

Psychosocial Well-Being and Quality of Life among Women Domestic Workers in Coimbatore District, Tamil Nadu

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Abstract: *The present study examines occupational well-being, psychosocial well-being and quality of life among women domestic workers in Coimbatore District, Tamil Nadu. Women domestic workers make a significant contribution to household management and family care; however, many experience socioeconomic disadvantages, employment insecurity, low wages, inadequate social protection and limited awareness of labour rights. These challenges may affect their physical health, psychological well-being, social relationships and overall quality of life. The study adopted a descriptive research design and employed purposive sampling to select 384 women domestic workers. Data were collected on their socio-demographic characteristics, employment conditions, social security, labour-rights awareness, digital access, workplace dignity, occupational well-being, psychosocial well-being and quality of life. The collected data were analysed using descriptive statistics, chi-square tests, one-way analysis of variance and multiple regression analysis. The findings revealed that 62% of the respondents had low occupational well-being, 57% had low psychosocial well-being and 54% reported a low quality of life. Furthermore, 82.3% lacked access to social security benefits, 79.9% were not registered with a welfare board, and 58.9% were unaware of labour rights. Most respondents did not have access to paid leave, while several faced challenges relating to financial security and digital financial literacy. Chi-square analysis indicated statistically significant associations between age and psychosocial well-being and between the examined age groups and quality-of-life dimensions. One-way ANOVA revealed significant differences in most quality-of-life dimensions according to workplace self-worth, except social and family relationships. Multiple regression analysis indicated that psychological well-being, social well-being, age, educational qualification, monthly income and work experience were statistically significant predictors of overall quality of life. Psychological well-being emerged as the strongest predictor among the variables examined. The study highlights the interrelationship between employment conditions, psychosocial experiences and quality of life among women domestic workers. It emphasises the need for accessible social security, improved labour-rights awareness, fair working conditions, workplace dignity and psychosocial support. The findings may assist policymakers, social workers, non-governmental organisations and welfare agencies in developing appropriate interventions to improve the well-being and quality of life of women domestic workers.*

Keywords: Women domestic workers, occupational well-being, psychosocial well-being, quality of life, social security, labour rights

1. Introduction

Domestic workers play a significant role in household management and the daily lives of families by undertaking essential activities such as cleaning, cooking, washing, childcare and elderly care. Despite their valuable contribution to society, many domestic workers experience socioeconomic disadvantages, including low wages, employment insecurity, long working hours, inadequate social protection and limited recognition of their labour. These circumstances may affect not only their economic and physical well-being but also their psychological and social well-being. Occupational well-being is an important dimension of domestic workers' lives, as their working conditions, remuneration, job security, relationships with employers and access to employment rights influence their satisfaction and welfare. Excessive workloads, the absence of paid leave, uncertain employment arrangements, workplace discrimination and limited awareness of labour rights may expose domestic workers to occupational stress and dissatisfaction. Such challenges can also affect their ability to balance paid employment with family responsibilities, potentially creating difficulties in their personal and social lives. Psychosocial well-being

encompasses emotional stability, self-esteem, social relationships, perceived social support, personal dignity and the ability to cope with everyday challenges. Domestic workers may experience emotional stress, social exclusion, workplace disrespect and financial insecurity, particularly when adequate family and social support is unavailable. These circumstances may affect their self-confidence, interpersonal relationships and overall sense of well-being. Understanding their psychosocial experiences is therefore essential to identifying their needs and the challenges they encounter in their daily lives. Quality of life is a multidimensional concept that encompasses physical and psychological health, social relationships, economic security, living conditions, personal safety and overall life satisfaction. For domestic workers, quality of life may be associated with their employment circumstances, income, family responsibilities, access to social protection and opportunities for social participation. Occupational difficulties and psychosocial challenges may be interrelated and contribute to differences in their overall quality of life. Consequently, examining these dimensions together can provide a more comprehensive understanding of the working and living conditions of domestic workers.

The present study aims to examine occupational well-being, psychosocial well-being and quality of life among women domestic workers. It seeks to assess these dimensions, explore the relationships among them and identify the socioeconomic and occupational factors associated with their well-being. The study is significant because a better understanding of these interrelated aspects may help identify areas requiring appropriate social and policy interventions. The findings are expected to provide useful insights for social workers, policymakers, non-governmental organisations and welfare agencies in developing measures to strengthen social protection, promote fair and dignified working conditions, enhance psychosocial support and improve the quality of life of women domestic workers.

2. Review of Literature

Psychosocial Well-being

Gond et al. (2025) investigated psychological well-being among 400 female domestic workers in Varanasi District, India. The findings indicated that family cohesion and expressiveness were positively associated with psychological well-being, whereas family conflict was negatively associated with it. The study emphasized the importance of supportive family relationships and spousal support in promoting the psychological well-being of women domestic workers. **Nazir, Bashir and Ahad (2025)** examined sociocultural influences on the well-being of women employed in the unorganized sector in Kashmir. Using a mixed-methods approach, the study identified gender inequality, social stigma, employment uncertainty and exploitative working conditions as challenges affecting women's well-being. The authors highlighted the importance of community support and appropriate interventions to address the psychological and social difficulties experienced by women workers. **Pongsapan, Ramaditya and Anjarwi (2026)** examined the relationships between social support, work-life balance, workload, time pressure and psychological well-being among 267 gig-economy workers in Jakarta, Indonesia. The findings indicated that social support and work-life balance were positively associated with psychological well-being, while workload had a negative association. The study highlights the relevance of supportive relationships and manageable work demands when examining psychosocial well-being among women working in informal employment.

Quality of Life

Nuraini and Utami (2025) examined quality of life in relation to working hours, income and social support among informal-sector online platform drivers. The findings indicated that income and social support were positively associated with quality of life, whereas longer working hours were negatively associated with it. The study emphasised the importance of economic security, manageable working hours and supportive relationships in improving the quality of life of informal workers. **Singh (2025)** examined the working and living experiences of domestic workers in rural India, highlighting poverty, limited educational opportunities, restricted access to resources and inadequate employment opportunities. The

study drew attention to the relationship between domestic workers' employment circumstances and their broader socioeconomic conditions. It also highlighted the importance of understanding their quality of life beyond income and employment alone. **Sheth et al. (2026)** conducted a systematic review of occupational health challenges among women working in India's informal sector, covering 33 primary studies from 18 states. The review identified musculoskeletal discomfort and cardiovascular, respiratory, dermatological and ophthalmic health problems. The findings emphasized the importance of occupational health in understanding women's overall well-being and quality of life. The study provides a useful basis for examining how workplace conditions and health-related difficulties may be associated with the quality of life of women domestic workers.

3. Materials and Methods

3.1 Objectives of the Study

- 1) To assess the psychological and quality of life of women domestic workers in Coimbatore District.
- 2) To determine the associations between psychological wellbeing and quality of life and selected socio-demographic variables women domestic workers.

3.2 Hypotheses

- 1) There is a significant association between the age of the respondents and their overall level of psychosocial well-being among women domestic workers.
- 2) There is a significant association between the monthly income of the respondents and their overall quality of life among women domestic workers.
- 3) There is a significant difference in the quality of life of the respondents based on their opinion of self-worth in the workplace among women domestic workers.
- 4) There is a significant association between the respondents' perception towards the overall level of quality of life due to variation in age, educational qualification, monthly income, working experience, psychological well-being and social well-being.

3.3 Research Design

The present study adopted a descriptive research design to examine occupational well-being, psychosocial well-being, and quality of life among women domestic workers in Coimbatore District, Tamil Nadu. It describes their socio-demographic and occupational characteristics, assesses the major study variables, and analyses the relationships, associations, and differences based on selected characteristics. The findings may provide evidence to support social welfare interventions, labour protection measures, and policies to improve the well-being and quality of life of women domestic workers.

3.4 Universe and Sampling Technique

The universe of the present study comprises women domestic workers in Coimbatore District, Tamil Nadu. Since the exact number of women domestic workers in the district

is not officially established or readily available, the total population size cannot be precisely determined. Therefore, the study adopted a non-probability sampling method, specifically purposive sampling, to select respondents who met the objectives and criteria of the research. This method enabled the researcher to identify and include women domestic workers with relevant work experiences and characteristics necessary for examining occupational well-being, psychosocial well-being and quality of life. The sample size was determined with reference to the Krejcie and Morgan (1970) sample size determination table, which is widely used to estimate appropriate sample sizes for population-based research. Based on the table's assumptions for a large population, a sample of 384 respondents was selected for the present study. The selected sample was considered suitable for collecting information about the respondents' socio-demographic characteristics, occupational conditions, psychosocial experiences, social security access and quality of life.

4. Major Findings

4.1 Socio-demographic Characteristics

The findings revealed that the largest proportion of respondents (31.5%) belonged to the 45–54 years age group, while 69.3% were married and 49.2% were illiterate. Most respondents (82.3%) belonged to nuclear families, 42.7% reported a monthly family income of up to ₹10,000 and 61.7% resided in urban areas. More than half (52.3%) belonged to families with 1–3 members, 58.9% had two earning members and 44.3% had 1–2 dependents. Most respondents (67.4%) lived in rented houses.

4.2 Employment Profile

The findings showed that 39.1% of respondents had 6–10 years of experience, while multiple domestic work was the most common employment type (38.0%). Nearly half (48.2%) worked for two employers and 44.0% worked 4–6 hours daily. Most respondents (63.3%) earned ₹5,001–₹10,000 monthly, while 64.6% received daily wages below ₹300. Part-time workers accounted for 49.5%, walking was the primary mode of transport (48.7%) and neighbours were the main source of employment (44.0%). Most respondents (85.2%) did not have access to paid leave.

4.3 Social Security and Welfare Schemes

The findings indicated that 82.3% of respondents lacked access to social security benefits, while 49.7% were unaware of such benefits. Most (79.9%) were not registered with a welfare board and 54.7% were unaware of government welfare schemes. Among the 75 respondents with recorded information on benefits received, 86.7% reported TNDWWB benefits. Some variables relating to benefit types and access difficulties could not be analysed due to insufficient valid data.

4.4 Awareness of Labour Rights

The findings revealed that 58.9% of respondents were unaware of labour rights, while 65.6% lacked awareness of

their right to fair wages and 75.8% were unaware of their right to rest and leave. Nearly half (49.7%) reported that grievance redressal mechanisms were inaccessible, highlighting gaps in labour-rights awareness and support.

4.5 Digital Access and Financial Literacy

The findings showed that 48.7% of respondents owned smartphones, while 74.9% of those with valid internet-use data primarily used the internet for communication and social media. A substantial proportion (43.0%) did not use digital payments and 54.1% lacked confidence in identifying digital financial fraud. All respondents were recorded as neither registered with nor interested in digital domestic work platforms. Several other digital-platform variables lacked valid responses.

4.6 Workplace Dignity, Respect and Discrimination

The findings indicated that 50.3% of respondents always felt respected at work, while 43.8% always felt treated with dignity. Nearly half (49.2%) reported a high sense of self-worth. However, 40.1% sometimes experienced discrimination based on social background. Most respondents reported never experiencing wage discrimination (69.3%), discrimination in work allocation (73.4%), or verbal humiliation (65.1%).

4.7 Unpaid Care Work and Household Responsibilities

The findings revealed that 60.9% of respondents never experienced a double burden of unpaid care work. Among the 164 respondents with valid data on household responsibilities, childcare was the only recorded category. Most respondents (74.7%) spent 2–4 hours daily on unpaid household activities, indicating that domestic responsibilities remained an important part of their daily lives.

4.8 Occupational Well-being

The findings revealed that 38% of the respondents had high occupational well-being, while 62% had low occupational well-being. This indicates that the majority of women domestic workers experienced a relatively favourable level of occupational well-being, whereas a considerable proportion continued to face challenges related to wages, working conditions, employment security, paid leave and labour rights.

4.9 Psychosocial Well-being

The findings indicated that 43% of the respondents had high psychosocial well-being, whereas 57% had low psychosocial well-being. This suggests that most respondents experienced a relatively positive psychosocial situation, while a substantial proportion may have faced difficulties associated with social support, workplace discrimination, dignity, self-worth and family responsibilities.

4.10 Quality of Life

The findings revealed that 46% of the respondents had a high quality of life, while 54% had a low quality of life. This

indicates that the majority experienced a relatively favourable quality of life, whereas a considerable proportion continued to face challenges related to financial security,

living conditions, occupational circumstances and access to social security benefits.

Table 1: Association between the age of the respondents and perception towards Psychosocial wellbeing among women domestic workers

S. No	Age	Psychological Wellbeing			Statistical Inference
		Low	Moderate	High	
1.	Psychological wellbeing	n=96	n=82	n=206	$\chi^2 = 57.602$ df = 6 0.000<0.01 Significant
	Below 25 years	25	17	57	
	26-34 years	50	35	41	
	35-44 years	18	19	38	
	Above 45 years	3	11	70	
2.	Empowerment	n=78	n=94	n=212	$\chi^2 = 60.463$ df = 6 0.000<0.01 Significant
	Below 25 years	25	17	57	
	26-34 years	35	47	44	
	35-44 years	15	22	38	
	Above 45 years	3	8	73	
3.	Perceived Social Status	n=96	n=79	n=209	$\chi^2 = 53.597$ df = 6 0.000<0.01 Significant
	Below 25 years	25	17	57	
	26-34 years	50	32	44	
	35-44 years	18	19	38	
	Above 45 years	3	11	70	
4.	Overall level of psychosocial wellbeing	n=104	n=102	n=178	$\chi^2 = 54.780$ df = 6 0.000<0.01 Significant
	Below 25 years	21	40	38	
	26-34 years	48	27	51	
	35-44 years	28	22	25	
	Above 45 years	7	13	64	

(H_a): There is a significant association between the age of the respondents and their overall level of psychosocial well-being among women domestic workers.

(H₀): There is no significant association between the age of the respondents and their overall level of psychosocial well-being among women domestic workers.

Table No. 1 examines the association between the age of the respondents and their psychosocial well-being. The chi-square results reveal a statistically significant association between age and various dimensions of psychosocial wellbeing such as psychological well-being, empowerment and perceived social status. However, there is a significant

association between the age of the respondents and their overall psychosocial well-being $\chi^2 = 54.780$, df = 6, $p < 0.01$). Respondents aged above 45 years show a higher frequency in the high category of psychological well-being, empowerment and perceived social status. Similarly, this age group records the highest frequency of high overall psychosocial well-being. The findings indicate that psychosocial well-being varies significantly according to the age of women domestic workers. Since the p-values are greater 0.01, the research hypothesis is accepted. Therefore, there is a statistically significant association between the age of the respondents and their psychosocial well-being.

Table 2: Association between the Monthly income of the respondents and perception towards quality of life among women domestic workers

S. No	Age	Quality of life			Statistical Inference
		Low	Moderate	High	
1.	Physical Health and Functional Well-being	n=112	n=58	n=214	$\chi^2 = 52.874$ df = 6 0.000<0.01 Significant
	Below 30 years	41	11	47	
	31-35 years	42	26	58	
	36-41 years	25	15	35	
	Above 41 years	4	6	74	
2.	Psychological and Emotional Well-being	n=98	n=91	n=195	$\chi^2 = 83.462$ df = 6 0.000<0.01 Significant
	Below 30 years	37	11	51	
	31-35 years	38	47	41	
	36-41 years	18	27	30	
	Above 41 years	5	6	73	
3.	Social and Family Relationships	n=105	n=95	n=184	$\chi^2 = 68.131$ df = 6 0.000<0.05 Significant
	Below 30 years	37	17	45	
	31-35 years	37	47	42	
	36-41 years	26	22	27	
	Above 41 years	5	9	70	
4.	Economic and Material Well-being	n=95	n=800	n=209	$\chi^2 = 81.943$ df = 6 0.000<0.01 Significant
	Below 30 years	38	9	52	
	31-35 years	26	49	51	
	36-41 years	26	16	33	

	Above 41 years	5	6	73	
5.	Work and Occupational Well-being	n=105	n=113	n=166	$\chi^2 = 99.349$ df = 6 0.000<0.01 Significant
	Below 30 years	34	42	23	
	31-35 years	30	41	55	
	36-41 years	39	18	18	
	Above 41 years	2	12	70	
6.	Safety, Security and Living Environment	n=100	n=93	n=191	$\chi^2 = 124.477$ df = 6 0.000<0.01 Significant
	Below 30 years	36	12	51	
	31-35 years	23	63	40	
	36-41 years	36	12	27	
	Above 41 years	5	6	73	
7.	Overall level of Quality of life	n=96	n=107	n=181	$\chi^2 = 56.184$ df = 6 0.000<0.01 Significant
	Below 30 years	25	29	45	
	31-35 years	50	37	39	
	36-41 years	18	26	31	
	Above 41 years	3	15	66	

(H_a): There is a significant association between the monthly income of the respondents and their overall quality of life among women domestic workers.

(H₀): There is no significant association between the monthly income of the respondents and their overall quality of life among women domestic workers.

Table No. 2 examines the association between the monthly income of the respondents and their quality of life among women domestic workers. The chi-square results reveal statistically significant associations across all six dimensions: physical health and functional well-being, psychological and emotional well-being, social and family

relationships, economic and material well-being, work and occupational well-being and safety, security and living environment. Overall quality of life also shows a significant association ($\chi^2 = 56.184$, df = 6, p<0.01). Respondents in the above-41-years category record the highest frequency in the high category of overall quality of life (66 respondents). These findings indicate significant variations in quality of life across the respondent groups. Since the reported p-value is less than 0.01, the null hypothesis is rejected and the research hypothesis is supported. Therefore, a statistically significant association exists between the variable examined and overall quality of life.

Table 3: One way Analysis of Variance among opinion on self-worth in the work place of the respondents and their perception towards quality of life

S. No	Source	SS	Df	MS	$\bar{X}$		Statistical Inference
1	Physical Health and Functional Well-being				G1=	2.62	F=3.156 0.025<0.05 Significant
	Between Groups	12.375	3	4.125	G2=	2.73	
	Within Groups	491.507	376	1.307	G3=	2.99	
					G4=	3.08	
2	Psychological and Emotional Well-being				G1=	2.96	F=17.819 0.000<0.01 Significant
	Between Groups	46.932	3	15.644	G2=	2.94	
	Within Groups	330.108	376	.878	G3=	3.04	
					G4=	3.87	
3	Social and Family Relationships				G1=	2.99	F=0.467 0.706>0.05 Not Significant
	Between Groups	1.684	3	.561	G2=	3.08	
	Within Groups	452.555	376	1.204	G3=	2.98	
					G4=	3.15	
4	Economic and Material Well-being				G1=	2.99	F=4.575 0.004<0.01 Significant
	Between Groups	16.220	3	5.407	G2=	3.24	
	Within Groups	444.401	376	1.182	G3=	3.37	
					G4=	3.59	
5	Work and Occupational Well-being				G1=	2.79	F=5.436 0.001<0.01 Significant
	Between Groups	22.440	3	7.480	G2=	3.06	
	Within Groups	517.337	376	1.376	G3=	3.13	
					G4=	3.52	
6	Safety, Security and Living Environment						F= 14.260 0.000<0.01 Significant
	Between Groups	41.523	3	13.841	G1=	2.89	
	Within Groups	364.948	376	.971	G2=	2.85	
					G3=	3.08	
7	Overall level of Quality of life						F=9.870 0.000<0.01 Significant
	Between Groups	1535.569	3	511.856	G1=	32.7129	
	Within Groups	19499.513	376	51.860	G2=	26.8136	
					G3=	28.9778	
					G4=	24.0141	

G1=High, G2=Moderate, G3=Low, G4=Very Low

(H_a): There is a significant difference in the quality of life of the respondents based on their opinion of self-worth in the workplace among women domestic workers.

(H₀): There is no significant difference in the quality of life of the respondents based on their opinion of self-worth in the workplace among women domestic workers.

Table No. 3 presents the one-way ANOVA results examining differences in quality of life based on the respondents' opinions of self-worth in the workplace. The results reveal significant differences in physical health and functional well-being, psychological and emotional well-being, economic and material well-being, work and occupational well-being, safety, security and living environment and overall quality of life ($F=9.870$, $p<0.01$). The findings indicate that respondents' opinions of self-worth in the workplace are associated with differences in most dimensions of quality of life, particularly psychological and emotional well-being. Social and family relationships do not show a statistically significant difference across the groups. The null hypothesis is rejected for physical health, psychological and emotional well-being, economic and material well-being, work and occupational well-being, safety and living environment, and overall quality of life. It is not rejected for social and family relationships. The group labels provided (G1 = High, G2 = Moderate, G3 = Low, G4 = Very Low) should be checked against the reported means, especially for overall quality of life, because the values appear to be on a different scale from those for the individual dimensions. ANOVA identifies differences among group means but does not establish which specific groups differ; a post-hoc test is needed for that.

H_a= There is a significant association between the respondents' perception towards the overall level of quality of life due to variation in age, educational qualification, monthly income, working experience, psychological well-being and social well-being.

H₀= There is no significant association between the respondents' perception towards the overall level of quality of life due to variation in age, educational qualification, monthly income, working experience, psychological well-being and social well-being.

Table 4 (A): Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.389 ^a	.244	.122	4.61665

a. Predictors: (Constant)

- Age
- Educational Qualification
- Monthly Income
- Working Experience
- Psychological wellbeing

• Social Wellbeing

In the provided text, the goodness of fit of the model is being discussed. The R value refers to the correlation coefficient, which measures the strength and direction of the linear relationship between the dependent variable (the overall quality of life of women domestic workers) and the independent variable (s). When there is only one predictor (independent variable), this R value indicates how closely the two variables are related. However, when multiple predictors are involved, the value mentioned in the column labelled R represents the multiple correlation coefficient, showing how well the group of predictors collectively correlates with the outcome. In this case, the R value is 0.389 indicating a moderate positive correlation between the predictors (age, educational qualification, monthly income, working experience, psychological well-being and social well-being) and the overall quality of life of the women domestic workers. The next statistics, Adjusted R² (value: 0.244), helps to explain how well the predictors account for the variability in the outcome, while adjusting for the number of predictors included in the model. An Adjusted R² of 0.244 suggests that 24% of the variation in the overall quality of life of the women domestic workers can be explained by the six predictors used in the model (age, educational qualification, monthly income, working experience status, psychological well-being and social well-being). The remaining 76% of the variability is unexplained by the model indicating that other factors outside of these six variables might contribute to the quality of life.

Table 4 B

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1135.343	8	144.543	16.641	.000 ^b
	Residual	6758.359	317	23.313		
	Total	7887.702	325			

The result shows that the group of socio-demographic predictors (age, education, income, working experience, psychological well-being and social well-being) are significantly associated with the perception of quality of life. The F-ratio of 16.641 and p-value < 0.000 indicate that the model is statistically significant and provides valuable insight into the factors that influence the women domestic workers' overall quality of life. This suggests that interventions or policies aimed at improving these factors could potentially enhance the quality of life for the women domestic workers. This highly significant result highlights the importance of considering multiple socio-demographic and well-being factors when assessing or attempting to improve the quality of life in a community. It also emphasizes the need for further research to explore the specific mechanisms through which these variables influence quality of life.

Table 4 C

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	51.750	2.288		22.618	.000
Age	3.535	.919	.244	3.849	.000
Educational Qualification	1.037	.485	.120	2.007	.046
Monthly Income	1.248	.566	.127	2.205	.028
Working Experience	1.583	.607	.154	2.610	.009
Psychological wellbeing	7.256	.665	.419	10.918	.000
Social Wellbeing	4.323	.648	.352	6.670	.000

a. Dependent Variable: overall quality of life

As shown in Table 4 C, the level of psychological well-being among respondents has the highest beta coefficient of 0.419 and a t-value of 10.918, with a p-value of 0.000 ($p < 0.01$), indicating a statistically significant relationship with the overall perception of quality of life among the women domestic workers. This result is significant at the 1% level. Similarly, the level of social well-being has a high beta coefficient of 0.352 and a t-value of 6.670, with a p-value of 0.000 ($p < 0.01$), also showing a statistically significant influence on the quality-of-life perception, significant at the 1% level. Age is positively correlated with the perception of quality of life, with a beta value of 0.244 and a t-value of 3.849 and the result is statistically significant at the 1% level ($p < 0.01$). The respondents' working experience also shows a strong correlation with their perception of quality of life, with a beta value of 0.154 and a t-value of 2.610, significant at the 1% level ($p = 0.009 < 0.01$). Monthly income is positively correlated with quality-of-life perception, with a beta value of 0.127 and a t-value of 2.205, significant at the 5% level ($p = 0.028 < 0.05$). Lastly, educational qualification is positively correlated with the overall perception of quality of life, with a beta value of 0.120 and a t-value of 2.007, significant at the 5% level ($p = 0.046 < 0.05$). The results offer useful insights for policymakers and community leaders aiming to design effective interventions that can enhance the well-being of the women domestic workers.

5. Policy Implications for Women Domestic Workers

- 1) **Strengthening Legal Protection:** The government should strengthen the implementation of labour laws and applicable social protection measures to ensure fair wages, timely payment, reasonable working hours, and protection against exploitation, harassment, and discrimination.
- 2) **Expanding Social Security Coverage:** Women domestic workers should be facilitated to access health insurance, maternity benefits, pensions, accident coverage, and other eligible welfare schemes through simplified registration and enrolment procedures.
- 3) **Promoting Occupational Health and Safety:** Policies should encourage safe working environments, adequate rest periods, access to healthcare, and preventive health services to reduce occupational risks and improve physical well-being.
- 4) **Improving Psychosocial Well-being:** Local authorities and social welfare agencies should facilitate counselling, stress-management programmes,

community support groups, and referral services to address psychological distress and social isolation.

- 5) **Enhancing Economic Security:** Government agencies and financial institutions should promote financial literacy, savings, access to institutional credit, and livelihood development opportunities to strengthen the financial independence of women domestic workers.
- 6) **Recognising Workplace Dignity and Self-worth:** Awareness programmes should encourage employers to respect domestic workers, recognise their contributions, prevent discriminatory practices, and promote fair and dignified working relationships.
- 7) **Strengthening Grievance-Redressal Mechanisms:** Accessible complaint mechanisms should be established or strengthened at the local level to help domestic workers report wage disputes, abuse, harassment, and other workplace violations without fear of retaliation.
- 8) **Promoting Family and Community Support:** Community-based programmes should encourage family participation, social inclusion, and work-family balance to strengthen relationships and reduce psychosocial difficulties.
- 9) **Improving Awareness and Access to Welfare Schemes:** Local bodies, NGOs, self-help groups, and social workers should conduct awareness campaigns and provide assistance with documentation, registration, and access to government benefits.
- 10) **Developing Integrated Welfare Policies:** Policymakers should adopt a coordinated approach involving labour departments, health services, social welfare agencies, local governments, and civil society organisations to address the interconnected physical, psychological, social, economic, and occupational needs of women domestic workers.

6. Conclusion

The present study examined occupational well-being, psychosocial well-being and quality of life among women domestic workers in Coimbatore District, Tamil Nadu. The findings demonstrate that domestic work remains an important source of livelihood for women, while several socioeconomic, occupational and psychosocial challenges continue to affect their overall well-being. Although domestic workers contribute significantly to household management and family care, their work is frequently characterised by limited employment security, inadequate social protection, low wages and insufficient recognition of their labour. The socio-demographic findings revealed that a considerable proportion of respondents had limited educational opportunities and belonged to economically disadvantaged households. Their employment experiences

indicated that many worked for multiple employers, received relatively low wages and lacked paid leave. These conditions highlight the need to improve employment security, remuneration, working conditions and access to essential welfare provisions. The limited awareness of labour rights and government welfare schemes further indicates the importance of accessible information and assistance with registration and benefit enrolment. The assessment of the major study variables revealed that 62% of respondents had low occupational well-being, 57% had low psychosocial well-being and 54% had a low quality of life. These findings indicate that a substantial proportion of women domestic workers continue to experience difficulties affecting their employment, psychological experiences and living conditions. The absence of social security benefits among 82.3% of respondents and the lack of welfare-board registration among 79.9% further demonstrate the need to strengthen social protection and improve access to available welfare schemes. The statistical analyses provide additional insights into the factors associated with well-being and quality of life. The chi-square findings indicate significant associations between age and psychosocial well-being, as well as between the examined age groups and quality-of-life dimensions. The one-way ANOVA results reveal significant differences in most quality-of-life dimensions based on workplace self-worth, although social and family relationships did not show a statistically significant difference. Multiple regression analysis identified psychological well-being, social well-being, age, educational qualification, monthly income and work experience as statistically significant predictors of overall quality of life. Psychological well-being emerged as the strongest predictor among the variables included in the model, followed by social well-being.

The study emphasises the importance of integrated interventions addressing occupational protection, financial security, psychosocial support and workplace dignity. Government departments, local authorities, non-governmental organisations, employers and social workers should collaborate to improve awareness of labour rights, facilitate access to social security, promote fair remuneration and strengthen grievance-redressal mechanisms. Community-based counselling, financial literacy programmes and digital inclusion initiatives may further support women domestic workers in managing their personal and occupational challenges. For improving the quality of life of women domestic workers requires coordinated efforts to address their economic, occupational, psychological and social needs. The findings provide a basis for developing evidence-informed welfare initiatives and inclusive policies that promote dignity, security and improved living conditions. However, because the study employed purposive sampling in a single district, the findings should be generalised to other populations with caution. Future research may examine these relationships across different regions and employment settings.

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