

Work-life balance and its implication on the health of working women in India

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ABSTRACT

This research intends to study the Indian working women who juggle their job duties and their household responsibilities, in order to examine which aspects are central in helping them acquire a work-life balance. The aim is to investigate Job Satisfaction, Home Satisfaction and Work-Life Conflict of these women, in relation to their health. A sample of 104 working women across 30 different institutes of Western India was collected. The results found that overall, women are in good health and are satisfied with their home and work life on average, however, they seem to experience some work-life conflict. The study also found that the home-life is more significant in predicting the imbalance between the two roles as well as in predicting their health. It is concluded that a woman requires a supportive family and a healthy environment at home to balance her two roles as well as to remain healthy.

Keywords: Work-Life Balance, Job Satisfaction, Women's Mental Health

The contemporary women's movement started growing in India only after the 1970's (Vindhya, 2007), therefore, women still have to fight in the face of the adversities. Nevertheless, compared to a century ago, by and large, there is a noticeable shift in women's socio-economic position in Indian society. In the light of such a noticeable shift, one may be inclined to draw *a priori* assumptions about their economic involvement by assuming that women are being involved more and more in the workforce. However, the evidence from the empirical data suggests otherwise; that is, the female participation in India plummeted from 32% in 2005 to 23% in 2018 (International Labour Organization [ILOSTAT], 2019). Despite the gradual but ongoing change in the socio-economic landscape for women, why is their participation in the workforce depreciating?

Vindhya (2007), in her summary of all the psychological studies conducted about women in India, highlights the decrease in the quality of women's life and suggests that interventions are necessary to help with women's well-being. Perhaps this declining quality of life for women in the workforce is the reason for the debacle of women's participation in the market. Their participation is of utmost importance, but so is to ensure their well-being once they enter the workforce. Intending to do so, this research aims to study the work-life balance of working women and its implications on the mental and physical health of these women.

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Given the ambiguity of the term ‘work-life balance,’ it needs to be grounded in a theoretical framework to establish intersubjectivity. Some scholars describe work-life balance as “a competition for both time and energy between the different roles filled by an individual” (McAuley, F., M. Stanton, Jeffery., A Jolton, Jeffery. & Gavin James, 2003). In this context, work-life balance can be defined as the competition for time and energy between work duties and household responsibilities fulfilled by women. Further, it can also be seen as a conflict or an imbalance of two roles (Koizum, 2000). With these two aspects in mind, Work-Life Balance as a construct can be divided into three domains: Job satisfaction, Home Satisfaction, and Work-Life Conflict.

Various psychological research has shed light on the plight of Indian working women juggling their work and household responsibilities. Most research has focused on stress experienced by working women wherein the measurement of stress and its operational definitions are varied. In terms of self-reporting operational definition of stress, previous research has shown that issues regarding the family, for instance, the addition of a family member or a family conflict, were perceived as more stressful by women than by men (Singh, G., Kaur, D., & Kaur, H., 1984). Further, research has also shown that elderly women experience more alienation and powerlessness compared to men as they age (Balachandran. M., Raakhee. A.S., & Sam Sananda Raj., 2007). The two aforementioned research have used gender as a variable of comparison and their revelation suggests that the theoretical concepts - stress, powerlessness, and isolation have been studied to be affecting women more than men.

However, a study carried out among secondary school teachers in Uttar Pradesh, has found that males display more occupational stress compared to women (Aftab, 2012). It should be acknowledged that there is a conceptual gap between stress and occupational stress, and the studies above have shown women to experience the former more than the latter compared to men. Women experiencing more perceived stress and depreciated well-being is not the result of any biological vulnerability, in fact, it is by and large social (Vindhya, 2007). Although our study does not compare variables (E.g. male and female), their comparison as explained above plays a pivotal role in placing the women in the contextual reality, which is – alongside men, in this society. Since we are attempting to study women; a holistic understanding of her position in society is necessary which is the purpose of the above-mentioned literature reviewed concerning male and female stress levels.

Psychological studies have also drawn comparisons across working women and non-working women. In that task, most studies demonstrate unanimity regarding the enhanced subjective well-being, coping strategy and less insecurity experienced by working women compared to non-working women (Desai, M., Majumdar, B., Chakraborty, T., & Ghosh, K., 2011; Nathwat & Mathur, 2010; Rao, K., Apte, M., & Subbakrishna, D. K, 2003). One may tacitly imply that the reason working women have better-coping strategies is that they are used to balancing or at least attempting to balance their work and home life. Previous literature has also shown that this work-life balance comes with its causes and consequences. Madipelli, Saritha., Veluri Sarma, V.S. & Chinnappaiah,Y (2013), in their study of the problems that cause female teachers imbalance at home and at work, have categorised the factors affecting work-life balance of female teachers, namely: the number of workdays, long working hours, great pressure to balance their demanding school work with household chores, issues with satisfying their boss, working conditions, stress of meeting work deadlines, balancing needs with income, sexual harassment, problems at home, not enough time to spend with family, marital relationship, work-life taking a toll at their household responsibilities, conflicts within

the family and family members and cooperation of their husband. This is to say that, although previous literature has agreed upon working women having more coping strategies and better self-esteem, these women seem to be exposed to various other factors that affect the work-life balance which may result in declining mental health conditions. For instance, a study carried out in urban India has shown wives to experience the least well-being regardless of their employment status (Andrade, C., Postma, K., & Abraham, K., 1999).

Nevertheless, Desai et al. (2011) have also revealed that working women can be among the least stressed if they choose to work from home. Additionally, it has been found by Rao et al. (2003) in their research that studies married working women in India, that one of the most efficient ways for working women to cope with stress is to decline the promotion. These two studies, when regarded in tandem bring out a crucial insight regarding women's research done in the Indian societal context. Both the studies unveil the utter centrality of 'home' for the Indian women, whether they are working or not. Despite a woman's work life, her happiness and satisfaction are still dependent upon her involvement in the household duties. This finding is also reinforces the findings of other research (Roopnarine, J.L., Suppal, P.G., Buseig, T., & Bennett, A., 1992), highlighting the notion that working women who are ambitious in their career are seen as a disgrace in the family and the society because they are still expected to adhere to the Indian value system. In this way, the traditional gender roles, patriarchy and the 'glass ceiling' have all confined the women to the household duties such that anything else is secondary to their household responsibilities. As influential as this revelation is, the primary focus in psychology is the well-being of the women, rather than the socio-political transformation of the context that they live in. Intending to adhere to this focus, attention needs to be drawn toward the research done in the milieu of work-place policies to help with the work-life balance of these women. The findings of re-entry women employed in south India show that workplace cultures and initiatives which openly address and support work and family issues may result in valued organizational outcomes such as job satisfaction and organizational commitment (Ravindran & Baral, 2014). This finding is also in line with the research conducted in two of the Delhi universities, studying female faculty members, showing that the women who experienced less stress in their job were also able to balance their work-life better (Zaheer, Asma., Ul Islam, Jamid., & Darakhshan, Nahid., 2015). The discoveries of these two results deem to be utterly crucial for the management, especially in the educational sector to increase the level of work-life balance and decrease the level of occupational stress among their female faculty members.

Therefore, the literature reviewed, by and large, provides evidence for the acclamation that working women in India are facing issues while managing work duties and household responsibilities. In this research, we want to condense the variables to be studied. Meaning, unlike the papers reviewed above, that aim to compare working women with either working men or with non-working women, the aim here is to eliminate the comparison factor and study the working women independently. Further, stress and wellbeing that have been studied in the previous literature are merely a couple of aspects of women's health. So, here, the aim is to broaden the focus to physical and mental health issues that women may face rather than focusing on its specific theoretical aspects.

METHODOLOGY

Sample

The total sample for the study consisted of the female members of 40 different institutes and organizations of Western India ($N=188$). 84 respondents completed less than 80% of the survey (44.6%) which is why these cases were dropped and the 104 who completed more

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than 80% were selected for the analysis (55%). 46 out of the 103 who responded were between the age of 31-40 (44%; M = 39.8; SD = 8.1). The modal income of 42 out of the 100 participants is more than 65,000 per year (42%; M = 44,050; SD = 22.56). Further, 51 out of the 102 valid responses, have acquired a master's degree (49%; M = 4.03, SD = .82). And 90 out of the 103 valid respondents were married (86%; M = 2.15; SD = .77). Lastly, 74 out of the 104 women who filled the survey, worked in the educational department (71%; M = 1.29; SD = .45). Non-probability sampling was used to collect responses that were closer to hand. Through convenience sampling, the participants were recruited by sending the link to the institutions and people, with a proximity in terms of distance and acquaintance of the investigator.

Procedure

The construction of the scales for the survey and the survey itself was preceded by researching the relevant topics. The questionnaire was revised multiple times, first through the feedback of the supervisor, then through self-review and lastly by feedback from pilot testing (N=5). The survey link was forwarded to some institutions by their head of the department and the other faculties were approached individually through an acquaintance. All respondents participated with their will and were aware that the responses were anonymous and were used for research purposes only. IBM SPSS 26 was used for data analysis where descriptive, Pearson's correlation test, T-test, and regression analysis were run. All the tables were made with the help of the Excel spreadsheet.

Measures

Work-Life Balance – In order to measure the Work-Life Balance (WLB), a 40 item scale was developed wherein the three dimensions of WLB were measured – Job Satisfaction, Home-Life Satisfaction (HLS) and Work-Life Conflict (WLC). The responses were measured on a 5 point Likert scale (1 = Strongly Agree and 5 = Strongly disagree; M= 2.4, SD= .37; $\alpha = .84$).
Job Satisfaction Scale -After going through some scales (Spector,1985; Wallace,1995;

Lincoln & Kalleburg,1990), job satisfaction sub-scale was developed according to the constraints and relevance of research. This 16 item scale incorporated five aspects of job satisfaction: work, supervision, promotion, policies and colleagues (“I am satisfied with what I am being paid”; “I trust my colleagues”). Two of the items were reverse coded (“I do my work under tense circumstances”). The responses were measured on a 5 point Likert scale (1 = Strongly Agree and 5 = Strongly disagree; M= 2.56, SD= .61; $\alpha = .87$).

Home-Life Satisfaction Scale -The home-life satisfaction questionnaire was developed as a 17 item scale, consisting of items that cover marital life satisfaction, relationship with in-laws and subjective well-being in the household. These variables were measured by items such as “I am satisfied with our sexual relation”, “Me and my partner often share the responsibilities of our children”. 8 items were reverse coded e.g. “If I had a choice, I would marry a different person instead”, “Verbal abuse is common in our family”. The responses were measured on a 5 point Likert scale (1 = Strongly Agree and 5 = Strongly disagree; M= 2.25, SD= .40; $\alpha=0.76$)

Work-Life Conflict - Work-family conflict scale (Haslam, Filus, Morawska, Sanders & Fletcher, 2014) is a 10 item scale that intended to measure Work-Family Conflict and Family-Work Conflict. However, due to certain constraints, the sale was shortened to 7 items (“My work performance suffers due to my family commitments”, “Family-related concerns distract me at work”). The responses were measured on a 5 point Likert scale (1 = Strongly

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Agree and 5 = Strongly disagree). When using the subscale by itself, none of its items were reverse coded ($M = 3.35$, $SD=0.66$; $\alpha =0.78$). Whereas all the items needed to be reverse coded when used as a part of Work-Life Balance.

Women's Health Questionnaire - To study women's overall mental health, two scales were reviewed Perceived Stress Scale (Cohen et. Al, 1988) and Women's Health Questionnaire (Hunter, 2000). Items that closely related to the study were borrowed to make a 10 point Women's Health Questionnaire that measures physical symptoms like tiredness, sleeplessness, sexual health, etc and mental state of women such as moods, neuroticism, panic attacks, etc. Therefore, the scale has two dimensions: mental health and psychical health ("I feel miserable and sad", "I have headaches"). On a Likert scale, the women were asked to indicate how many times they felt the things mentioned in the items, in the past month (1 = Always and 5=Never, $M= 2.42$, $SD=.59$; $\alpha=.85$).

As mentioned in the literature review, working women have better-coping strategies than non-working women, the investigators were curious to examine the strategies employed the most, by working women which is why a checkbox question asking to select a maximum of three coping strategies, was added.

A couple of the literature pieces reviewed in the section above points towards the centrality of 'kitchen' and 'home' in a woman's life regardless of her occupational status (Rao et al.,2003; Roopnarine et al. 1992). Keeping that in mind, a few questions were added that dealt with 'number of times the women cooked for their family' and 'leaves they look for family responsibilities'. Demographics and other descriptive questions central to the research were incorporated in the questionnaire such as "distance between work and home".

Missing values

The total sample ($N=188$) could not be used for the analysis because the completion rate was very low (54%; $N=102$). After studying the dataset and going through every individual response it was concluded that principally these missing values were because the respondents left the survey perhaps, due to its length. Out of the 86 who left the survey unfinished 46 left right after the first scale (53%), 80 left after the 3rd scale (83%) and only 2 of them finished all four scales. These 2 individuals were included in the final analysis because they had finished more than 80% of the questionnaire before leaving the survey. Altogether, 104 respondents were included in the study and 84 were entirely dropped.

However, it should be noted that 39 participants of those who finished the survey ($N=104$) had left some or the other item of the scale unanswered (37%). Considering that they had filled a major portion of the survey we did not want to lose the data, which is why mean imputation was employed while averaging the items of all scales. Only those respondents' mean was calculated by hand, who filled more than 80% of the items of a particular scale.

The Women's Health Questionnaire and the Home Satisfaction scale had 32 and 9 cases respectively who left at least 1 item unanswered (31%; 9%). Very few participants left any items unanswered on Job Satisfaction and Work-Life Conflict (3%; 2%). The formerly mentioned scales consisted of personal questions that the respondents may not have felt comfortable answering. The frequency test of all the items in WHQ revealed that the two items to do with sexual life ('I have sexual intercourse with my partner' & 'I am dissatisfied with the sexual intercourse with my partner') were the ones with maximum missing responses, 15 and 19 respectively (14%; 18%). One may conclude that sex is still a taboo in

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some parts of India and this shows the utter negligence of thinking about sexual life as a factor when dealing with health.

There are some limitations of the deletion and imputation methods employed in the research. Given that the missing values were concentrated in specific items of a particular scale, due to reasons explained above, the data would be skewed and the yielded results may be biased. The other missing items of the scale were not replaced using any sophisticated techniques and a Missing Value Analysis could not be run due to technical constraints.

RESULTS

Work-Life Balance and Women's Health were positively correlated. A strong relationship was found, $r(83) = 0.66$, $p < 0.01$ between both the scales. Table 1 shows the correlation matrix for the subscales of Work-Life Balance and the Women's Health Scale. Job Satisfaction and Home-Life Satisfaction are both moderately positively correlated with Women's Health ($r = .42$, $p < .01$; $r = .44$, $p < .01$). Work-Life Conflict is strongly negatively correlated with Women's Health ($r = -.58$, $p < .01$).

Although not a strong correlation but a significantly negative correlation can be seen between Home Life Satisfaction and Work-Life Conflict ($r = -.35$, $p < .01$).

Lastly, no significant relationship is noticed between Job and Home Satisfaction or Job Satisfaction and Work-Life Conflict.

Table 1 Correlation Matrix for the subscales of Work-Life Balance and Women's Health

Measure	M	SD	1	2	3	4
Women's Health	2.42	0.59	(.85)	0.42**	0.44**	-.58**
Job Satisfaction	2.56	0.61	-	(.87)	0.15	-.19
Home Satisfaction	2.25	0.40	-	-	(.76)	-.35**
Work-Life Conflict	3.35	0.66	-	-	-	(.78)

Note Numbers in the parentheses indicate the Cronbach Alpha (α) for each measure

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

The Work-Life Balance significantly predicted the Women's Health, $b = 1.05$, $t(84) = 7.91$, $p < .01$. It also explained a significant proportion of variance in Women's health, $R^2 = .430$, $F(1, 83) = 62.7$, $p < .00$.

Table 2 shows the multiple linear regression of the two aspects of WLB i.e. Job Satisfaction and Home satisfaction, in predicting the Women's Health. The results are significant on a 2 tailed significance level with 32% of the variance in Women's Health being predicted by Home and Job Satisfaction.

Table 2 Regression showing the level of variance in Women's Health predicted by the subscales

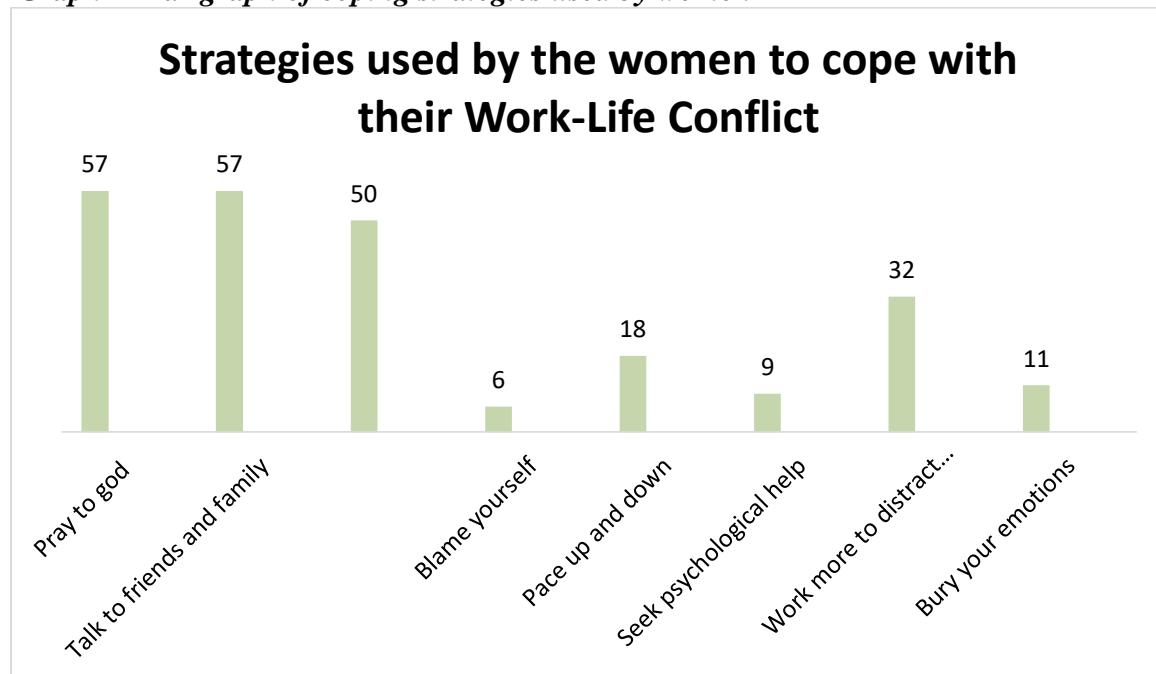
Variable	B	S E B	β	t	p	
Home Satisfaction	.57	.12	.39	4.55	.000	
Job Satisfaction	.34	.08	.36	4.24	.000	
R^2		32.6				
F		22.7				

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Further, we look into how much of a variance in Work-Life Conflict is predicted by home satisfaction. While the results of Job Satisfaction predicting the variance of Work-Life Conflict were nonsignificant ($p = 0.6$), Home Satisfaction significantly predicts the Work-Life Conflict, $b = -.58$, $t(97) = -1.67$, $p < .01$. It also explained a significant proportion of variance in Work-Life Conflict, $R^2 = .12$, $F(1, 95) = 13.2$, $p < .00$.

Graph 1 shows the coping strategies used by women to cope with their Work-Life Conflict. 54% of the women use either praying to god or talking to friends and family as a method to cope and balance their two lives. 48% of working women know what has to be done. These three are among the most used strategies, whereas amongst the least used is ‘blaming yourself’ (6%) and ‘seeking help from a psychologist’ (9%).

Graph 1 Bar graph of coping strategies used by women



DISCUSSION

The first objective of this study was to investigate the relationship between Work-Life Balance and Women’s Health. The evidence provided in the results suggests that the two variables are strongly related to each other, meaning, the better balance of work and home life the healthier a woman is, mentally and physically. Overall, the women in our study seem to have a good Work-Life Balance, and, on average, a healthy lifestyle as well. Further, it was also found that the WLB significantly predicts the variance in women’s health. This is to say that, because WLB significantly affects women’s health, it is possible to find a mean value for women’s health, given the mean value of WLB with the regression equation $y = -.1 + 1.05 x$, where y is the average health score, and x is the mean of the WLB. The results are in accordance with Vindhya’s (2007) argument that women’s health, especially mental health, does not simply rely on biological factors, in fact, social aspects have an important role to play. Further, the results provide evidence for her suggestion that women’s health needs an interdisciplinary approach, moving toward social-psychology. Nevertheless, she mentions that this is difficult because the psychological services in the country are scarce. Perhaps, this scarcity is because psychological care is still a taboo in India. Our study provides evidence as it indicates that a minimum number of women were comfortable

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seeking help from a psychologist for their health problems. They consider, praying to god and talking to their friends a better coping mechanism.

The next objective of the study was to identify whether one aspect of the WLB was more important than the other to cause a Work-Life Conflict or to affect the Women's Health. Our results indicate that women are almost satisfied with their lives at home and in their jobs. The better their satisfaction with their job and home life, the healthier these women are. Although the participants may be satisfied at work and home, they still seem to experience some amount of conflict in balancing their roles. Therefore, it can be said that satisfaction in one role or even in both roles, does not necessarily indicate a good balance. One needs to factor in the conflict that the women might experience in the two roles, regardless of the overall satisfaction. One might sense a mild discrepancy in the two results because it seems implausible that on average the women are satisfied with their life at work and home, but still experience some work-life conflict. A possible explanation can be given by Singh et al.'s study (1984) which found that women perceive any changes in the family as more stressful than men. Therefore, it can be implied that even though the women are satisfied on average, whenever they perceive familial stress, it affects them greatly. Meaning, any changes at home, might stress the women to the point that it starts affecting the two roles they are supposed to balance.

It was also revealed that home satisfaction was strongly and more significantly correlated with Work-Life Conflict, than was Job Satisfaction. In addition, Home Satisfaction was also a significant predictor of the variance in Work-Life Conflict. Furthermore, together, Job and Home Satisfaction significantly predict the variance in Women's Health, where, Home Satisfaction contributes slightly more than Job satisfaction in that prediction. This revelation is also in line with the previous research, that has found the centrality of 'home' in women's life (Desai et al., 2011; Rao et al., 2003). Although Work-Life Balance is more about the two roles complementing each other than them conflicting with each other(Kumari,2012), it can be seen that for a working woman, the role at home is ever more significant than her role as an employee, in determining her health. For Indian working women, the Work-Life Balance seems to be skewed more towards their home life. For the women to successfully and healthily balance their two roles, there is a significant inclination towards fulfilling the role at home. This finding could also be interpreted with another perspective which only partially in accordance with the literature discussed in the review. Organizations with openly addressed policies to help women balance their life, have seen a better job satisfaction in their female employees as well as a good work-life balance (Zaheer et al.,2015; Ravindran & Baral, 2014) Our results agree with it because work-life policies (Job Satisfaction) are essential in helping women maintain a good balance and a good health. However, the results challenge the findings, because household support is more important than work policies to help the women balance their two roles.

According to the studies mentioned in the literature review, working women have better-coping strategies than non-working women (Nathwat & Mathur, 2010; Rao et al, 2003). This study has found the most prevalent coping strategies used by the working women to deal with the stress they experience in balancing their work-life roles. Although the women experience little health issues overall, they do experience some work-life conflict. However, most women are not comfortable or do not prefer seeking any professional help. The majority of the women balance their lives by speaking to their friends and family about their problems or by praying to god. The reason for this as discussed above can be because of the stigma attached to seeking professional psychological health. Another explanation can come from

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the fact that as India is largely a collectivist culture and people are closely tied together (Heine, 2012). Seeking help one on one with a professional is an individualistic way of dealing with stress. The Indian collective society expects and encourages collective methods of coping with any problems such as communicating with the people around them. So, the women's choice of coping method is a more socially acceptable one according to the Indian culture.

There is room for a couple of suggestions in terms of further investigation of this topic. First, the opening section of this study speculates, women's depreciating health and wellbeing as a result of juggling two roles, for being the reason for the declining participation of women in the workforce. Our results have not complied with the speculation and perhaps further research could be done to investigate other reasons for this debacle. Second, adjustment at home, support from the family members and a good environment at home with the in-laws, children and with the partner, is crucial to help the women manage their work and home life better. Further research could be done looking to compare men with women on this aspect to investigate if home life is as important for men or whether it is because of the traditional gender roles and expectations from a woman that home is more important for her. Lastly, work-life balance has been abundantly discussed in the literature across various disciplines, but the extent to which it plays a pivotal role in these women's lives is too important to be undeserving of serious attention on the part of psychologists.

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Conflict of Interest

The author declared no conflict of interests.

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