

Stress and Coping Mechanisms Among Working Mothers in Urban India: A Descriptive Study

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Abstract: *Working mothers in urban India carry the demands of paid employment and most of the household work at the same time. This study examined perceived stress and coping mechanisms among working mothers, the relationship between the two, and the role of demographic variables. In a descriptive cross-sectional design, a purposive sample of working mothers aged 25 to 50 years from an urban area of Karnataka completed the Perceived Stress Scale (PSS-10) and the Brief COPE Inventory online. The mean perceived stress score was 22.20 (SD = 6.12), and 92.2 percent of the mothers were in the moderate or high range. Acceptance, positive reframing, active coping and planning were the most used strategies. Avoidant coping was positively related to stress ($r = .29, p = .022$); self-blame showed the strongest relationship of any strategy ($r = .53, p < .001$) and active coping the strongest negative one ($r = -.34, p = .006$). The three coping styles together explained 26.1 percent of the variance in stress, with problem-focused coping the strongest negative predictor. Stress and coping did not differ by age, occupation, work sector or number of children. The findings support the transactional model and identify active coping as the strategy to strengthen and self-blame and avoidance as the responses to reduce among working mothers.*

Keywords: perceived stress, coping, working mothers, work-family conflict, Brief COPE, India

1. Introduction

More women in Indian cities are in paid employment than ever before, yet the primary responsibility for the home and the children continues to rest with them. The national time-use survey found that Indian women spend about two and a half times as many minutes per day as men on unpaid domestic and care work, a gap that persists among employed women (National Statistical Office, 2020). A working mother therefore holds two full-time roles at once, and the household work that follows the paid working day has been described as a second shift (Hochschild & Machung, 1989). When the combined demand becomes a regular feature of daily life it is experienced as stress, and how a mother copes with it has consequences for her health, her work and her family.

Two frameworks explain this situation. Greenhaus and Beutell (1985) described work-family conflict as a form of inter-role conflict with time-based, strain-based and behavior-based forms, and Allen et al. (2000) showed that such conflict is consistently related to lower satisfaction and higher psychological strain. The transactional model of Lazarus and Folkman (1984) holds that stress arises when a person appraises a situation as exceeding her resources, and that coping shapes the outcome. Coping may be problem-focused, directed at changing the demand, or emotion-focused, directed at managing the feelings it produces (Folkman & Lazarus, 1980); strategies such as denial and disengagement are described as avoidant and are related to poorer outcomes (Suls & Fletcher, 1985; Skinner et al., 2003; Carver & Connor-Smith, 2010). Carver (1997) developed the Brief COPE to measure 14 such strategies, which later studies have grouped into problem-focused, emotion-focused and avoidant styles (Zeladita-Huaman et al., 2024).

2. Literature Survey

Byron (2005) found in a meta-analysis that working hours and job stress were the strongest predictors of work

interfering with family, and that the number and age of children were the strongest predictors of family interfering with work. Matud (2004) and Tamres et al. (2002) found that women report more chronic stress than men and use more emotion-focused coping, including positive self-talk and support seeking. Noor (2004) found among employed Malaysian women that conflict was more harmful when it disturbed a role the woman valued.

In India, Aryee et al. (2005) showed that family and supervisor support helped employed parents maintain balance. Jain and Nair (2016) and Ratnaprabha et al. (2017) found that parental status, working hours and occupation were related to work-family conflict, with parents of young children and health care and police personnel most affected. Rajgariah et al. (2021) found that twice as many working as non-working mothers of young children reported high parenting stress, and that the two groups differed on religious coping, acceptance and behavioral disengagement. Mahalakshmi et al. (2024) found higher stress among employed than unemployed women. Buddhapriya (2009) found that family responsibility was the main obstacle to the career progress of Indian women professionals, who asked for flexible schedules and childcare support.

Most Indian studies have compared working with non-working women or have used mixed samples, and few have measured perceived stress and coping together with standardized instruments in a sample of working mothers only. The present study addressed this gap. Its objectives were to assess the level of perceived stress among working mothers, to identify the coping strategies they use, to examine the relationship between stress and coping, and to examine whether stress and coping differ by age, occupation, number of children and work sector. It was hypothesized that stress would be negatively related to problem-focused coping (H1a), positively related to avoidant coping (H1b) and related to emotion-focused coping (H1c), and that stress (H2) and coping (H3) would differ across the demographic groups.

3. Methodology

3.1 Design and Participants

A descriptive cross-sectional design was used. Participants were working mothers aged 25 to 50 years in an urban area of Karnataka, India, with at least one child, in paid employment for at least 30 hours a week for six months or more, and able to read English. A purposive sample was recruited through the author's personal and professional networks, with a planned size of 60 to 100; the final sample fell within this range, which is adequate to detect a medium correlation at the .05 level (Cohen, 1988). Every item in the online form was compulsory and every respondent gave consent and met the criteria, so no response was excluded. The mean age was 38.5 years ($SD = 5.5$), and more than half (54.7 percent) were aged 31 to 40. The largest occupational group was information technology and software (31.2 percent). A large majority (81.2 percent) worked in the private sector and the rest were self-employed. Half had one child, 78.1 percent lived in nuclear families, and 43.8 percent worked more than eight hours a day.

3.2 Measures

Perceived stress was measured with the 10-item Perceived Stress Scale (Cohen et al., 1983; Cohen & Williamson, 1988), scored 0 to 40 with four items reversed; its reliability and validity are well established (Lee, 2012), and alpha here was 0.78. Totals of 0 to 13, 14 to 26 and 27 to 40 were described as low, moderate and high. Coping was measured with the Brief COPE (Carver, 1997; Carver et al., 1989), 28 items rated 1 to 4 that form 14 two-item subscales scored 2 to 8. Following Zeladita-Huaman et al. (2024), the subscales were grouped into problem-focused (active coping, planning, instrumental support, positive reframing), emotion-focused (emotional support, venting, humor, acceptance, religion, self-blame) and avoidant (self-distraction, denial, substance use, behavioral disengagement) styles, scored as mean item scores from 1 to 4; alphas were 0.73, 0.78 and 0.76. A demographic form collected age, occupation, sector, number of children, age of the youngest child, family type, working hours and years in the job. No identifying information was collected.

3.3 Procedure and Analysis

The instruments were built into a single Google Form with the information and consent statement on the first page, and the link was shared with eligible mothers. Completion took about 15 to 20 minutes. Participation was voluntary and anonymous, and the study was approved by the research guide and the Department of Psychology, Jain (Deemed-to-be University). Descriptive statistics, Pearson and Spearman correlations, multiple regression, Welch's *t* test and one-way ANOVA were used, with a significance level of .05.

4. Results

4.1 Level of Perceived Stress

The mean PSS-10 score was 22.20 ($SD = 6.12$, range 3 to 37), and the scores were normally distributed. Only 7.8 percent of

the mothers were in the low range, while 71.9 percent were in the moderate range and 20.3 percent in the high range. More than half felt nervous and stressed (53.1 percent) and unable to control the important things in their lives (51.6 percent) fairly often or very often, while only 10.9 percent said they never or almost never felt confident about handling their problems.

4.2 Coping Strategies

Table 1 ranks the 14 subscales and Figure 1 shows them. The most used strategies were acceptance ($M = 6.06$), positive reframing ($M = 5.86$), active coping ($M = 5.75$) and planning ($M = 5.58$), each used at least a medium amount by about six in ten mothers. The least used were substance use ($M = 2.69$), humor and behavioral disengagement. Problem-focused coping was the dominant style ($M = 2.72$, $SD = 0.51$), followed by emotion-focused ($M = 2.38$, $SD = 0.53$) and avoidant coping ($M = 2.03$, $SD = 0.60$). The styles were positively intercorrelated ($r = .43$ to $.62$).

Table 1: Brief COPE subscales ranked by mean score, with correlation with perceived stress

Subscale	Style	M	SD	r
Acceptance	EF	6.06	1.44	.00
Positive reframing	PF	5.86	1.33	-.05
Active coping	PF	5.75	1.45	-.34**
Planning	PF	5.58	1.41	-.14
Self-distraction	AV	5.23	1.34	.18
Religion	EF	4.92	1.78	-.15
Use of emotional support	EF	4.86	1.70	-.01
Venting	EF	4.66	1.57	.34**
Use of instrumental support	PF	4.56	1.70	.03
Self-blame	EF	4.28	1.95	.53**
Denial	AV	4.20	1.85	.27*
Behavioral disengagement	AV	4.14	1.78	.37**
Humor	EF	3.81	1.82	.12
Substance use	AV	2.69	1.61	-.02

Note. Subscale range 2 to 8. *r* = Pearson correlation with the PSS-10 total. PF = problem-focused; EF = emotion-focused; AV = avoidant. * $p < .05$. ** $p < .01$

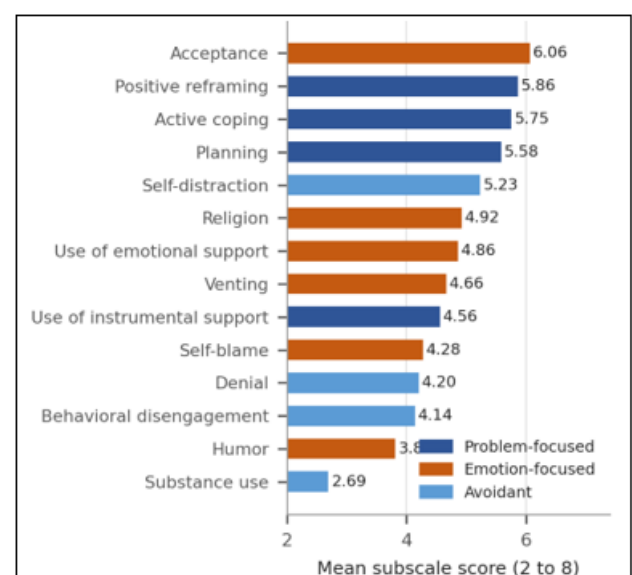


Figure 1: Mean scores on the 14 Brief COPE subscales, ranked by use

4.3 Relationship Between Stress and Coping

Avoidant coping was positively related to perceived stress ($r = .29, p = .022$), supporting H1b. Problem-focused coping was negatively but not significantly related ($r = -.17, p = .175$), although active coping within it was ($r = -.34, p = .006$), so H1a was partly supported. Emotion-focused coping was positively related but short of significance ($r = .24, p = .058$); within it, self-blame showed the strongest correlation of any subscale ($r = .53, p < .001$) and venting was also related to higher stress ($r = .34, p = .006$), while acceptance, emotional support, humor and religion were unrelated. Behavioral disengagement ($r = .37$) and denial ($r = .27$) were related to higher stress. Figure 2 shows the two strongest relationships.

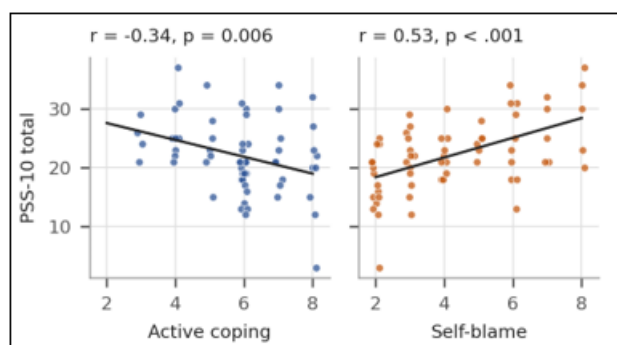


Figure 2: Perceived stress in relation to active coping and self-blame

Because the styles were intercorrelated, stress was regressed on the three styles together (Table 2). The model was significant and explained 26.1 percent of the variance. With shared variance removed, problem-focused coping was a significant negative predictor ($Beta = -.53, p < .001$), emotion-focused coping a positive predictor ($Beta = .39, p = .017$) and avoidant coping a positive predictor just short of significance ($Beta = .27, p = .062$).

Table 2: Multiple regression of perceived stress on the three coping styles

Predictor	B	SE	Beta	t	p
Problem-focused	-6.28	1.67	-.53	-3.75	< .001
Emotion-focused	4.58	1.87	.39	2.45	.017
Avoidant	2.75	1.44	.27	1.90	.062

Note. $R^2 = .26$, adjusted $R^2 = .22$, $F = 7.08$, $p < .001$

4.4 Demographic Comparisons

Perceived stress did not differ significantly by age group ($F = 0.11, p = .899$), occupation ($F = 0.08, p = .969$), work sector ($t = 0.27, p = .788$) or number of children ($t = 0.39, p = .701$), nor by age of the youngest child, family type, working hours or years in the job (all $p > .25$); H2 was not supported. The coping styles did not differ across any group (all $p > .07$); H3 was not supported. Two non-significant tendencies were in the expected direction: 27.3 percent of mothers whose youngest child was five or below were in the high stress range, against 13.6 percent of those whose youngest was six to twelve, and 28.6 percent of mothers working more than eight hours a day were in the high range, against 13.9 percent of those working up to eight hours.

5. Discussion

Three findings stand out. First, stress was high and widespread: the mean of 22.20 is about one standard deviation above the mean of around 16 reported for women in large general population samples (Cohen & Janicki-Deverts, 2012), and 92.2 percent of the mothers were in the moderate or high range. The item pattern, with overload and lack of control reported far more often than lack of confidence, matches what the transactional model predicts for a capable person under a heavy and familiar load, and the time-use evidence (National Statistical Office, 2020) describes the source of that load. The result agrees with Rajgariah et al. (2021) and Mahalakshmi et al. (2024).

Second, the mothers coped mainly through acceptance, positive reframing, active coping and planning, and rarely through substance use or giving up. This is consistent with the preference of women for positive self-talk and support seeking (Tamres et al., 2002) and with the prominence of acceptance among working mothers found by Rajgariah et al. (2021). Because many of a working mother's demands cannot be removed, acceptance and reframing are adaptive rather than passive responses in the transactional view (Folkman & Lazarus, 1980).

Third, the relationship between stress and coping depended on the type of coping. Avoidant coping, especially behavioral disengagement and denial, went with higher stress, in line with the evidence on avoidance (Suls & Fletcher, 1985; Carver & Connor-Smith, 2010). Active coping went with lower stress, and when the overlap between the styles was removed, problem-focused coping became the strongest predictor of lower stress, as Zeladita-Huaman et al. (2024) also found with the same instruments. The most striking result was the medium to large relationship between self-blame and stress, stronger than that of any other strategy. Indian working mothers are often expected to prove that their job does not come at the cost of their family and may hold themselves responsible for any shortfall; the finding suggests that this self-criticism is one of the strongest companions of stress in this group, and it is also the response that counseling can most directly address. It also explains the unclear result for the emotion-focused style, which mixes helpful strategies such as acceptance with harmful ones such as self-blame (Skinner et al., 2003).

The absence of demographic differences contrasts with Jain and Nair (2016), Ratnaprabha et al. (2017) and Mahalakshmi et al. (2024). The likely reasons are that every participant was an employed mother, so the sample was homogeneous on the factors that produce the largest differences in those studies; that the sample came from one city and mainly from private and self-employed work; and that it was of moderate size. The tendencies for mothers of children under five and mothers working more than eight hours to fall in the high range more often are in the direction predicted by Byron (2005) and deserve testing in a larger sample.

5.1 Implications

For counselors, the results identify self-blame, avoidance and venting as the responses to reduce and active, problem-

solving coping as the strategy to strengthen. For employers, they show that moderate to high stress is the usual condition of working mothers across departments and levels, and they support flexible hours, supportive supervision and childcare assistance, which Indian women professionals themselves request (Buddhapriya, 2009) and which reduce conflict among Indian employed parents (Aryee et al., 2005). For families, they underline that the household load has not yet been shared.

5.2 Limitations

The sample was of moderate size, purposively drawn from one urban area, and consisted mainly of educated women in private and self-employed work who could read English and complete an online form. All measures were self-report and the design was cross-sectional, so the direction of the relationship between coping and stress cannot be established. Domestic help, the husband's share of housework, income and employer support were not measured. Larger and more diverse samples, longitudinal designs, direct measurement of social support and intervention studies focused on active coping and self-blame are the natural next steps.

6. Conclusion

Working mothers in urban India reported stress well above the general population level, spread across ages, occupations and family types. They coped mainly by accepting, reframing, acting and planning. Their stress was lower where they took direct action, higher where they avoided the problem, and highest where they blamed themselves. How a mother copes matters as much as what she faces, and the strategies that matter most are the ones that counseling, workplaces and families can change.

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