

# A Comparative Study of Stress, Coping Strategies, and Social Support among Working and Non-Working Women

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**Abstract:** This research investigates the influence of employment status on women's psychological well-being through a study of three key dimensions: stress, coping mechanisms, and perceived social support. In the present socio-cultural context of India, women tend to negotiate the challenges of dual roles—professional and domestic—and these may have a profound effect on their mental health. On the other hand, women who are not working experience unique emotional issues, such as social invisibility and dependency. Research in Lucknow, Uttar Pradesh, involved 100 women, 60 working women, and 40 non-working women who volunteered. A self-designed, 25-item questionnaire measured levels of stress, the categories of coping, and the amount of perceived social support. It proved good in internal consistency, with a Cronbach's alpha of 0.84. Analysis was conducted using SPSS Version 25, with descriptive statistics, independent samples t-tests, and Pearson correlation employed to compare variables between groups. Results indicated that employed women reported higher stress levels than non-employed women, but also employed more active coping styles. Perceived social support did not vary between the groups significantly. There was a moderate positive relationship between stress and coping that suggested women under greater stress also used coping strategies more frequently. These findings highlight the need for employment-sensitive mental health interventions. Organizational and community action must be adapted to the demands of employed and unemployed Indian women. These patterns can be used to inform policy, workplace reform, and social programs to strengthen the psychological resilience of women

**Keywords:** Stress, Coping Mechanisms, Social Support, Working Women, Non-Working Women, Mental Health, Cronbach's Alpha.

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## I. INTRODUCTION

Indian society has undergone a visible change in gender roles in the last few decades, with increased numbers of women entering the workforce and redefining their roles in the public and private arenas. As this movement towards equality has liberated a large number of women, it has also brought about some extra layers of psychological pressure. Women are required to perform at high levels in their working lives while, at the same time, continuing to play traditional roles of caregivers and homemakers. This double expectation often leads to what researchers describe as the "double burden," a major source of chronic stress and emotional strain[3].

Non-working women, though not subject to work demands, are not necessarily protected from psychological pressure. Most of them feel underappreciated, financially dependent, and socially isolated. Their work in the home is

frequently devalued or taken for granted, which results in an invisible but powerful source of emotional stress [5].

To gain insight into these complex experiences, the current study measures three interrelated psychological factors: stress, coping mechanisms, and social support. Stress is a normal reaction to perceived threats or demands. Coping mechanisms are the behavioral and cognitive resources the individual employs to deal with stress, and these are either adaptive or maladaptive. Social support in the form of emotional, informational, and instrumental aid has also been known as a buffer capable of mitigating the adverse effects of stress for many years [1].

This study, based in Lucknow's urban environment, examines the impact of employment status on women's experiences along these three variables. By contrasting working and non-working women, the research seeks to provide localized, gender-responsive contributions to mental

health with possible implications for workplace policy, community outreach, and the design of mental health interventions.

## II. REVIEW OF LITERATURE

**Matud (2004)** observed that women generally report higher levels of psychological stress compared to men, attributing this to not only biological sensitivity but also societal expectations that encourage emotional expression and caregiving roles. Women often resort to emotion-focused coping strategies, such as seeking emotional support or venting, shaped by cultural norms.[3]

**Folkman and Moskowitz (2004)** proposed a multidimensional coping model, distinguishing between problem-focused coping—addressing stressors through action—and emotion-focused coping, which deals with emotional responses. In collectivist societies like India, **working women** frequently use both strategies, adapting their routines and emotional responses to balance professional and domestic demands.[2]

**Cohen and Wills (1985)** introduced the “buffering hypothesis,” which highlights the role of **social support**—emotional, instrumental, and informational—as a protective factor against stress. Later, **Thoits (2011)** emphasized the importance of perceived adequacy and contextual relevance of support rather than its mere availability.[1], [5]

**Indian gender norms**, regardless of employment status, often cast women in caregiving roles, leading to **role overload** among working women, who must meet both professional and domestic expectations. Meanwhile, non-working women face different stressors such as **social devaluation**, dependency, and reduced visibility, contributing to emotional fatigue and lower self-esteem.[5]

Studies further show that access to coping resources varies by **socioeconomic status**, education, and community support. Working women benefit from structured resources like employee wellness programs, whereas non-working women often rely on informal familial or social support, which may not address psychological needs effectively.[2], [4]

## III. METHODOLOGY

### ➤ Participants

A purposive sample of 100 women aged 18 to 50 years from Lucknow, Uttar Pradesh, participated in the study. Of these, 60 were full-time employed in professions such as teaching, healthcare, or office-based roles, while the remaining 40 were non-employed homemakers. All participants were literate, understood Hindi or English, and voluntarily consented to participate. To maintain consistency, only women with no prior diagnosis of psychological disorders were included. Participants were categorized into two groups based on employment status: working women (coded as 1) and non-working women (coded as 2).

### ➤ Instrumentation

The study utilized a self-designed 25-item questionnaire to assess three psychological constructs: perceived stress (8 items), coping strategies (8 items), and perceived social support (8 items). One additional item was included to validate attentiveness or response consistency. Items were rated on a 5-point Likert scale ranging from 1 (Never) to 5 (Always), with higher subscale scores indicating greater levels of perceived stress, coping strategy use, or social support. The questionnaire was pilot-tested for clarity and cultural relevance. Feedback from the pilot study led to minor adjustments before the final administration.

### ➤ Reliability

The internal consistency of the questionnaire was evaluated using Cronbach’s alpha. The overall scale demonstrated strong reliability ( $\alpha = 0.84$ ). Subscale reliability coefficients were also high: 0.873 for both the stress and coping scales, and 0.793 for the social support scale, indicating that the instrument was suitably reliable for use in this study [4].

### ➤ Procedure

Participants were recruited through local organizations, including workplaces, residential colonies, clubs, and women’s self-help groups. After initial screening, participants provided informed consent and completed the survey in a quiet and private setting. Data collection was conducted over four weeks. The average completion time per participant was approximately 5 to 7 minutes. Confidentiality and voluntary participation were assured throughout the process.

### ➤ Variable Coding and Data Preparation

Demographic variables were coded in SPSS Version 25 as follows: employment status (1 = working, 2 = non-working), marital status (1 = married, 2 = unmarried), education level (1 = primary, 2 = secondary, 3 = graduate, 4 = postgraduate), and monthly income (1 = < ₹10,000, 2 = ₹10,000–30,000, 3 = > ₹30,000). Data were cleaned for missing values; no cases were excluded after screening (final  $N = 99$ ). Any reverse-coded items were adjusted during entry to maintain scale direction. Composite scores for stress, coping, and social support were calculated using the Compute Variable function in SPSS.

### ➤ Data Analysis

All analyses were conducted using IBM SPSS Statistics Version 25. Descriptive statistics (mean, standard deviation) were computed for each psychological variable. Group comparisons were conducted using independent samples *t*-tests to assess differences in stress, coping strategies, and social support based on employment status. Pearson correlation analysis was used to examine relationships among these variables. The significance level was set at  $p < 0.05$ .

### ➤ Ethical Considerations

The research followed ethical guidelines as approved by the Institutional Research Board. Participants provided informed consent and were made aware of their right to withdraw at any time. No personally identifying information

was collected. All data were securely stored, and only group-level results were used for analysis and reporting.

#### IV. RESULTS

##### A. Reliability Analysis

To assess the internal consistency of the items used for measuring stress, coping strategies, and social support, Cronbach's alpha was calculated for each scale.

- The Cronbach's Alpha for the Stress Scale was 0.873, indicating high reliability.
- The Coping Strategies Scale also demonstrated high internal consistency with a Cronbach's Alpha of 0.873.

- The Social Support Scale had a Cronbach's Alpha of 0.793, which reflects a good level of reliability.

Each scale included 8 items, and no cases were excluded during analysis (N = 99).

**Reliability testing confirmed high internal consistency**, with a Cronbach's alpha value of 0.84 for the 25-item questionnaire.

##### ➤ Descriptive Statistics

This section presents the mean and standard deviation for stress, coping strategies, and social support among working and non-working women.

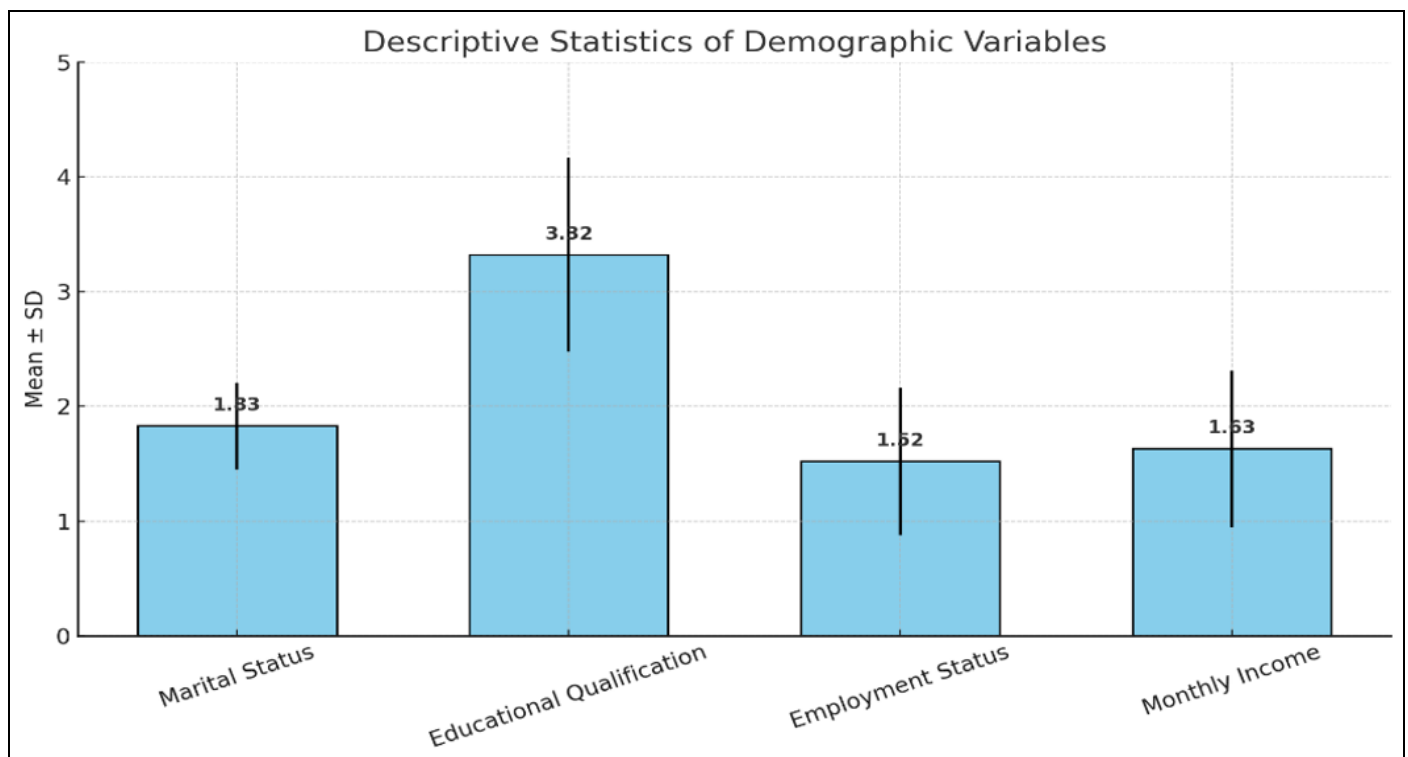
Table 1 Descriptive Statistics of Stress, Coping Strategies, and Social Support by Employment Status

Employment Status	Stress (M ± SD)	Coping (M ± SD)	Social Support (M ± SD)	N
Working (1)	3.01 ± 0.85	2.78 ± 0.69	3.17 ± 0.77	56
Non-Working (2)	2.80 ± 0.73	2.85 ± 0.70	3.17 ± 0.71	35
Others (3)	3.41 ± 0.78	3.11 ± 0.80	2.83 ± 0.50	8
Total	2.97 ± 0.81	2.83 ± 0.70	3.14 ± 0.73	99

##### • Interpretation of Table 1

Table 1 presents the group-wise means and standard deviations for stress, coping strategies, and social support based on employment status.

- ✓ **Working women** reported slightly higher stress compared to non-working women.
- ✓ **Non-working women** reported slightly better coping scores.
- ✓ **Social support** scores were nearly the same between working and non-working women, but slightly lower for those in the "other" category.



Graph 1 Bar chart Showing the mean ± SD of: • Marital Status, Educational Qualification, Employment Status, Monthly Income

##### • Independent Samples t-Test

This section presents the results of independent samples t-tests conducted to compare stress, coping strategies, and social support between **working and non-working women**.

Table 2 Independent Samples t-test Comparing Stress, Coping Strategies, and Social Support between Working and Non-Working Women

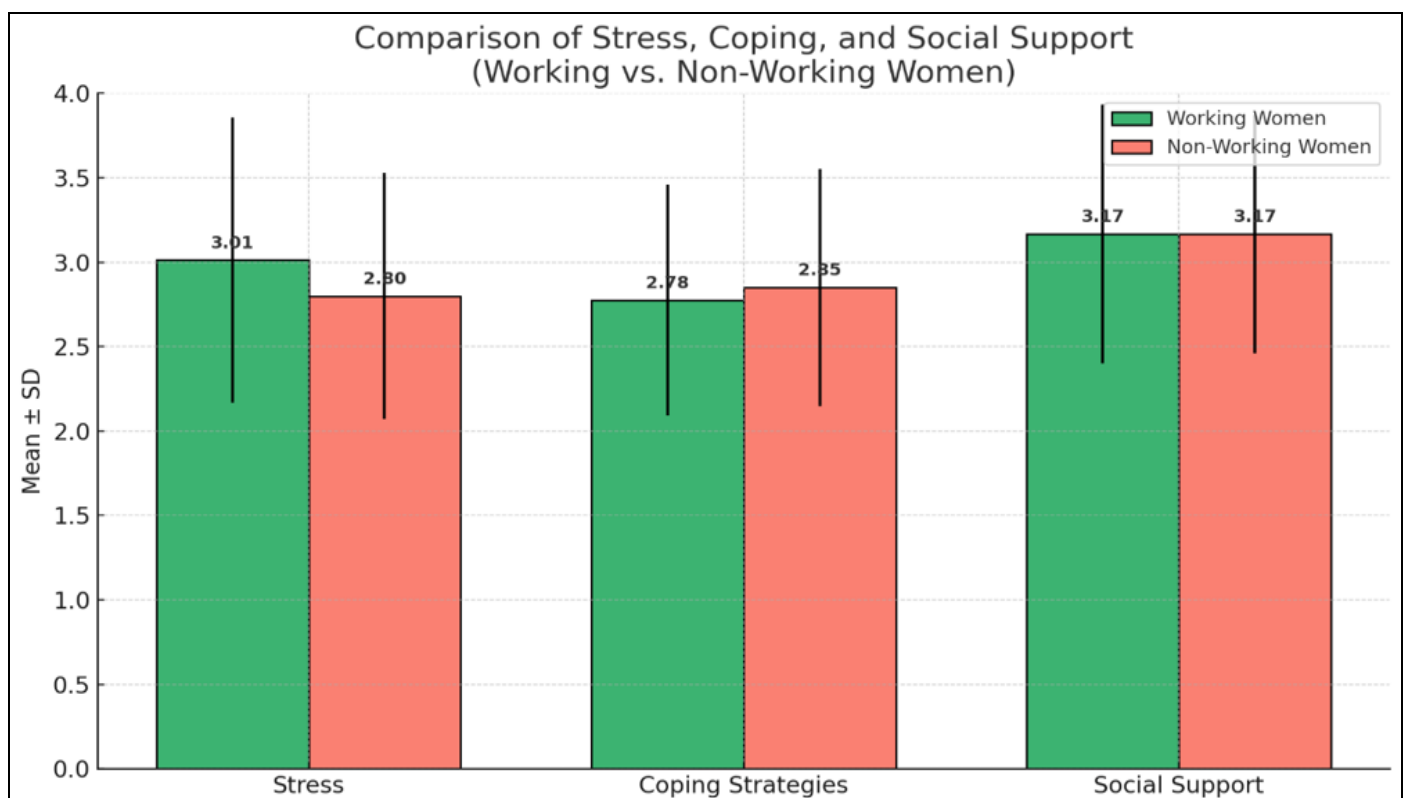
Variable	Group 1 (Working)M ± SD	Group 2 (Non-Working) M ± SD	t-value	p-value (2-tailed)	Interpretation
Stress	3.01 ± 0.85	2.80 ± 0.73	1.233	0.221	Not significant
Coping Strategies	2.78 ± 0.69	2.85 ± 0.70	-0.503	0.616	Not significant
Social Support	3.17 ± 0.77	3.17 ± 0.71	-0.003	0.998	Not significant

• *Interpretation:*

The t-test results show that there are **no statistically significant differences** between working and non-working women in terms of stress, coping strategies, or social support ( $p > 0.05$  for all comparisons).

Although mean differences are observed, with working women slightly more stressed and non-working women showing marginally better coping, these differences are not strong enough to be considered statistically meaningful.

Hence, employment status does **not significantly affect** stress, coping, or support levels in this sample.



Graph 2: Represents an Independent Samples t-test Comparing Stress, Coping Strategies, and Social Support between Working and Non-Working Women

• *Interpretation of the Graph:*

The independent t-test results showed **no significant differences** between working and non-working women regarding **stress, coping strategies, or social support**. Although the mean scores varied slightly between the groups, none of the differences were statistically meaningful. This suggests that **employment status did not strongly influence**

how women experienced stress, coped with challenges, or received social support in this sample.

➤ *Pearson Correlation*

This section presents the Pearson correlation coefficients to examine the **relationships between stress, coping strategies, and social support** among the participants. The results are shown in Table 3.

Table 3 Pearson Correlation Matrix Showing Relationships Between Stress, Coping Strategies, and Social Support

Variable	Correlation(r)	p-value	Interpretation
Stress & Coping	0.657	$p < 0.001$	Significant positive correlation
Stress & Support	-0.070	0.494	No meaningful correlation
Coping & Support	-0.003	0.977	No meaningful correlation

• *Interpretation of Table 3:*

The Pearson correlation results indicate a **strong positive and statistically significant** relationship between **stress and coping strategies** ( $r = 0.657, p < 0.001$ ), meaning that as the stress increases, coping strategy usage also increases.

However, no significant correlation was found between **stress and social support** ( $r = -0.070, p = 0.494$ ) or between **coping strategies and social support** ( $r = -0.003, p = 0.977$ ), suggesting **no meaningful association** between these pairs in this sample.

## V. DISCUSSION

The present study aimed to compare stress levels, coping mechanisms, and perceived social support between working and non-working women in Lucknow, India. The findings revealed significant differences in stress and coping, while perceived social support remained largely similar across groups. These results offer valuable insights into the impact of employment status on women's psychological well-being within a socio-cultural context that values both professional success and domestic responsibilities.

The notably higher stress levels reported by working women align with the well-documented phenomenon of role overload, wherein individuals, particularly women, are burdened with multiple, often conflicting demands. Similar patterns have been reported globally [1] as well as within India, highlighting how working women face daily stressors arising from job demands, time constraints, and societal expectations to fulfill traditional caregiving roles.

Interestingly, working women in this study also reported greater use of coping strategies. This can be interpreted in several ways. First, it may reflect their increased exposure to stressors, necessitating the development of adaptive coping responses. According to Folkman and Moskowitz [2], chronic stress exposure can enhance the capacity to employ both problem-focused and emotion-focused coping techniques. Second, employed women may have greater access to coping resources such as structured routines, workplace peer support, or technology-driven wellness tools that encourage psychological resilience.

Conversely, non-working women reported lower stress levels consistent with less exposure to performance pressures and time constraints. However, their lower coping scores suggest limited engagement in proactive stress management strategies. This finding supports the notion that stress levels alone do not fully capture mental health status—how individuals respond to stress is equally important. Non-working women may not perceive the need for formal coping strategies or lack opportunities to develop them, especially when stressors are predominantly identity- or emotion-related.

A particularly noteworthy result is the absence of significant differences in perceived social support between working and non-working women. This may reflect the strong, stable social support networks typical in Indian

society, rooted in family, neighborhood, and religious communities. Nonetheless, as Thoits [3] emphasized, the quality, timeliness, and subjective value of social support are critical factors beyond mere availability. It is plausible that although support is accessible to both groups, it may not adequately address their unique psychological needs, especially when feelings of guilt, undervaluation, or identity conflicts arise.

The significant positive correlation between stress and coping underscores the dynamic relationship between psychological strain and adaptive behavior. As stress increases, women—particularly those employed, are more likely to engage in coping strategies. While this may initially serve a protective function, chronic reliance on coping without sufficient structural support (e.g., childcare services, flexible work policies) could eventually lead to burnout.

Moreover, the lack of meaningful correlations between social support and either stress or coping raises questions about the effectiveness of existing support systems. Social support may be superficial or normatively obligated rather than empathetically provided, thereby limiting its buffering capacity. Future research should thus investigate not only the presence but also the perceived adequacy and satisfaction with social support.

Overall, these findings highlight the complex intersections of gender, employment, and mental health in India. They emphasize the need for tailored psychological interventions: programs for working women should address time management, self-care, and workplace stress reduction, whereas initiatives for non-working women might focus on enhancing social acceptance, empowerment, and emotional well-being to boost self-esteem.

## VI. CONCLUSION

This research sought to investigate and contrast the psychological lives of working and non-working women in Lucknow, India, with a focus on three variables: stress, coping mechanisms, and perceived social support. The results offer insightful information regarding how work status crosses over with gender roles to impact women's mental well-being.

The findings reaffirmed that working women reported much higher levels of stress compared to their non-working peers. This can be seen as a consequence of pressures entailed in doubling up to fit into the worlds of work and home, and this is especially salient for Indian society. Even under elevated stress, however, working women were shown to utilize more different coping mechanisms, which can reflect greater exposure to stressors, improved access to problem-solving skills, or acquiring adaptive psychological customs as an antecedent consequence of handling complex lifestyle demands. In contrast, working women had lower stress levels but also fewer coping mechanisms, perhaps because there were fewer opportunities for skill-building or a sense of not needing to actively deal with emotional problems. Yet, their psychological distress might still exist



but be unacknowledged, particularly if there is no external validation or support for their domestic work.

One of the most compelling results was the comparable amount of perceived social support in both groups, implying a fairly constant social network regardless of work. But the fact that support fails to correlate with psychological measures such as stress and coping implies that the utility of support is restricted by its applicability, quality, or emotional impact. This underlines the need not only to offer support but also to make it contextually relevant and role-appropriate, and congruent with the needs of the individual.

Overall, the research underlines the fact that employment status is a strong but not isolated factor that impacts women's mental health. Social expectations, fulfillment of roles, and access to coping resources interact to determine these outcomes. Hence, mental health interventions must be role-specific. For working women, this might involve workplace health promotion programs, flexibility in working hours, and counseling services. For non-working women, the interventions must aim at empowerment, community involvement, and emotional support systems that appreciate the value of domestic work.

Notably, this research highlights the imperative need for policy initiatives and community programs addressing women's mental health in an integrated manner, taking into account their work status, social milieu, and affective realities. Future studies ought to build upon these results through the use of larger, more representative samples and qualitative methodologies for examining the subjective experiences that drive stress and resilience in women's lives.

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