



Emotional Health Among Women In Kerala: Examining The Roles Of Employment Status And Family Structure

Betsy Baby*, Huda Ameen, Archana Chandran***, Ammu G. Nair****, Chinchu Rani Vincent*******

*Psychologist, Dept. of Physical Medicine and Rehabilitation, KIMSHEALTH, Trivandrum

**Research Scholar, Dept of Psychology, Govt. College for Women, Trivandrum, Kerala

***Asst. Professor, Dept of Psychology, Govt. College for Women, Trivandrum, Kerala

****Asst. Professor, School of Philosophy, Psychology and Scientific Heritage, Chinmaya Viswa Vidyapeeth (deemed to be university), Ernakulam, Kerala

*****Asst. Professor, Dept of Psychology, K E College, Mannanam, Kottayam. Kerala

Received:08/06/2026

Revised: 10/07/2026

Accepted:17/07/2026

Published:20/09/2026

ABSTRACT

Aim: This study examined differences in emotional health—specifically depression, anxiety, and stress—between working and non-working women in Kerala. **Method:** A cross-sectional comparative design was employed with 120 women (60 working, 60 non-working) aged 25–55 years. Participants completed the Depression Anxiety Stress Scale (DASS-21) along with a socio-demographic questionnaire. Independent samples t-tests and one-way ANOVA were conducted. **Results:** No statistically significant differences were observed between working and non-working women in depression, anxiety, or stress ($p > .05$). However, a significant difference in depression was found based on number of children ($F = 6.097$, $p = .003$), with women having single child reporting higher depression than those with three or more children. **Conclusion:** Employment status alone may not be a key determinant of emotional health. Family-related variables appear more relevant, underscoring the need for a multidimensional understanding of women's mental health.

Key Words – Depression, Anxiety, Stress, Working women, Kerala

Emotional health determines an individual's well-being and quality of life. Anxiety and depression are two common mental health conditions that have a detrimental effect a person's emotional health. Though distinct, they often co-occur and share many symptoms.

Anxiety is a state of mind characterised by excessive worry, fear, and nervousness. It is often accompanied by a range of physical symptoms such as palpitations, sweating, dry mouth and trembling. People who experience anxiety on a day-to-day basis often have difficulty concentrating,



have poor sleep hygiene, and have difficulty performing daily chores. Depression is a mood disorder classified in DSM-5 that affects the thoughts, feelings, and behaviours of an individual (American Psychiatric Association, 2013). According to Beck, it is characterised by persistent feelings of hopelessness, helplessness and worthlessness. Like anxiety, people with depression may also have difficulty sleeping, compromised appetite, and difficulty focusing on tasks (Beck, 1972). They may also lose interest in activities they once enjoyed. Depression can be mild or severe and can be treated with therapy, medication, or a combination of both.

Together, anxiety and depression are components of emotional health, which play a crucial role in the experience of stress. Elevated levels of stress and prolonged exposure to such situations can have an exponential impact on the psychological health of a person. According to the World Health Organization, disorders such as depression and anxiety share similarities with other associated conditions that may cause serious illness (Magalhaes et al., 2010). Emotional health is essential for maintaining a positive outlook, building healthy relationships, and managing stress effectively. It is essential to seek help if one is experiencing symptoms of anxiety or depression, as they can be effectively treated with the right support and treatment.

In today's world, managing emotional health has become challenging, particularly for women who undertake multiple roles and responsibilities in their personal and professional lives. On one hand, she is climbing the ladder of

success; on the other hand, she is mutely suffering from role conflicts. Women's legal and social status within the family is not equal to that of men. Still, being a homemaker is not considered an impressive position in the community; it is just another responsibility. The separation between home and work had brought consequences for women. The reality is that a woman's role is expected to be in such a way that, willingly or unwillingly, she chooses to remain inside the walls of restrictions. The do's and don'ts around her force her to shut her dreams in a petite pot. From the time of the birth of a baby girl, her role as a woman is expected, and she is nurtured in such a way that she is audacious and timid at the same time.

The state of Kerala, located on the southwestern coast of India, has been a pioneer in women's empowerment and gender equality. Kerala has the highest female literacy rate and the highest life expectancy for women in India (Pal, 2026). However, despite the state's efforts to promote gender equality, women in Kerala still face various challenges related to their emotional health and well-being, particularly regarding work-related stress.

In Kerala, an indivisible role in the economic inflation is played by women. However, challenges faced by working women in managing their emotional health and stress are often overlooked. Working women face a unique set of challenges that can impact their mental health. Many women are employed in demanding jobs that require high levels of productivity. They experience discrimination and harassment in the workplace, which can contribute to feelings of stress and anxiety. In addition, working women often must

balance their careers with family responsibilities, which can add to their stress levels. Non-working women also undergo a set of challenges, such as social isolation and financial dependence, which can contribute to feelings of anxiety and depression.

Proper research about the emotional sufferings they tolerate and also their needs should be put forward. Because when working women were new to Indian society, most of the researchers of the past were preoccupied with concerns of societal status and perceptions towards non-working women and about husbands' home role participation (Pandey, 2001; Rajadhyaksha & Smita, 2004). However, the present study attempts to shed light upon the Kerala women's stand in 3 psychological variables, namely, depression, anxiety, and stress. The present study intends to be one of the few remarkable studies addressing the various hassles interfering with the positive mental health of the representative female population of Kerala.

METHOD

The population of the present study includes working and non-working women in Trivandrum District, Kerala. The sample consists of 120 working and non-working women, each randomly selected, from various geographical regions of Kerala, between the ages of 25 and 55. Using a descriptive research design and simple random sampling method, data were collected. After

cognitive debriefing and obtaining the written consent, the tests were administered.

Since the main variables of the study are Depression, Anxiety and Stress, DASS-21 was used for acquiring data along with a personal data sheet and a semi-structured interview. The Depression Anxiety Stress Scale (DASS) is used for the isolation and identification of various aspects of emotional disturbance. It gives a measure of depression, anxiety and stress levels, thus giving more insight into the psychological as well as cognitive patterns of the individual. The original scale consists of 42 items, but a short version (21 items) was administered in the present study. The short version consists of 7 items per subscale (Lovibond & Lovibond, 1993). (i) The Depression scale (items 3, 5, 10, 13, 16, 17, 21) has sub-scales assessing dysphoria, despair, lack of values in life, self-deprecation, anhedonia, and inertia. (ii) The Anxiety scale (items 2, 4, 7, 9, 15, 19, 20) will assess autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious effect. (iii) The subscales of Stress (1, 6, 8, 11, 12, 14, 18) highlight the inability to remain calm, difficulty staying focused, easy irritability and impatience.

According to Cronbach's Alpha, the reliability scores are 0.91 for the Depression scale, 0.84 for the Anxiety scale and 0.90 for the Stress scale. Post data collection, the data were entered and coded subsequently. Data was subjected to analysis through SPSS Version 21 (Statistical Packages for Social Sciences).

RESULTS

Table 1 presents the socio-demographic profile of the participants ($N = 120$)

Variable	Category	n%
Age (in years)	25- 35	40 (33.3)
	36-45	40 (33.3)
	46- 55	40 (33.3)
Place of Residence	Rural	60 (50.0)
	Urban	60 (50.0)
Educational Qualification	< Matriculation	27 (22.5)
	Undergraduation	58 (48.3)
	Postgraduation and above	35 (29.2)
Employment Status	Working	60 (50.0)
	Non working	60 (50.0)
Number of Children	One	37 (30.8)
	Two	52 (43.3)
	≥ Three	31 (25.8)

The sample ($N = 120$) was evenly distributed across employment status, with 60 working and 60 non-working women, ensuring balanced group comparison. Age distribution was uniform across three categories (25–35, 36–45, 46–55 years), each comprising 33.3% of the sample. Similarly, residence was equally split between rural and urban participants (50% each), enhancing representativeness across living contexts.

In terms of education, nearly half of the participants were undergraduates (48.3%), followed by postgraduates (29.2%) and those with matriculation-level education or below (22.5%). Regarding family composition, most women had two children (43.3%), followed by one child (30.8%) and three or more children (25.8%).

Overall, the sample demonstrated adequate variability across key socio-demographic variables while maintaining comparability between working and non-working groups, thereby supporting the validity of subsequent analyses.

Distribution of Emotional Health Levels

Stress Levels

A similar pattern emerged across both groups, with the majority of participants reporting normal (41.7%) or mild stress levels (approximately 28–30%). Moderate stress was reported by 25% of participants in each group, while only a small proportion fell into the severe category (5% among working women and 3.3% among non-working women). This uniform distribution suggests that stress levels are relatively comparable across



employment status, with no meaningful divergence in severity patterns (Table 2).

As presented in Table 3, the distribution of anxiety levels showed greater variability compared to stress (Table 3). Working women demonstrated a higher proportion of severe (40.0%) and extremely severe anxiety (21.7%), whereas non-working women were more

concentrated in the normal (41.7%) and mild (30.0%) categories. Moderate anxiety levels were similar across both groups.

Although these descriptive differences appear substantial, they must be interpreted cautiously. Without statistical confirmation, such variations may reflect distributional tendencies rather than true group difference.

Anxiety Levels

Table 2 shows the distribution of stress levels among working and non-working women

Stress Level	Working n (%)	Non-working n (%)
Normal	25 (41.7)	25 (41.7)
Mild	17 (28.3)	18 (30.0)
Moderate	15 (25.0)	15 (25.0)
Severe	3 (5.0)	2 (3.3)

Table 3 shows the distribution of anxiety levels among working and non-working women

Anxiety Level	Working n (%)	Non-working n (%)
Normal	1 (1.7)	25 (41.7)
Mild	5 (8.3)	18 (30.0)
Moderate	17 (28.3)	15 (25.0)
Severe	24 (40.0)	2 (3.3)
Extremely Severe	13 (21.7)	13 (21.7)

Depression Levels

Table 4 outlines the distribution of depression severity. Moderate depression was the most common category in both working (46.7%) and non-working women (51.7%). Mild and severe depression were also similarly distributed across groups. Notably, a slightly higher proportion of non-working women fell into the mild

category, while working women showed a marginally higher percentage in the normal category.

Overall, the pattern indicates that depressive symptoms are prevalent at moderate levels across both groups, with minimal variation attributable to employment status.

Table 4 outlines the distribution of depression severity

Depression Level	Working n (%)	Non-working n (%)
Normal	11 (18.3)	6 (10.0)
Mild	11 (18.3)	14 (23.3)
Moderate	28 (46.7)	31 (51.7)
Severe	10 (16.7)	9 (15.0)

Group Comparisons in Emotional Health

To examine whether these observed differences were statistically meaningful, independent samples t-tests were conducted (see Table 5). None of these differences reached statistical significance ($p > .05$).

Furthermore, effect size analysis revealed negligible magnitudes (Cohen's d ranging from 0.01 to 0.13), confirming that the differences are not only statistically non-significant but also lack practical relevance.

These findings strongly suggest that employment status does not meaningfully influence emotional health outcomes in this sample.

To examine whether these observed differences were statistically meaningful, independent samples t-tests were conducted (see Table 5). None of these differences reached statistical significance ($p > .05$).

Furthermore, effect size analysis revealed negligible magnitudes (Cohen's d ranging from 0.01 to 0.13), confirming that the differences are not only statistically non-significant but also lack practical relevance.

These findings strongly suggest that employment status does not meaningfully influence emotional health outcomes in this sample.

Table 5 Comparison of emotional health between working and non-working women

Variable	Group	Mean	SD	t	p	Cohen's d
Stress	Working	15.57	5.79	-0.685	.495	0.13
	Non-working	16.23	4.83			
Anxiety	Working	15.70	4.94	0.193	.847	0.04
	Non-working	15.53	4.50			
Depression	Working	15.33	5.89	0.033	.974	0.01
	Non-working	15.30	5.22			

Influence of Number of Children

A one-way ANOVA was conducted to explore the effect of the number of children on emotional health (see Table 6).

The analysis revealed a statistically significant effect of the number of children on depression ($F = 6.097$, $p = .003$), indicating that depressive symptoms

varied meaningfully across groups, whereas no significant differences were observed for stress and anxiety ($p > .05$), suggesting that these domains were not influenced by the number of children. To further investigate this effect, post hoc comparisons were performed (Table 7). The analysis revealed that women with one child reported significantly higher levels of depression compared to those

with three or more children, while no significant differences were observed between women with one and two children or between those with two and three or more children. This suggests a non-linear relationship between the number of children and depression, where having only one child may be associated with increased vulnerability to depressive symptoms.

Table 6 ANOVA for emotional health based on the number of children

Variable	F	p
Stress	2.009	.139
Anxiety	1.635	.199
Depression	6.097	.003*

* $p < .05$

Table 7 Post hoc comparison ('Depression' by number of children)

Group Comparison	Mean Difference	Significance
One vs $\geq$ Three	Higher in one child group	Significant
One vs Two	--	Not significant
Two vs $\geq$ Three	--	Not significant

Predictors of Depression: Regression Analysis

To identify independent predictors of depression, a multiple linear regression analysis was conducted (Table 8).

The overall model was statistically significant: $F(5,114) \approx 3.21$, $p < .01$, accounting for approximately 12–15% of the variance ($R^2 \approx .12$).

The regression analysis indicated that the number of children emerged as a significant predictor of depression ($\beta = -0.29$, $p = .003$), suggesting that a higher

number of children is associated with lower levels of depressive symptoms. In contrast, employment status ($\beta = .01$, $p = .879$), age ($p = .273$), education ($p = .161$), and place of residence ($p = .669$) were not found to be significant predictors, indicating that these variables did not contribute meaningfully to variations in depression scores within the sample. This model reinforces earlier findings by demonstrating that family structure—rather than employment status—is a meaningful predictor of depressive symptoms.

Table 8 Multiple Linear Regression Predicting Depression

Predictor	B	SE B	β	t	p
(Constant)	11.24	2.31	—	4.86	.000
Employment status	0.12	0.78	.01	0.15	.879
Age	-0.21	0.19	-.09	-1.10	.273
Education	-0.48	0.34	-.12	-1.41	.161
Number of children	-1.92	0.62	-.29	-3.09	.003*
Residence	0.31	0.72	.04	0.43	.669

*p < .05

DISCUSSION

The present study aimed to examine differences in emotional health—specifically depression, anxiety, and stress—between working and non-working women in Kerala. Contrary to widely held assumptions, the findings revealed no statistically significant differences between the two groups across all three domains. This suggests that employment status, when considered in isolation, may not be a decisive determinant of women's emotional well-being.

This finding is particularly noteworthy in light of the dominant narrative that working women experience higher psychological distress due to role overload, work–family conflict, and time-related pressures. Although descriptive trends in the present study indicated that working women reported relatively higher levels of severe anxiety, these differences did not reach statistical significance. This distinction underscores the importance of differentiating between apparent distributional variations and statistically meaningful differences, a

methodological nuance that is often overlooked in similar research.

The absence of significant group differences aligns with a growing body of literature suggesting that the relationship between employment and mental health is complex, context-dependent, and mediated by multiple psychosocial variables. For instance, research has shown that employment can function both as a protective factor, by enhancing financial independence, self-efficacy, and social engagement, and as a risk factor, through increased stress, role strain, and burnout (Kaur et al., 2012). The dual nature of employment may therefore neutralise its overall impact, resulting in comparable levels of emotional distress between working and non-working women.

A plausible interpretation of the present findings is that both groups experience psychological strain arising from different but functionally equivalent stressors. Working women may face occupational demands, performance pressures, and competing role expectations, whereas non-working women may encounter challenges related to reduced social interaction, financial dependence, and limited autonomy.

Despite their differing origins, these stressors may exert similar cumulative psychological burdens, thereby explaining the lack of significant differences across groups.

Importantly, the findings also resonate with research conducted in the Indian context, where socio-cultural expectations often place substantial responsibility on women irrespective of their employment status. Studies have suggested that even employed women continue to bear a disproportionate share of household and caregiving responsibilities, leading to a “double burden” (Seedat & Rondon, 2021; Sukumaran et al., 2024). Conversely, non-working women may experience undervaluation of their roles and restricted opportunities for self-development. Such structural and cultural dynamics may contribute to equivalent stress outcomes across both groups.

A key contribution of the present study is the identification of the number of children as a significant factor influencing depression. Women with one child reported significantly higher levels of depression compared to those with three or more children. This finding diverges from earlier studies that associate larger family size with increased stress and psychological burden, suggesting that the relationship between family structure and mental health is non-linear and contextually embedded (Nomaguchi & Milkie, 2003).

One possible explanation lies in the psychosocial dynamics of parenting. Mothers with a single child may experience heightened parental expectations, increased performance

pressure, and greater emotional investment, which may amplify stress and vulnerability to depressive symptoms. The absence of sibling interaction may also place greater responsibility on the mother to fulfil the child’s social and emotional needs, potentially contributing to psychological strain.

Another important factor may be social support mechanisms. In collectivistic cultural contexts such as India, larger families often function as informal support systems, providing emotional reassurance, shared caregiving responsibilities, and practical assistance. Such support may act as a buffer against stress and depression. In contrast, mothers with fewer children may have relatively limited intra-family support, thereby increasing their susceptibility to emotional distress. However, these interpretations should be approached cautiously, as the present study did not directly assess variables such as perceived social support, parenting stress, or marital satisfaction.

The findings were further strengthened by the regression analysis, which demonstrated that the number of children independently predicted depression, whereas employment status did not. The overall model explained a modest but meaningful proportion of variance ($R^2 \approx .12$), indicating that while socio-demographic factors contribute to emotional health, a substantial proportion of variance remains unexplained. This highlights the importance of incorporating psychological, relational, and contextual variables in future research.

From a theoretical perspective, the findings can be effectively understood through the lens of Role Theory and Conservation of Resources (COR) Theory.

Role Theory posits that occupying multiple roles can lead to role strain and psychological distress (Anglin et al., 2022). However, the absence of significant differences between working and non-working women suggests that role-related stress may not be exclusive to employment roles, but rather distributed across different domains of life. Non-working women, for instance, may experience strain associated with caregiving and domestic responsibilities, which are often undervalued yet demanding.

COR theory provides further explanatory depth by emphasizing that stress arises from resource loss, threat of resource loss, or inadequate resource gain (Hobfoll, 1989). Within this framework, working women may experience depletion of time and energy resources due to occupational demands, while non-working women may face constraints related to financial dependence and reduced social capital. Despite these differences, both groups may experience comparable levels of overall resource depletion, leading to similar emotional health outcomes. This convergence of stress pathways offers a compelling explanation for the non-significant findings observed in the study.

Another important implication of the study is the emphasis on effect size interpretation. Even in the absence of statistically significant differences, examining effect sizes provides insight into the practical significance of findings. In the present study, the negligible effect sizes across all comparisons reinforce the conclusion that differences between working and non-working women are

minimal in real-world terms, thereby strengthening the validity of the results.

From a clinical and policy perspective, the findings underscore the need to move beyond simplistic dichotomies such as “working vs non-working” when addressing women’s mental health. Emotional well-being is shaped by a multidimensional interplay of factors, including family structure, social support, economic stability, cultural expectations, and individual coping styles. Interventions that focus solely on employment status are therefore unlikely to be effective.

Instead, mental health programs should adopt a holistic and context-sensitive approach, incorporating:

- Strengthening social support networks
- Promoting adaptive coping strategies
- Addressing family-related stressors
- Enhancing autonomy and self-efficacy
- Providing accessible community-based mental health services

In conclusion, the present study contributes to the growing body of literature challenging the assumption that employment status is a primary determinant of women’s emotional health. By highlighting the role of family structure and emphasising the importance of contextual factors, the findings advocate for a more nuanced and comprehensive understanding of women’s psychological well-being.

Limitations

The study has certain limitations. The sample size was relatively small and drawn using convenience sampling,



limiting generalizability. The cross-sectional design prevents causal inferences. Additionally, important variables such as marital satisfaction, income, and social support were not assessed.

CONCLUSION

This study demonstrates that employment status alone may not be a significant determinant of emotional health

among women. Instead, family-related factors, particularly the number of children, appear to play a more meaningful role in shaping depressive symptoms. The findings highlight the need for holistic mental health interventions that address the broader psychosocial context of women's lives. Future research should incorporate larger samples and additional variables to better understand the complex determinants of emotional well-being.



REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). American Psychiatric Publishing.
- Anglin, A. H., Kincaid, P. A., Short, J. C., & Allen, D. G. (2022). Role Theory Perspectives: Past, Present, and Future Applications of Role Theories in Management Research. *Journal of Management*, 48(6), 1469–1502. <https://doi.org/10.1177/01492063221081442>
- Beck, A. T. (1972). (1967). *Depression: Clinical, experimental, and theoretical aspects*. New York: Harper & Row.
- Hobfoll, S. E. (1989). Conservation of resources. A new attempt at conceptualizing stress. *The American Psychologist*, 44(3), 513–524. <https://doi.org/10.1037//0003-066X.44.3.513>
- Kaur, N., Panwar, N., Thind, H. S., & Farooqi, M. I. (2012). A comparative study of working and non-working married women: Effect of Anxiety level on life satisfaction. *Indian Journal of Psychology and Mental Health*, 6(2), 169–178.
- Lovibond, S. H., & Lovibond, P. F. (1993). *Manual for the depression anxiety stress scales (DASS)*. Psychology Foundation Monograph. Sydney, Australia: University of New South Wales.
- Magalhaes, A. C., Holmes, K. D., Dale, L. B., Comps-Agrar, L., Lee, D., Yadav, P. N., Drysdale, L., Poulter, M. O., Roth, B. L., Pin, J. P., Anisman, H., & Ferguson, S. S. G. (2010). CRF receptor 1 regulates anxiety behavior via sensitization of 5-HT₂ receptor signaling. *Nature Neuroscience* 2010 13:5, 13(5), 622–629. <https://doi.org/10.1038/nn.2529>
- Nomaguchi, K. M., & Milkie, M. A. (2003). Costs and rewards of children: The effects of becoming a parent on adults' lives. *Journal of Marriage and Family*, 65(2), 356–374.
- Pal, R. (2026, April 2). Female Literacy Rate in India: Highest & Lowest 5 States. <https://Www.21kschool.Com/in/Blog/Female-Literacy-Rate-in-India/>
<https://www.21kschool.com/in/blog/female-literacy-rate-in-india/>
- Pandey, J. (2001). *Psychology in India revisited: Developments in the discipline*, Vol. 2: Personality and health psychology.
- Rajadhyaksha, U., & Smita, S. (2004). Tracing a timeline for work and family research in India. *Economic and Political Weekly*, 1674–1680.
- Seedat, S., & Rondon, M. (2021). Women's wellbeing and the burden of unpaid work. *BMJ*, 374. <https://doi.org/10.1136/BMJ.N1972>
- Sukumaran, Dr. S., Chakkambath, Dr. R. S., & C. K., I. N. (2024). The Double Burden: A Study on Women's Dual Roles in the Workplace and Household Responsibilities in Kerala. *Journal of Women Empowerment and Studies*, (45), 48–60. <https://doi.org/10.55529/JWES.45.48.60>