

**(Original article)****THE UNSEEN STRESS: EVALUATING MENTAL HEALTH OF WORKING AND NON-WORKING MOTHERS**

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**Abstract**

*The present study investigates the mental health status of working and non-working women aged 26 to 55 years in relation to their number of children. A sample of 320 women from the Pantnagar region was selected using a combination of convenience and simple random sampling techniques. Data were collected using both online and offline modes through the standardized Mental Health Inventory (MHI) developed by Dr. Jagdish and A.K. Srivastava, which measures six core dimensions of mental health: Positive Self-Evaluation, Perception of Reality, Integration of Personality, Autonomy, Group-Oriented Attitudes, and Environmental Competence. The findings revealed significant variations in mental health status based on employment status and number of children. Working women with three or more children showed higher levels of overall mental health, particularly in dimensions such as integration of personality and environmental competence. Non-working women with two children demonstrated stronger autonomy and better integrated personalities but were more likely to experience lower perception of reality and group-oriented attitudes. The study underscores the dual pressures faced by women, especially in balancing domestic responsibilities and emotional well-being, and highlights the importance of supportive structures for promoting mental health among mothers. This research contributes to the growing discourse on women's mental health by revealing how employment status and family size intersect to influence psychological well-being. The findings suggest a need for targeted interventions, mental health support systems, and family-friendly policies that address the unique challenges faced by both working and non-working mothers.*

**Keywords:** Mental Health, Working Women, Non- Working Women, No. of Children, Parenthood and Well-being, work-life balance

**INTRODUCTION:**

The mental health of women is influenced by a complex interplay of biological, psychological, and sociocultural factors. Among these, employment status and family

responsibilities, especially child-rearing, play a critical role in shaping women's psychological well-being. The dual roles of being a mother and a professional can either enhance a woman's sense of fulfilment or contribute to significant stress, depending on various situational and personal factors (Barnett & Hyde, 2001). Research suggests that employment can have both positive and negative effects on women's mental health. Employed women often benefit from increased self-esteem, social support, and financial independence, all of which contribute positively to mental health (Repetti, Matthews, & Waldron, 1989). However, the stress of balancing occupational and familial responsibilities can also lead to higher psychological distress, particularly in the absence of supportive structures (Gove, 1984). Non-working women, although potentially relieved from occupational stress, may experience social isolation, economic dependence, and lower self-efficacy, which are associated with poor mental health outcomes (Mirowsky & Ross, 1986).

The number of children a woman has is another significant factor influencing mental health. Several studies indicate that an increased number of children is positively correlated with stress, anxiety, and depressive symptoms, especially when adequate resources and social support are lacking (Evenson & Simon, 2005). Child-rearing demands increase with each additional child, potentially exacerbating emotional exhaustion and psychological strain, particularly in working women who face time and energy constraints (Nomaguchi & Milkie, 2003). The interaction between employment and parental responsibilities reveals a nuanced picture. Working mothers often encounter "role overload" or "role conflict," which can deteriorate mental health when not managed effectively (Greenhaus & Beutell, 1985). Conversely, the structured environment and social interactions associated with employment may act as buffers against the psychological toll of parenting, particularly in women with one or two children (MacEwen & Barling, 1991). Non-working women may have more time to devote to child-rearing, but they might lack the mental stimulation and identity reinforcement associated with professional roles, which can contribute to emotional distress, especially in those with larger families (Ross & Van Willigen, 1996).

In many cultures, particularly in collectivist societies, motherhood is strongly associated with a woman's identity and societal value. The pressures to conform to traditional maternal roles, combined with modern aspirations for education and employment, create internal conflicts that can adversely impact mental health. Studies from South Asia, for instance, reveal that women with multiple children often report higher levels of psychological burden, particularly when social support and autonomy are limited (Desai & Andrist, 2010). Given the multidimensional influences of employment and number of children on women's mental health, this study seeks to explore the **mental health status of working and non-working women** with a focus on how the **number of children** they have mediates or moderates psychological outcomes.

Given the persistent gendered division of labor and emotional invisibility of women's roles, this research aims to assess the mental health status of working and non-working women with specific reference to the number of children they have. While much attention has been given to employment status, fewer studies explore how the intersecting factors of family size and motherhood shape women's psychological well-being. As highlighted by Thapa (2023), both

working and non-working women carry a significant burden, albeit in different forms. Working women face the dual pressures of home and workplace responsibilities, while non-working women struggle with undervaluation and emotional neglect within the domestic sphere. Therefore, this study intends to bridge that gap by examining how child-rearing obligations further affect women's mental health in both contexts.

### **METHODOLOGY:**

The present study comprised a sample of 320 women, both working and non-working, within the age range of 26 to 55 years. The Pantnagar area was purposively selected as the research locale based on factors such as the significant presence of both working and non-working women, regional familiarity, accessibility, and connectivity. Initially, convenience sampling was used to identify the area, followed by simple random sampling to select individual participants. To ensure broader participation, data were collected through both online and offline modes. An online Google Form version of the rating scale was shared with digitally accessible respondents, while printed copies were distributed to offline participants. Mental health was assessed using the "Mental Health Inventory (MHI)" developed by Dr. Jagdish and A.K. Srivastava. This standardized tool measures six key dimensions: Positive Self-Evaluation (PSE), Perception of Reality (PR), Integration of Personality (IP), Autonomy (AUTNY), Group-Oriented Attitudes (GOA), and Environmental Mastery (EM). Data were analyzed using suitable statistical techniques, including frequency, percentage, arithmetic mean, standard deviation, correlation coefficient, and Chi-square test, to effectively interpret the mental health status of working and non-working women (Mishra & Gir, 2013; Mishra & Gir, 2014).

### **RESULT AND DISCUSSION:**

Parenthood marks a profound transition in an individual's life, often resulting in significant lifestyle changes and long-term impacts on life trajectories. It is widely acknowledged as a dual source of stress and emotional resources and is closely linked with mental well-being across both short and long durations (Kravdal, 2014; Radó, 2020). Particularly, motherhood is viewed as a dynamic and life-altering process that reshapes a woman's identity. However, mental well-being can also influence decisions around becoming a parent and the timing of such transitions (Laursen & Munk-Olsen, 2010).

This section explores the mental health status of working and non-working women in relation to their number of children. According to Table 1, a greater proportion of working women with three or more children (58.62%) reported good mental health, followed by those with one (52.69%) and two children (47.37%). Among non-working women, those with two children (71.79%) exhibited the highest levels of good mental health, followed by women with three or more children (53.85%) and those with one child (47.83%).

In terms of Positive Self-Evaluation (PSE), the first dimension of mental health, the majority of working women with one child (54.84%) demonstrated a good level, followed by

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those with two (52.63%) and three or more children (51.73%). In contrast, 69.24% of non-working women with three or more children showed good levels of PSE, with similar trends observed among those with two (66.67%) and one child (62.67%).

For the Perception of Reality (PR) dimension, working women across all categories predominantly showed average levels, particularly those with three or more children (48.27%). However, a notable proportion of non-working women with one (46.38%) and three or more children (46.15%) demonstrated poor perception of reality. These results echo findings by Mankani and Yenagi (2012), who reported a significant relationship between number of children and mental health, particularly in working women. The authors suggested that, despite their responsibilities, working women derive emotional relief through interaction with their children. In contrast, Soomro et al. (2012) observed that housewives, often having more children and fewer support systems, experienced higher levels of depression—double that of working women—exacerbated by lower educational attainment.

Regarding Integration of Personality (IP), 55.17% of working women with three or more children showed good personality integration, compared to 44.74% and 43.01% for those with two and one child respectively. Among non-working women, those with two children (76.92%) displayed the highest level, suggesting that this group is better integrated emotionally and psychologically. In the Autonomy (AUTNY) dimension, working women with one child (52.69%) exhibited the highest autonomy, while 74.36% of non-working women with two children showed good autonomy, followed by those with one child (52.17%) and three or more children (53.85%). Non-working women in general demonstrated higher autonomy than their employed counterparts. When analyzing Group-Oriented Attitudes (GOA), the data showed that a significant proportion of working women with two (76.32%) and three or more children (72.41%) had poor attitudes, followed by those with one child (59.14%). Similarly, non-working women with one child (73.91%) and two children (58.97%) reflected poor group-oriented attitudes. Only non-working women with three or more children showed an average level in this domain. In the final dimension, Environmental Mastery (EM), 52.63% of working women with two children showed good competence in managing their surroundings, followed by those with one child (43.01%). Among non-working women, those with three or more children (46.15%) demonstrated relatively higher environmental mastery, though most fell within the average or poor range.

Parenting, as defined by David et al. (2011), involves fulfilling a child's developmental, emotional, and psychological needs and requires significant long-term effort. Societal expectations, particularly those placed on women to prioritize family responsibilities, even when employed full-time, place added psychological strain (Doucet et al., 2010; Ward & Wessels, 2013). From the findings in Table 1, it is evident that Integration of Personality (IP) and Autonomy (AUTNY) significantly contribute to the mental health of working women, while other components such as PSE, PR, GOA, and EM show less influence. Conversely, in non-working women, Autonomy (AUTNY) emerged as the only significant dimension influencing mental health, with other components contributing minimally.

**Table 1: Distribution of mental health status of women with respect to their number of children (N=320)**

Dimensions of M.H.	Levels of M.H.	Status of women															
		Working women								Non-working women							
		1 Child (n=93)		2 Children (n=38)		3 and More Children (n=29)		Chi-square	p-value	1 Child (n=69)		2 Children (n=78)		3 and More Children (n=13)		Chi-square	p-value
Positive self-evaluation (PSE)	Poor	03 3	03.23	03 3	07.89	09 9	31.03	25.8322	0.00	01 1	01.45	02 2	02.56	01 1	07.69	5.5610	0.474
	Average	39 9	41.94	15 5	39.47	05 5	17.25			25 5	36.23	24 4	30.77	03 3	23.07		
	Good	51 1	54.84	20 0	52.63	10 0	51.73			43 3	62.32	52 2	66.67	09 9	69.24		
PIJ (Perception of reality)	Poor	35 5	37.63	12 2	31.58	10 0	34.39	4.8066	0.569	32 2	46.38	27 7	34.62	06 6	46.15	5.9252	0.432
	Average	38 8	40.86	18 8	47.37	14 4	48.27			36 6	37.68	37 7	47.44	04 4	30.76		
	Good	20 0	21.51	08 8	21.05	05 5	17.25			11 1	15.94	14 4	17.95	03 3	23.07		
IP (Integration of personality)	Poor	07 7	07.53	07 7	18.42	09 9	31.03	18.7997	0.005*	09 9	13.04	04 4	05.13	02 2	15.38	8.2642	0.219
	Average	46 6	49.46	14 4	36.84	04 4	13.79			16 6	23.19	14 4	17.95	05 5	38.46		
	Good	40 0	43.01	17 7	44.74	16 6	55.17			44 4	63.77	60 0	76.92	06 6	46.15		
AUTNY (Autonomy )	Poor	04 4	04.30	07 7	18.42	09 9	31.03	20.4515	0.002*	06 6	8.705	05 5	06.41	00 0	00.00	12.7263	0.048*
	Average	40 0	43.01	18 8	47.37	08 8	27.58			27 7	39.13	15 5	19.23	06 6	46.15		
	Good	49 9	52.69	13 3	34.21	12 2	41.37			36 6	52.17	58 8	74.36	07 7	53.85		
GOA (Group	Poor	55 5	59.14	29 9	76.32	21 1	72.41	4.6515	0.199	51 1	73.91	46 6	58.97	06 6	46.15	5.6484	0.130

<b>oriented attitudes)</b>	Average	38	40.86	09	23.68	08	27.58			18	26.09	32	41.03	07	53.85		
	Good	00	00.00	00	00.00	00	00.00			00	00.00	00	00.00	00	00.00		
<b>EM (Environmental Competence)</b>	Poor	19	20.43	08	21.05	08	27.58	3.4879	0.746	18	26.09	11	14.10	04	30.76	8.4112	0.209
	Average	34	36.56	10	26.32	11	37.93			32	46.38	37	47.44	03	23.07		
	Good	40	43.01	20	52.63	10	34.48			19	27.54	30	38.46	06	46.15		
<b>Overall</b>	Poor	06	06.45	06	15.79	08	27.58	14.2376	0.027*	05	07.25	07	08.97	01	07.69	15.1520	0.019*
	Average	38	40.86	14	36.84	04	13.79			31	44.93	15	19.23	05	38.46		
	Good	49	52.69	18	47.37	17	58.62			33	47.83	56	71.79	07	53.85		

Note: \* Stands for significant at  $p < 0.05\%$  level of significance.

The findings of the present study reveal significant associations between the number of children and the mental health status of both working and non-working women, though the patterns differ across mental health dimensions. For working women, having three or more children appears to be associated with better overall mental health and integration of personality, possibly because of the emotional satisfaction, fulfillment, and social support that come with larger families. These findings align with the observations of Kravdal (2014), who noted that parenthood can be both a source of stress and a psychological resource, depending on personal and contextual factors. Moreover, working women with children may benefit from external social networks and institutional support that contribute to their mental well-being despite increased responsibilities (Mankani & Yenagi, 2012).

In contrast, non-working women with two children showed the best mental health outcomes across several dimensions, including autonomy and integration of personality. This supports the findings of Soomro et al. (2012), who found that housewives with a moderate number of children had comparatively better mental health than those with larger families, as they were better able to manage their responsibilities. However, non-working women with more children appeared to struggle with dimensions like perception of reality and environmental competence, likely due to the limited support and social isolation they often face (Doucet et al., 2010). Furthermore, societal undervaluation of domestic roles may contribute to poorer group-oriented attitudes and reduced psychological resilience among non-working mothers (Radó, 2020).

Overall, the study suggests that while both working and non-working women carry significant familial responsibilities, the structure and nature of their roles, combined with the number of children, play a pivotal role in shaping their mental health. The results underscore the need for family support systems, workplace policies, and community resources that can better cater to the psychological well-being of mothers across different employment statuses.

## **SUMMARY AND CONCLUSION:**

The present study explored the mental health status of working and non-working women between the ages of 26 to 55 years in relation to their number of children. Using a sample of 320 women selected from the Pantnagar region through convenience and random sampling techniques, the research utilized the Mental Health Inventory (MHI) developed by Dr. Jagdish and A.K. Srivastava. The inventory measured six key dimensions: Positive Self-Evaluation, Perception of Reality, Integration of Personality, Autonomy, Group-Oriented Attitudes, and Environmental Competence. Both online and offline modes of data collection were used to ensure accessibility and participation.

The findings indicated notable differences in the mental health dimensions of working and non-working women based on the number of children they had. Working women with three or more children showed better overall mental health and higher levels of integration of



personality. In contrast, non-working women with two children exhibited stronger autonomy and integrated personalities. However, non-working women also demonstrated greater vulnerability in areas such as perception of reality and group-oriented attitudes, particularly when caring for three or more children without sufficient support. These patterns suggest that while motherhood can enhance psychological well-being in certain contexts, it may also increase mental health risks depending on role expectations, support systems, and employment status.

In conclusion, the study highlights the complex interplay between motherhood, employment status, and mental health. It underscores the need for targeted mental health interventions, greater recognition of domestic labor, and policies that support both working and non-working mothers. Creating a supportive environment—both at home and in the workplace—can help women better navigate their dual responsibilities and promote mental well-being. Future research could further explore the impact of variables such as partner support, education, income level, and access to mental health services in shaping these outcomes.

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#### CONFLICTS OF INTEREST:

The authors declare that there are no conflicts of interest regarding the publication of this research paper. The research was conducted independently, without any financial or personal interests that could have influenced the results or interpretations.

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