

Research Paper

Balancing Work and Life: Understanding the Mental Health Experiences of Working Women in India

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ABSTRACT

The participation of women in the Indian workforce has been increasing gradually in recent decades. However, it has not been balanced by the corresponding release of its traditional gender roles and household duties. Consequently, a large number of working women still have to deal with multiple roles, and they become more vulnerable to mental health issues. The paper discussed the existing literature to develop a comprehensive understanding of the mental health experiences of working women in India. Studies were carried out in various occupational environments such as education, the health care sector, corporations and informal jobs. Emotional burnout and chronic stress are normally caused by long working hours, lack of organisational support, and societal expectations that women are the main caregivers at home. Despite being economically independent, many women reported feeling emotionally overburdened and undervalued both at work and within the household. The literature also reflects the effects of broader structural and cultural phenomena, such as gender inequality, stigma in relation to mental health, and lack of awareness about psychological well-being. The study adopted a thematic review approach and concluded by highlighting future research directions and policy initiatives that need to be taken to improve the healthier work environments and a more equitable work-life integration.

Keywords: *Working Women, Mental Health, Work-life balance*

Nowadays, mental health is considered a human right, which is necessary for human development. Despite this, large numbers of people are unable to access it due to improper support, discriminations & care, which place bad impact on individual well-being and also on societal progress. Achieving this is vital for public health and development, which is also aligned with the UN's goals (United Nations, n.d.).

Mental health is an integral part of health and a state of well-being which includes socioeconomic, environmental & biological factors (World Health Organization, 2025). Dixit (2014) has identified an alarming rate of mental health issues among Indian women due to some factors, like stigma, gender discrimination, poverty and domestic violence, etc. Srivastava & Gawarle (2024) pointed out post-traumatic stress disorder, anxiety, and depression are the most common disorders observed among women in India and also

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highlighted who lack financial independence experienced less mental well-being than those who are financially dependent. Shete (2022) indicated majority of Indian women experienced more mental health disorders than men. Bagga et al. (2025) represented some factors like- social expectations, work-family conflict, job insecurity, limited access of resources; cultural norms etc. are creating as the barriers to women's well-being. This study mainly highlights the mental health issues of working women and how their wellbeing affected in the socio-cultural field, workplace, etc.

The Study aims to

- To review existing literature in order to understand the prevalence of mental health issues among working women in India.
- To critically examine previous studies that discuss the socio-cultural and workplace factors influencing the mental well-being of working women in the Indian context.
- To synthesise findings from earlier research on work-life balance challenges experienced by working women in India.

METHODOLOGY

The present study adopted a thematic review approach to synthesise existing literature on the mental health experiences of working women in India. All the literature for the review was collected exclusively from Google Scholar. The review covered studies published between 2003 and 2025.

The reviewed studies focused on working women in diverse socio-cultural and geographical contexts across India. The research settings included both urban and rural regions, such as rural Maharashtra, rural India, southern Rajasthan, Bihar, Uttarakhand, Karnataka, South India, Bangalore (urban and metropolitan areas), Bhubaneswar City, and Delhi with the National Capital Region (NCR).

RESULTS AND DISCUSSION

Work-Life Balance Challenges

The key findings from previous studies are organized thematically below.

1. Overwhelming Family Responsibilities and Societal Expectations

One of the most consistent findings of studies was that family responsibilities are seen as the greatest obstacle to career development and Work-Life Balance in women. The society has a strong internalised belief that women should be the main caregivers and managers of the family (Buddhapriya, 2009; Panchal, et al., 2016). This contributes to extreme role overload as women find it hard to balance the conflicting needs of their work, their spouses, children, and ageing family members (Shravanthi et al., 2013; Mathew and Panchanatham, 2011). This expectation causes most women to trade off their careers, including rejecting promotions that require them to travel or move, and it prevents them from using their entire professional potential (Buddhapriya, 2009). Also, the need to follow a career at the expense of a family can result in social disapproval and rejection, with a further increase in the pressure to fit into the accepted roles (Buddhapriya, 2009; Gautam & Jain, 2018).

2. Inadequate Organisational Support and Policy Gaps

Many women professionals reported that their workplaces do not have gender-sensitive or family-friendly policies (Buddhapriya, 2009). Among the identified list of key supports that seem to be crucial yet are often not provided are flexible work hours and locations to handle personal life (Buddhapriya, 2009; Gautam and Jain, 2018), Reliable childcare and eldercare facilities (Buddhapriya, 2009; Panchal et al., n.d.), and non-work-related commitments and extensive employee wellness programs (Buddhapriya, 2009). Studies suggested that the career advancement of women is not possible without formal support in organizations specially at the middle-level of management, where the work-family conflict is at the highest level (Buddhapriya, 2009).

3. Demographic and Situational Factors

The intensity of WLB challenges is not uniform, and sometimes these are significantly influenced by demographic factors:

- **Marital and Parental Status:** Married women, especially those with young children, face exponentially greater challenges. The "role inventory" of a married woman entrepreneur or professional is substantially higher (Mathew & Panchanatham, 2011; Buddhapriya, 2009).
- **Managerial Level:** Middle-level women professionals experience the most critical WLB pressure, as this career stage often coincides with peak family responsibilities and increased professional demands (Buddhapriya, 2009).
- **Family Structure:** Research by Buddhapriya (2009) suggested that women in joint families may face greater pressure to make career trade-offs due to higher expectations from multiple family members, though nuclear families struggle more with direct childcare logistics.

4. Persistent Workplace Discrimination and Social Support Deficits

Beyond work-life balance, women face a lack of adequate social support networks encompassing family, subordinates, and society at large (Mathew & Panchanatham, 2011). This is coupled with workplace issues like gender discrimination, unequal pay, and harassment, which add an extra layer of challenge to their professional lives (Panchal et al., 2016). While spousal support is recognised as crucial, Indian husbands have been slow to equitably share domestic chores, leaving working women dependent on hired help or extended family, which can be unreliable (Buddhapriya, 2009).

Mental Health Experiences of Working Women

Work brings financial independence and self-fulfilment; however, in many cases, it increases mental pressure due to the presence of the dual burden of work and family obligations. Working women in India are characterised by significantly worse mental health and higher levels of stress compared to non-employed women, a difference which can be explained by the resulting pressure to balance career and home responsibilities (Sailatha et al., 2025). In contemporary society, Bagga et al. (2025) found that the participation rate of women in the workforce has increased, and this confronts the psychological well-being issues among them. Women often shoulder a burden from both sides, like income generation and domestic responsibilities, which increases their vulnerability to both physical and mental health issues (Mathew & Kumar, 2025).

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The stress that comes with work-life conflict has been observed to relate directly to negative health outcomes. Lower quality of health, excessive stress and increased psychological distress as a direct result of role overload and imbalance have been reported by women entrepreneurs and professionals (Mathew and Panchanatham, 2011; Gautam and Jain, 2018). Studies revealed that poor work-to-family conflict leads to decreased family satisfaction and negative psychological health due to inadequate work-life balance (Gautam and Jain, 2018). Lack of personal time and constantly experiencing a sense of guilt due to divided attention increases this stress (Panchal et al., 2016). A study carried out in Bhubaneswar found that about one-third of working married women had poor mental health, with only a small minority of them seeking professional help (Panigrahi et al., 2014). The research also established that trusting the husband and supportive attitudes of the colleagues were the best predictors of enriched mental health (Panigrahi et al., 2014).

The most common stressors that were identified among the urban IT professionals who were involved in remote work are workload, work insecurity, non-essential work environmental conditions, personal, and absence of structural support. There was an inverse relationship between these variables and mental health outcomes (Subha et al., 2021).

Women working in sanitation, informal and marginalised industries are vulnerable to reduced mental health as a result of the combined effects of caste, gender and occupational stigma. They face an increased level of psychosocial risks, violence exposure, and discrimination, and their needs in terms of mental health do not receive much recognition in policy tasks (Monteiro and Nalini, 2021).

In contrast, research undertaken in Karnataka presents a more subtle difference, claiming that the significance of aggregate mental health results did not differ significantly between employed and non-employed women. This evidence suggests that in certain situations, work can result in positive psychological results, including greater self-determination and greater control over the environment (Mankani and Yenagi, 2012). Therefore, the impact of employment on mental health is not diverse but depends on a variety of factors, such as job satisfaction, social support and the inherent nature of the work.

A study in rural Maharashtra highlighted the role of community-based projects in promoting mental well-being in women by increasing their economic and social empowerment through major determinants of these outcomes (i.e. economic participation and absence of discrimination) (Kermode et al., 2007). Regularly, social support in the working environment, including positive attitudes of colleagues, and in family relationships and personal activities such as yoga and meditation, was linked to the achievement of excellent mental health results (Panigrahi et al., 2014).

RESEARCH GAPS AND FUTURE PROSPECTS

Existing literature often focuses on urban, middle-class professionals, creating a limited picture. The voices and unique challenges of women in informal employment, agriculture, or from marginalised communities are critically underrepresented. Furthermore, many studies capture the problems but offer fewer insights into effective, scalable solutions or the long-term impact of workplace interventions.

Future research must prioritise context. We need detailed studies that explore how mental health challenges differ across regions, castes, economic classes, and sectors. Research should shift from just diagnosing stress to actively evaluating what works. This includes

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assessing the real-world impact of corporate well-being policies, government schemes, and community-based support models. Most importantly, studies should move beyond the individual, investigating systemic drivers like regressive gender norms and inadequate social security.

These research priorities directly inform policy. Future work should provide the robust, nuanced evidence needed to craft targeted policies. This means advocating for equitable parental leave, subsidised childcare, mental health coverage in insurance, and laws that genuinely support work-life integration. Ultimately, closing these knowledge gaps is essential to shift from simply documenting a crisis to building a tangible roadmap for systemic change and well-being.

CONCLUSION

This paper critically analyses the working women's mental health status through the lens of gender divisions, societal norms, institutional support and socio-cultural life, which indicates their psychological well-being cannot be understood in isolation from a single point. Double burden hampers women's wellbeing (Mathew & Kumar, 2025), opportunities for self-care, job stress and creates work-life imbalance (Sada, 2023). Mathew & Kumar (2025) promoted community-based mental health initiatives to improve access to psychological care, and the dismantling of stigma surrounding mental health for contributing meaningfully to the broader discourse on mental health equity and social justice in the post-COVID-19 era. Sada (2023) stated that equal opportunities for gender can reduce burnout and stressing situation in the work environment, so organisations should identify and address mental health concerns among employees and arrange some supportive policies to assist workers, especially women, during their stress. Here, the researchers also revealed the use of some coping strategies to deal with mental health issues like engaging in self-care techniques (like yoga, meditations and physical activity), setting boundaries between personal and professional life, etc. Nowadays, mental health issues in the workplace have been considered as a global concern, which reflects through anxiety, stress and depression of the employees (Sohal & Sharma, 2025).

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Conflict of Interest

The author(s) declared no conflict of interest.

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