health, stress, depression, hope, and quality of life may further our understanding of the effects of mindfulness in various areas of life.
- **Longitudinal Studies:** Conducting longitudinal studies could help in understanding the long-term effects of mindfulness-based interventions on resilience and psychological well-being.
- **Cultural Considerations:** Exploring how cultural factors influence the effectiveness of mindfulness interventions could provide insights tailored to the specific needs of Indian homemakers.
- **Facilitator Qualifications:** Investigating the impact of facilitator qualifications and training on the effectiveness of the mindfulness program might help in optimizing intervention delivery.
- **Integration with Other Therapies:** Studying the combined effects of mindfulness with other therapeutic approaches (e.g., cognitive-behavioral therapy, yoga) could reveal synergistic benefits.
- **Use of Technology:** Exploring the role of digital platforms (e.g., apps, online courses) in delivering mindfulness programs may increase accessibility and engagement among homemakers.
- **Family Involvement:** Assessing the impact of involving family members in mindfulness practices could enhance support systems and improve overall family well-being.
- **Cost-Effectiveness Analysis:** Conducting a cost-effectiveness analysis of mindfulness-based interventions could provide valuable information for policymakers and practitioners.

CONCLUSION

The research assessed the impact of a mindfulness program on the psychological well-being and emotional resilience of homemakers in India, utilizing the Five Facet Mindfulness Questionnaire (FFMQ) for evaluation. The outcomes indicated that the experimental group, which underwent the mindfulness program, showed significant enhancements in psychological well-being and emotional resilience in comparison to the control group. The experimental group particularly improved in areas such as description, conscious action, non-judgment, and non-reactivity.

The control group, which did not engage in the mindfulness program, did not exhibit similar improvements. These findings suggest that the mindfulness program played a crucial role in promoting better psychological health and resilience among the experimental group. The study offers valuable insights into the effectiveness of mindfulness interventions for homemakers, emphasizing their potential in bolstering mental health and resilience.

The mental health of homemakers in India is a pressing issue that has been overlooked for too long. Concerns are escalating about the mental well-being of Indian women, with evidence indicating that domestic conflicts, health issues, and marital difficulties are contributing to heightened suicide risks and other detrimental outcomes. Women, particularly homemakers, are more susceptible to mental health challenges than men, and such focused studies on this demographic are rare. This research aims to inspire further investigation into the advantages of mindfulness for Indian women, especially homemakers, in managing mental health, well-being, and emotional resilience. Mindfulness-based strategies can be incorporated into counseling, programs, discussions, books, therapy, and other formats to assess their effectiveness for Indian homemakers. Given that mindfulness incorporates universal principles and often aligns with various religious beliefs, it can be more readily adopted and practiced by homemakers, thus simplifying the process of enhancing and sustaining their mental health and overall well-being.

The findings of this study are expected to address these mental health concerns broadly and pave the way for content and program development by relevant organizations. Although not directly examined in this research, it is anticipated that the mindfulness skills acquired by homemakers and the attitudes they develop will have a cascading effect on other family members, considering the influential role homemakers play within the family structure.

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