

Relationship between Perceived Social Support and Perceived Stress among Homemakers in Kerala

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Abstract: *The present study examined the relationship between perceived social support and perceived stress among homemakers in Kerala. A quantitative, descriptive-correlational design was used. Data from 111 homemakers were collected using the Multidimensional Scale of Perceived Social Support (MSPSS) and the 10-item Perceived Stress Scale (PSS-10), alongside socio-demographic information. Descriptive statistics were used to summarise the study variables, and correlation analysis was conducted to examine the associations between perceived stress and total perceived social support and its three sources: family, friends, and significant other. The reported mean score for perceived social support was 4.22 (SD = 1.84), and the mean perceived stress score was 17.77 (SD = 5.00). Most participants (82.88%) were classified in the moderate-stress category, 15.32% in the low-stress category, and 1.80% in the high-stress category, according to the categories used in the dissertation. Total perceived social support showed a weak negative association with perceived stress (reported $r = -.143$, $p = .134$). The associations for significant-other support (reported $r = -.156$, $p = .101$), family support (reported $r = -.133$, $p = .163$), and friend support (reported $r = -.104$, $p = .278$) were also weak and not statistically significant. Thus, the analysis as reported did not establish a statistically significant relationship between perceived social support and perceived stress in this sample. The findings should be interpreted cautiously because the sample was limited to 111 participants and the statistical test reported in the dissertation requires verification against the normality results and original output.*

Keywords: perceived social support; perceived stress; homemakers; Kerala; MSPSS; PSS-10

1. Introduction

Perceived stress reflects the extent to which people appraise their lives as unpredictable, difficult to control, or overloaded. It is not determined solely by the number of demands a person encounters; interpretation, coping resources, and situational context also influence the experience of stress (Cohen et al., 1983; Lazarus & Folkman, 1984). The same responsibility may be manageable for one person and overwhelming for another, depending on available resources and the meaning attached to the situation.

Homemaking involves household management, caregiving, and the coordination of family needs. These activities can be meaningful and rewarding, but their continuous and often unrecognised nature may create pressure for some individuals, particularly where opportunities for rest or practical assistance are limited. The experiences of homemakers are not uniform, and stress should not be assumed to be an inevitable consequence of homemaking.

Social support refers to emotional, informational, and practical resources available through relationships. Perceived social support concerns a person's belief that supportive others are available when needed, rather than simply the number of people in their social network. The Multidimensional Scale of Perceived Social Support (MSPSS) assesses perceived support from family, friends, and a significant other (Zimet et al., 1988). These sources may differ in their availability and perceived usefulness.

The stress-buffering hypothesis proposes that social support may help people manage stressful circumstances by providing reassurance, advice, and practical assistance (Cohen & Wills, 1985). The transactional model of stress and coping also highlights the role of appraisal and perceived coping resources in stress experiences (Lazarus & Folkman, 1984).

These perspectives provide a rationale for examining whether homemakers who report greater perceived social support also report lower perceived stress. However, a correlational design cannot establish causation.

The present study focused on homemakers residing in Kerala. It examined total perceived social support and support from significant others, family, and friends in relation to perceived stress. The objectives were to describe perceived social support and perceived stress in the sample and to assess the statistical association between these variables.

2. Materials and Methods

2.1 Research design and participants

A quantitative, descriptive-correlational design was adopted. The study included 111 homemakers residing in Kerala. The dissertation describes the sampling approach as convenience or purposive sampling; the exact method used should be confirmed and stated consistently in the final manuscript. The dissertation describes the intended age range as 25–60 years. The participant recruitment procedure and final eligibility criteria should be checked against the original data-collection records.

2.2 Measures

Multidimensional Scale of Perceived Social Support (MSPSS). The MSPSS developed by Zimet and colleagues assesses perceived support from three sources: family, friends, and a significant other. The dissertation reports an overall perceived social support mean and separate means for the three dimensions.

Perceived Stress Scale (PSS-10). The PSS-10 developed by Cohen, Kamarck, and Mermelstein (1983) was used to assess

participants' subjective appraisal of stress. The instrument is a measure of perceived stress and is not, by itself, a diagnostic tool. The dissertation reports the mean stress score and the distribution across low-, moderate-, and high-stress categories. The scoring method and basis for categorisation should be explicitly verified and documented before submission.

2.3 Procedure and Ethics

According to the dissertation, participants were informed about the purpose of the study, participation was voluntary, confidentiality and anonymity were explained, and participants were informed of their right to withdraw. The dissertation states that verbal agreement was obtained before data collection. Before journal submission, the authors must confirm whether formal institutional ethics approval was required or obtained, provide the approval details if applicable, and ensure that the consent description accurately reflects the procedure actually followed.

2.4 Statistical Analysis

The dissertation reports the use of descriptive statistics, frequencies, percentages, a Shapiro–Wilk normality test, and correlation analysis. Its methods section states that the variables departed significantly from normality and identifies Spearman's rank-order correlation as the primary analysis. However, the abstract and results tables label the reported coefficients as Pearson's r . This is an unresolved reporting inconsistency. The original statistical output must be checked, and the methods, coefficient notation, tables, abstract, and discussion must all be revised to name the test actually conducted. The results below retain the coefficients and p -values as reported in the dissertation and are provisional pending that verification.

3. Results

The study included 111 homemakers. The dissertation reports that 60.55% of participants were aged 25–35 years, 26.61% were aged 36–45 years, 11.93% were aged 46–55 years, and 0.92% were aged 56–60 years. Graduates formed the largest educational group (40.37%). Most participants were married (86.24%). These characteristics describe the study sample and should not be treated as representative estimates for all homemakers in Kerala.

3.1 Descriptive Statistics

Variable	Mean	SD
Total perceived social support	4.22	1.84
Perceived stress	17.77	5
Family support	4.38	2.08
Significant-other support	4.35	2.05
Friend support	3.94	1.85

Family support had the highest reported mean among the three support dimensions, followed by significant-other support and friend support. The dissertation classified 82.88% of participants as experiencing moderate stress, 15.32% low stress, and 1.80% high stress. These category labels and thresholds should be checked against the scoring approach

used for the PSS-10, as the scale does not have universal diagnostic cut-offs.

3.2 Correlation between perceived social support and perceived stress

Support dimension	Reported coefficient	p -value	Interpretation as reported
Total perceived social support	-.143	0.134	Weak negative; not significant
Significant-other support	-.156	0.101	Weak negative; not significant
Family support	-.133	0.163	Weak negative; not significant
Friend support	-.104	0.278	Weak negative; not significant

All reported p -values were greater than .05. Therefore, the dissertation did not find statistically significant associations between perceived stress and total perceived social support or any of the three support dimensions. Because the dissertation inconsistently identifies Pearson's and Spearman's correlation, the coefficients should not be submitted as final until checked against the original output.

4. Discussion

The study examined perceived social support and perceived stress among 111 homemakers in Kerala. The reported mean perceived social support score was 4.22 ($SD = 1.84$), and the mean perceived stress score was 17.77 ($SD = 5.00$). Family support had the highest reported mean of the three support sources, while friend support had the lowest. Most participants were classified in the moderate-stress category under the categories used in the dissertation.

The central finding was a weak negative association between total perceived social support and perceived stress that did not reach statistical significance (reported $r = -.143$, $p = .134$). Associations for significant-other, family, and friend support were also weak and non-significant. The direction of these estimates is consistent with the possibility that greater perceived support accompanies somewhat lower stress, but the present data do not provide sufficient evidence to conclude that these variables were statistically associated in this sample. A non-significant result does not prove that no relationship exists; it indicates that this study did not establish one.

The findings should be interpreted alongside theories that view social support as a potential resource for coping with stress (Cohen & Wills, 1985; Lazarus & Folkman, 1984). Support may be more relevant under particular conditions or when it matches a person's needs. A general total score may not capture the practical availability, quality, or fit of support for specific household demands. At the same time, the current study did not test stress-buffering effects or causal pathways, so these explanations remain possibilities rather than conclusions from the data.

Comparisons with previous research should be made cautiously because studies in the dissertation's literature review differ in population, outcome measures, and design. Research on caregivers, working women, or women

experiencing specific health or social stressors is relevant background, but it does not provide a direct replication of this study. The present results are most appropriately understood as sample-specific evidence that did not establish a statistically significant association between the variables measured.

5. Conclusion

In this sample of 111 homemakers in Kerala, family support had the highest reported mean among the three MSPSS dimensions, and most participants were classified as experiencing moderate stress using the dissertation's categories. The reported associations between perceived stress and total perceived social support, significant-other support, family support, and friend support were weak, negative, and statistically non-significant. The study therefore did not establish a statistically significant relationship between perceived social support and perceived stress. Larger and more diverse samples, clear reporting of the sampling procedure, and verified statistical analysis are needed in future research.

6. Limitations

The sample size was limited to 111 participants and was obtained using a non-probability sampling approach as described in the dissertation. The geographical focus on Kerala and the use of self-report measures limit generalisability. The cross-sectional correlational design does not establish causal direction. The categorisation of PSS-10 scores requires verification, and the discrepancy between Pearson and Spearman correlation reporting must be resolved before the findings are considered publication-ready.

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