



Impact of Gender Role Expectations on Mental Health Among Working Women in South Asian Households

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ABSTRACT

Background: Traditional gender role expectations may significantly influence the mental health of working women in South Asian households. Despite growing female participation in the workforce, societal and familial norms continue to place disproportionate expectations on women to fulfill domestic responsibilities alongside professional roles.

Objective: To examine the association between traditional gender role expectations and mental health outcomes specifically depression, anxiety, and stress among working women in South Asian societies.

Methods: A mixed-methods design was employed, involving data collection from 300 working women across Pakistan, India, Bangladesh, and Nepal. Standardized mental health scales (DASS-21), gender role expectation measures (GREW), and in-depth interviews were utilized to assess the psychological impact of gendered expectations.

Results: Quantitative findings revealed a strong positive correlation between perceived gender role pressures and elevated levels of depression, anxiety, and stress. Qualitative data highlighted recurring themes such as the “double burden syndrome,” emotional suppression, and lack of family or institutional support.

Conclusion: The findings underscore the urgent need for cultural and policy-level interventions to reduce gender-based pressures and promote mental well-being. This study contributes to a deeper understanding of the intersection between gender norms and psychological health in a South Asian context.

INTRODUCTION

South Asia can be characterized by a wide range of socio-economic changes that have occurred in recent decades, with women being one of the most notable contributors to the workforce (Aziz, Sheikh, & Shah, 2022; Islam, Jannat, and Al Rafi, 2024). Females in such states as Pakistan, India, Bangladesh, Sri Lanka, and Nepal are making a significant contribution to national economies in addition to taking care of family and household duties (Bag and Barman, 2022; Basak and Singh, 2022). Nonetheless, as the economic contribution of working women increases, they are still burdened with more stereotypical gender roles as leading caregivers, housewives and secondary members of patriarchal families (Munodawafa & Zengeni, 2022). This ongoing social pressure puts a two-fold strain, as women have to work both a career and some culturally determined household responsibilities (Aziz, 2023). This dual burden leads to significant tension in the psychological well-being of working women, and the expectations of gender roles and their consequences are significant to mental health in South Asian societies (Naseem, Ghaus, Ali, and Tabassum, 2024).

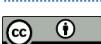
Gender roles refer to social conventions that support what individuals of a specific biological sex are allowed to do, what they are obligated to do, and what they have an opportunity to do (Erickson-Schroth, 2022). These norms in most south Asian cultures have strong religious, historical and familial roots. In many cultures, women have to live by such principles as modesty, sacrifice, submission, and nurturing behavior, irrespective of their own personal or professional ambitions (Pervin and Mokhtar, 2023). In contemporary urban areas, this can be observed quite often, where working women face opposition when their career goals conflict with the established family patterns or the social norms of the surrounding situation (Chaudhary and Dutt, 2022). An example is a woman who works late or earns more than her partner but could be criticized, suspicious, or her respect in her family lowers (Pike and English, 2022; Nagy, Geambasha, Gergely, and Somogyi, 2023). Such

situations lead to guilt, anxiety, depression, and long-term stress, the evident signs of impaired mental well-being.

This conflict between work and the area of life and strict gender roles is especially sharp in South Asian families owing to collectivism and intergenerationally (Udayanga, 2024). In the contrast to the Western nuclear families, South Asian women tend to live in extended families where influence of the in-laws, especially of the mothers-in-law, may play a major role in shaping the domestic obligations as well as individual freedom. Within this kind of environment, the role of a woman as a daughter-in-law, wife, and mother prevails over her career as a woman of profession. Experience of failure to undertake all these traditional roles despite her obligations at work may result in emotion abuse, isolation, or marital conflict. These are not only stressors with emotional strain, but may also be in the form of psychological disorders, including anxiety disorders, depressive episodes, and burnout syndrome. The problem is further aggravated by the stigma present towards mental health in society. The topic of mental health remains a taboo in most South Asian societies, especially among women, who in most cases are required to experience emotional suffering in silence

HIGHLIGHTS

Research insights	Traditional gender role expectations significantly increase depression, anxiety, and stress levels among South Asian working women, revealing deep-rooted societal pressures.
Practical insights	Implementing gender-sensitive counseling, awareness programs, and supportive community initiatives can help women manage dual responsibilities and improve mental well-being.
Industry insights	Promoting equitable workplace policies, flexible schedules, and family-inclusive practices can enhance women's productivity, satisfaction, and overall psychological health.



and resilience (Reda, 2023). The fact of psychological assistance may be understood as an expression of weakness or inability to perform duties (Mursa, Patterson, and Halcomb, 2022). Consequently, a significant number of working women deny their mental health requirements, stress inwardly, and work under duress, which in the long term results in mental health damages. The cultural discourse surrounding the sanctity of self-sacrifice in women effectively deters self-care, emotion expression, and career aspirations, and the cycle of psychological suffering and potential disappointment continues. In addition, the institutional support is absent, which worsens the problem. South Asian work places are not gender sensitive in terms of flexible working hours, childcare, maternity benefits, and mental health programs. As a result, there is a collision of demands and minimal external assistance, which add to the stress and anxiety of women. Such organizational and policy-level failure to recognize challenges related to gender is symptomatic of more general systemic injustices that depersonalize women at home and in the work environment (Lwamba et al., 2022).

Although feminist movement and education have contributed to the change in the perception of gender in younger generations, things have changed unequally (Nigah, 2024). More autonomous women can be observed in urban areas and educated women, although women in rural or more conservative environments continue to fight against deeply-rooted norms (Pakasi, Hidayana, van der Kwaak, & Benedicta, 2024). Also, the psychological effect of gender expectations is not confined to a particular type of classes or level of education; even very educated and professionally successful women state that they feel guilty, exhausted, and in conflict with themselves because of the expectations of a way to be an ideal woman in society.

Based on such realities, it is important to consider the impact of gender role expectations on mental wellness of working women in South Asia. This is a socially relevant issue that is also vital to the discourse of social health, reforms in gender policy, and mental health advocacy. Learning about the psychological implications of gendered cultural norms can be useful to inform more accommodating workplace policies, community-based mental health, and gender equity-promoting educational campaigns.

Within the framework of the current paper, the changes in the mental health of working women in South Asian families due to the traditional gender roles are multifaceted, and the sociocultural factors influencing this change can be analyzed, and possible interventions to ensure the well-being of working women can be identified. This way, it aims to bring to light a rather unrecognised element to gender inequality and contribute to more fair and supportive settings in which women can flourish, work-related and other things.

METHODOLOGY

This research paper will use a mixed-method to explore in detail the role of gender role expectations on the mental health of working women in South Asian families. The study combines both qualitative and quantitative data to ensure that it may record not just the statistical patterns, but also the lives of the participants.

A structured questionnaire was developed and used in a sample of 300 working women in a sample of the differing South Asian nation such as Pakistan, India, Bangladesh and Nepal to measure the quantitative aspect. A purposive sampling method was used to select the participants so that it could be diverse in relation to profession, marital status, family structure (nuclear or joint) and socio-economic background. Mental health status and perception of gender role pressures were measured using standardized scales of the Depression Anxiety Stress Scales (DASS-21) and the Gender Role Expectations of Women Scale (GREW), respectively. Data was organized with the help of SPSS where descriptive statistics, correlation, and regression analysis were utilised to assess relationships between variables.

Gender Role Expectations and Mental Health in Working Women

The qualitative aspect was the in-depth semi-structured interviews with 20 participants of the same pool. These interviews were either through face-to-face or virtual interviews based on the availability and location of the participants. It intended to gain a better understanding of the way in which gender role expectations are expressed in everyday life, and what impact are expectations on emotional and psychological health. NVivo software was used to perform thematic analysis in order to determine recurrent patterns, emotional responses, and coping mechanisms.

The institutional review board granted its ethical approval and all participants gave informed consent. During the study, anonymity and confidentiality were maintained. This dual method of the synthesis of quantitative data with colorful, narrative-oriented qualitative data guarantees the comprehensive perspective of the issue, and therefore, their findings are sound and contextualized.

RESULTS

This chapter presents the findings of the study, which aimed to evaluate the impact of gender role expectations on the mental health of working women in South Asian households. Data were analyzed through both quantitative (questionnaire-based) and qualitative (interview-based) methods. The results are organized into four main sections: demographic data, mental health assessment, gender role perception, and qualitative insights.

1 Demographic Characteristics of Respondents

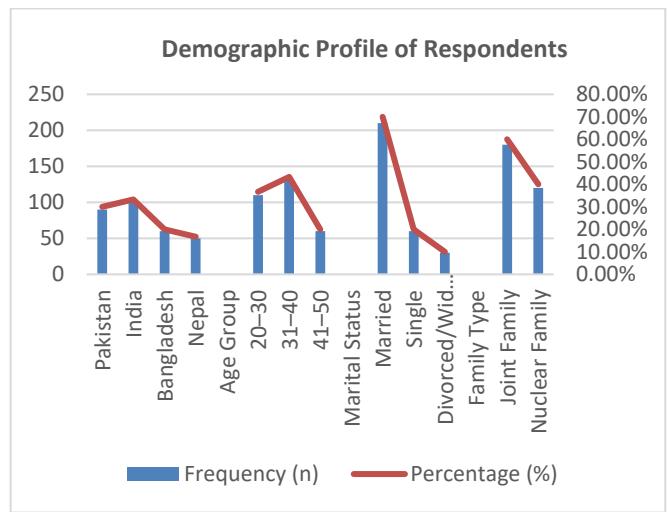
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Demographic Characteristics of Respondents

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Table 1: Demographic Profile of Respondents (N = 300)

Demographic Variable	Frequency (n)	Percentage (%)
Country		
Pakistan	90	30.0%
India	100	33.3%
Bangladesh	60	20.0%
Nepal	50	16.7%
Age Group		
20–30	110	36.7%
31–40	130	43.3%
41–50	60	20.0%
Marital Status		
Married	210	70.0%
Single	60	20.0%
Divorced/Widowed	30	10.0%
Family Type		
Joint Family	180	60.0%
Nuclear Family	120	40.0%



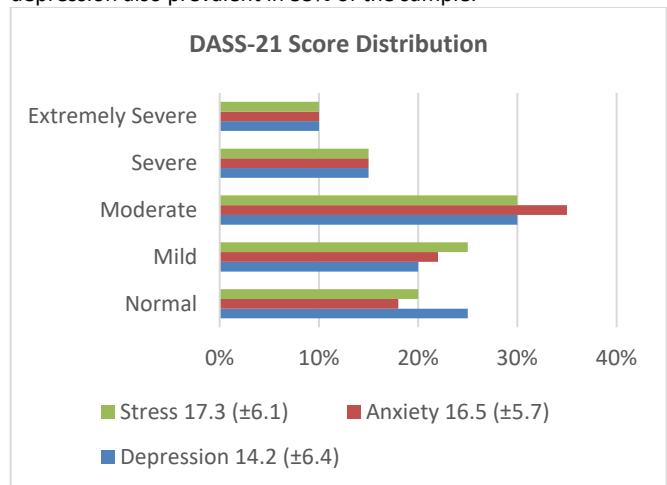
Mental Health Assessment (DASS-21 Results)

The Depression, Anxiety, and Stress Scale (DASS-21) was used to assess mental health outcomes. The mean scores and levels of severity are presented in Table 2.

Table 2: DASS-21 Score Distribution (N = 300)

Scale	Mean Score (SD)	Normal	Mild	Moderate	Severe	Extremely Severe
Depression	14.2 (± 6.4)	25%	20%	30%	15%	10%
Anxiety	16.5 (± 5.7)	18%	22%	35%	15%	10%
Stress	17.3 (± 6.1)	20%	25%	30%	15%	10%

Interpretation: A significant proportion of participants experienced moderate to extremely severe levels of anxiety and stress, with depression also prevalent in 55% of the sample.



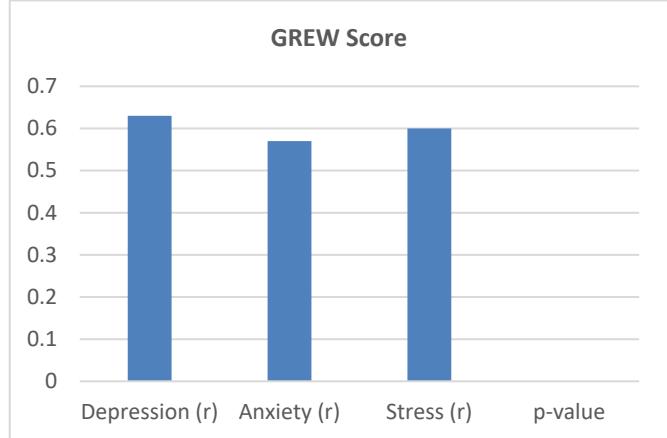
Gender Role Expectation Analysis

The Gender Role Expectations of Women (GREW) Scale was used to measure perceptions of societal and familial expectations. High GREW scores indicated greater perceived pressure to conform to traditional gender roles.

Table 3: Correlation Between GREW Scores and DASS-21 Scores

Variable	Depression (r)	Anxiety (r)	Stress (r)	p-value
GREW Score	0.63	0.57	0.60	< 0.01

Interpretation: There was a **strong positive correlation** between perceived gender role pressure and all three mental health indicators, suggesting that higher role expectations are significantly associated with greater psychological distress.



4 Qualitative Findings

In-depth interviews with 20 participants provided deeper insights into how gender role expectations manifest in everyday life and impact mental well-being. Four major themes emerged: Double Burden Syndrome: Many women reported struggling to balance office responsibilities with domestic duties, often without adequate support. "Even after a full day at work, I'm still expected to cook, clean, and take care of the family. No one calls it 'help' when I do office work." Social Judgment and Guilt: Participants shared experiences of being judged for prioritizing careers, and many felt guilty for not fulfilling traditional roles. "When my child falls sick, everyone blames me for working instead of staying home." Emotional Suppression and Silence: Due to stigma, many refrained from discussing their mental struggles with family or colleagues. Crying or showing weakness is not an option. You just have to smile and carry on. Need for Supportive Structures: Interviewees emphasized the need for workplace policies and family education that support women's dual roles. "Flexible hours or mental health days could really make a difference for working mothers."

The study found that traditional gender role expectations are significantly linked to higher levels of depression, anxiety, and stress among working women. These findings were consistent across different age groups, family types, and countries within South Asia. Qualitative data revealed emotional struggles, societal pressure, and inadequate support systems as key contributors to mental health deterioration.

DISCUSSION

The current research was based on the aim to investigate the impact of traditional gender role expectations on the mental health of working South Asian women in their family. With a mixed-method design, the research indicated that there was a strong relationship between perceived gender-based expectations and high levels of depression, anxiety, and stress.

The quantitative data indicated that a significant concentration of the respondents were moderate to severely distressed psychologically as depicted in the DASS-21 scale. It is important to mention that more than 55 percent of the interviewees experienced depression symptoms, and almost 60 percent were moderate to extremely anxious. This goes in line with the previous studies which have been carried out in South Asian states in which societal

expectations tend to element more on the ability of women to be homemakers rather than pursuing a career.

The fact that the correlation between GREW scores and mental health indices is positive also demonstrates a direct relationship that exists between increasing gender role expectations and the worsening of mental health. This confirms earlier studies that when challenged to live up to culturally constraining expectations, including women as the main care provider, family head, and emotional anchor, result in greater psychological strain when these demands conflict with work pressures.

The qualitative data contributed to this knowledge, illuminating it with an emotional turn that could not be traced only by scales. The issues of the so-called double burden syndrome and the social judgment and guilt render a lived reality in which women are supposed to play a dual role without any recognition or support. These stories align with what Pakistan, India, and Bangladesh have found, that is, that invisible emotional work is one of the elements of prolonged stress and burnout in women.

Moreover, women who lived in joint families had a higher tendency to mention stress and anxiety since more pressure were put upon them by in-laws and extended families. Women tend to suppress their personal needs and mental dissimilarities to respect cultural expectations and expectations rather than address the reinforcing their silence on mental health particularly within patriarchal family models.

This paper highlights the cultural and familial constructs that are since deeply entrenched in South Asia and which still subject women to unrealistic expectations, no matter how much they have to do in their work. Although there have been improvements in women education and labor force involvement, the society is still yet to change in regard to gender equality in the homes.

Furthermore, mental health stigma leads to the inability of a lot of women to seek help in South Asian societies. Instead of only on the policy level, the intersection of gender and work as well as mental health should be confronted by means of community education and awareness campaigns to break the negative stereotypes.

One of the strengths of the study is that it is a mixed methods design; therefore, a substantial analysis of measurable data and personal experience is possible. The importance of having representatives of various South Asian nations also allowed having a regional approach, increasing the external validity of the results.

Although, there are limitations such as purposive sampling used that might not represent the general population. Also, there can be a bias

of self-reporting especially in conservative societies where mental health is a taboo issue.

CONCLUSION

This research has found a manifested alarming correlation between the customary gender role attitudes and unfavorable mental health outcomes among employed women in South Asia. These results reveal that the social and family pressures do not only interfere with the emotional status of women, but also interpreting their life chances in both personal and professional areas.

To respond to this, the policy interventions that are in urgent need include encouraging mental health awareness, gender sensitive workplaces, and joint domestic roles. Families, employers, and policymakers need to realize that empowering women does not only need educational and employment opportunities, but a change in culture in terms of expectations and attitude towards the role of women within and without the home.

To sum it up, the promotion of the mental well-being of South Asian working women can be viewed as not only a personal issue but also a societal challenge. Authentic gender equity and psychological resilience can be attained only due to the challenge of outdated gender norms and the establishment of conducive ecosystems.

Ethical Considerations

The study was conducted in accordance with ethical guidelines, with informed consent obtained from all participants and confidentiality strictly maintained.

Data Availability

Available from corresponding author on request.

Author Contributions

Sadaf Saeed Ullah: Conceptualization, Methodology, Data Curation, Formal Analysis, and Writing, Original Draft Preparation and writing.

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Conflict of Interest

None.

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