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IMPACT OF BALANCING THE DUAL DEMANDS OF FAMILY AND EMPLOYMENT: UNDERSTANDING THE DYNAMICS OF DEPRESSION AND BURNOUT AMONG WOMEN OF KHYBER PUKHTUNKHWA

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ABSTRACT

The study aims to improve women's health by fostering gender equity in household management across diverse family structures, encouraging shared responsibility in domestic tasks, and challenging societal norms and expectations related to gender roles. The study uses a mixed-methods approach to gather data from 100 families in Khyber Pakhtunkhwa, focusing on work-family balance and burnout. Depression Anxiety and Stress Scale-21 (DASS-21) was used to assess the level of depression among working women while a self-constructed questionnaire was supplemented to gauge emotional exhaustion among them. The results reveal gender-based differences in the share of household responsibilities. Women from rural and urban are equally experiencing depression and are at increased risk of burnout. Women in the nuclear family are more depressed than women in the joint family system. Age and education do not correlate with depression and burnout, but increased burnout leads to increased depression. It is recommended to address women's mental health by promoting the culture of collaboration in household management, and addressing societal norms and expectations around gender roles.

Keywords: Women, Depression, Burnout, Family System, Household Chores

INTRODUCTION

Women's responsibilities have significantly evolved alongside changing cultural norms, prompting increased attention to the psychological effects of this transformation. Today, women are no longer confined to traditional roles; they actively pursue diverse careers while managing work and family obligations (Jang, et al, 2016). This shift has important implications for mental health (Kura, 2020), particularly concerning issues like depression and burnout.

The modern landscape for working women is complex. While employment often brings benefits such as financial independence and personal fulfillment, it can also introduce stressors that negatively impact mental well-being. Conversely, women who opt to stay at home may face distinct psychological challenges, such as social isolation and a lack of recognition for their contributions. To explore these dynamics, this research investigates the psychological effects of women's employment status, focusing on the levels of burnout and depression experienced by employed women. The goal is to highlight the urgent need for tailored mental health interventions that address the unique experiences of women across various work scenarios, ultimately fostering a supportive environment for all women, regardless of their career choices.



Previous studies have shown that empowering women through education and employment fosters economic development, healthier children, and stronger communities. However, there is limited attention on how salaried employment affects women's own well-being. Understanding women's health is crucial, as it significantly influences family dynamics (Ford, 2017; Kotowska et al., 2008; Maria Da Rocha & Fuster, 2006; Duflo, 2011).

McLoyd (1990) emphasizes the psychological implications of women's employment, highlighting the complex interplay of work, mental health, and gender norms. He notes that while employment can enhance financial independence and self-esteem, it can also introduce stressors such as job pressure and work-life conflict. This duality suggests that the mental health outcomes for employed women are multifaceted and depend on their ability to balance work and family responsibilities.

Achieving a harmonious work-life balance has become a critical concern for many women, significantly impacting their overall well-being and quality of life (Greenhaus & Allen, 2011; Kossek & Ozeki, 2018). Research indicates that women face numerous challenges in balancing work and family due to increasing demands, traditional gender roles, and societal expectations (Eby et al., 2019; Grzywacz & Carlson, 2018). These pressures can adversely affect their physical and mental health, leading to heightened stress, burnout, and decreased job and life satisfaction (Byron, 2017; Hill, 2005).

The escalating demands placed on women—such as managing multiple roles—can result in significant stress, time pressure, and emotional exhaustion (Byron, 2017). Women are particularly vulnerable to work-family conflict, where the expectations of work and family roles become incompatible, leading to increased stress and diminished well-being (Hill, 2005). Despite advancements in gender equality, women continue to shoulder a disproportionate share of domestic responsibilities, which can limit career opportunities and create conflicts between work and family roles (Kossek & Ozeki, 2018). Societal expectations often reinforce the belief that women should prioritize family over career, creating tension that can lead to feelings of guilt and dissatisfaction when attempting to meet both sets of expectations (Creed & Hood, 2015).

Moreover, research by Maslach and Leiter (2016) indicates that women in high-stress professions are more likely to experience burnout, worsening symptoms of anxiety and depression. Work environments demanding excessive emotional labor without adequate support can severely impact women's psychological well-being. Burnout, characterized by emotional exhaustion and reduced feelings of accomplishment, is especially prevalent among women in high-stress jobs.

While research on the positive effects of employment on women's and families' well-being is limited, McKee-Ryan et al. (2005) found that working women typically report lower levels of depression than their unemployed peers, attributing this to the social connections and financial stability that employment provides. While employment can serve as a protective factor against depression through enhanced social engagement, it also introduces potential stressors that may lead to burnout. Understanding these dynamics is essential for developing effective mental health interventions that are tailored to the diverse experiences of women in different employment situations.

Rationale

Gender roles are becoming increasingly fluid in Pakistan, with many women entering the workforce to provide financial support for their families, despite the country's low female education index. This shift is transforming household dynamics and presenting opportunities and challenges (Addati & Cassier, 2008; Razavi & Staab, 2008). In dual-income households, the emotional impact of dividing housework can contribute to heightened mental health issues and diminished quality of life. While women today are earning income and contributing financially. thev still bear the primary responsibility for child and elder care, cooking, and other household tasks. Research shows that women perform three times more unpaid care and domestic work than men (United Nation, 2020), which is unfortunately perceived as low-value labor. This imbalance can be a significant source of distress,



ultimately restricting women's access to their full potential and overall well-being.

In light of these challenges, this research aims to inform policies that support women in balancing their household and professional roles. Recommendations may include shared parental leave, flexible work arrangements, and enhanced community support systems.

Methodology

The research aims to investigate the prevalence of depression and burnout among women, the impact of employment status on these mental health outcomes, and the correlation between quantitatively measured depression and burnout levels. The research uses a mixed-methods approach, collecting both quantitative and

qualitative data from 100 families from two districts of Khyber Pakhtunkhwa. The residential areas of the respondents indicate a near-even split, with 53% residing in rural areas and 47% in urban settings. Data collection instruments include the DASS-21 (Depression, Anxiety, and Stress Scale-21), a self-report tool used to assess depression, anxiety, and stress. The questionnaire was designed to assess two primary areas: Work-Family Balance and Burnout. Work-Family Balance assesses role balance, and role conflict. Burnout is marked by feelings of frustration, exhaustion, cynicism, guilt, and reduced effectiveness. Ethical considerations were strictly followed, with informed consent obtained from all participants and confidentiality maintained by anonymizing data.

Results
Table 1
Analysis of Share of Household Responsibilities by Gender

Household responsibilities	Women Alone	Husband Alone	Both
Child rearing	60	22	18
DESI	60.0%	22.0%	18.0%
Bill Payments and Expense Management	10	76	14
701	10.0%	76.0%	14.0%
Household Chores (Domestic Duties Including	g 94	3	3
Cooking, Dishwashing, Cleaning, and Laundry)	94.0%	3.0%	3.0%
Grocery Shopping	37	47	16
	37.0%	47.0%	16.0%
Involvement in Organizing Social Events	32	48	20
	32.0%	48.0%	20.0%
Decision Making	23	48	29
	23.0%	48.0%	29.0%
Contribution in health care	23	34	43
	23.0%	34.0%	43.0%

The results reveal significant disparities in the involvement levels of women and their husbands regarding various responsibilities, such as

household chores, bill payments, and childrearing. Notably, more women than men are engaged in household chores and childrearing tasks.

Table 2Difference between the means on Depression and Burnout by Area (N=100)

	Area	N	Mean	SD	$M_1 - M_2$	SE of	t-value	p-value
						difference		
Depression	Rural	53	17.39	10.92	1.48	2.15	0.69	0.49
	Urban	47	15.91	10.50				
Burnout	Rural	53	50.87	17.24	5.4	3.76	1.44	0.15
	Urban	47	45.47	20.32				



Women in both rural and urban areas experience moderate levels of depression, with no statistically significant differences between the two groups (t(98) = 0.69, p > .05). Both rural and urban women face heightened risks of burnout due to the dual

pressures of managing household responsibilities without adequate external support. This situation is exacerbated by insufficient coping mechanisms and limited social networks.

Table 3Difference between the Means on Depression and Burnout by Family Structure (N=100)

	Family Structure	N	M	SD	$M_1 - M_2$	SE of	t-	p-
		- 20			_	difference	value	value
Depression	Nuclear family	76	16.88	9.50	4.548	2.169	2.1	0.04
	Joint family	24	12.33	7.65	T -			
Burnout	Nuclear family	76	50.30	19.57	8.219	4.358	1.89	0.06
	Joint family	24	42.08	15.06				

The study compares depression and burnout levels among participants from nuclear and joint families. Women in nuclear families exhibit higher depression scores ($M=16.88,\ SD=9.50$), indicating that nuclear family dynamics may contribute to increased depressive symptoms. The analysis suggests that family structure significantly

influences depression levels among women, with nuclear families associated with higher depression rates (t(98) = 2.1, p < .05). In contrast, women from both family types experience elevated levels of burnout, though without a significant difference in mean scores (t(98) = 1.89, p > .05).

Correlation Matrix of Age. educational level. Burnout, and Depression

Variable Pair	Correlation 1		p-value	Interpretation				
	coemic	ient						
Age vs. Burnout	0.060	assa da	0.556	Weak	positive	correlation,	not	
_				statistically significant				
Age vs. Depression	0.117		0.248	Weak	positive	correlation,	not	
-				statistically significant				
Depression vs. Burnout	0.605		0.000	strong positive correlation, statistic			cally	
•				significant				
Education vs. Depression	0.071		0.909	Weak	positive	correlation,	not	
-				statistically significant				
Education vs. Burnout	0.225		0.715	Weak	negative	correlation,	not	
				statistic	ally significa	int		

The Pearson correlation coefficients reveal a weak positive correlation between age and burnout (r = 0.060), suggesting a minimal increase in burnout levels as age increases. However, this correlation is not statistically significant, indicating that age does not significantly influence burnout levels. Similar to the correlation with burnout, the correlation between age and depression is weak and not statistically significant. Similarly, the correlation

between age and depression is weak (r = 0.117) and not statistically significant, indicating that age does not significantly impact depression levels.

On the other hand, the strong positive correlation between burnout and depression suggests that individuals experiencing higher levels of burnout tend to experience higher levels of depression. This correlation is statistically significant (r = 0.605),



indicating the need to address both issues concurrently.

In conclusion, while age has weak correlations with burnout and depression, these relationships are not statistically significant. However, the

significant correlation between burnout and depression suggests that strategies to reduce burnout could also help mitigate depression, making it crucial for interventions targeting mental health in this population.

Table 5

Descriptive Statistics

Variable	Women	Mean	SD	N
	Women Who Work Alone	24.2424	6.70369	33
Depression	Women Whose Husbands Work Alone	10.0500	6.62114	20
_	Both Spouses Work Together	12.2979	7.56685	47
	Total	15.7900	9.26304	100
Burnout	Women Who Work Alone	66.2424	12.63435	33
	Women Whose Husbands Work Alone	35.9000	14.70016	20
	Both Spouses Work Together	41.0426	14.59446	47
	Total	48.3300	18.85246	100

The data reveal significant disparities in mental health outcomes based on the assistance women receive from their spouses in household responsibilities. Women, who work alone report higher levels of depression, while those supported by their husbands experience lower depression levels. Similarly, couples who collaborate on household tasks show reduced depression. underscoring the mental health benefits of cooperative efforts. Burnout levels are notably higher among women working alone, with a mean score of 66.24, illustrating the emotional and physical toll of isolation. In contrast, those receiving assistance from their husbands have a mean burnout score of 35.90, while couples working together report a score of 41.04. The overall mean burnout score of 48.33 highlights a concerning prevalence of burnout among women, particularly those who bear the full burden of household chores.

Discussion

In modern society, employed women face the dual pressures of professional and domestic responsibilities, leading to an increase in mental health issues like depression and burnout. Burnout, marked emotional exhaustion, depersonalization, and reduced personal accomplishment, is a growing focus in both academic and clinical circles. Depression, one of the most common global mental health disorders, particularly affects women balancing multiple roles. Understanding the factors influencing these mental health concerns—including differences based on geographic setting (urban vs. rural), family structure, education level, and domestic support—is crucial.

The study reveals significant gender-based disparities in household responsibilities, particularly between men and women. Women, regardless of their location, are disproportionately burdened with domestic duties, leading to mental health issues. Both groups experience depression and burnout, indicating that societal expectations and roles for women extend beyond geographical boundaries. Gender roles play a crucial role in this dynamic, with women bearing a greater burden of domestic responsibilities, exacerbating work-home conflict. her the role of culture influences cannot be ignored as it shapes perceptions and expectations about household responsibilities and reinforcing traditional gender roles. This unequal distribution of household chores can contribute to marital conflict, especially when work stress is transferred to home life. The study suggests addressing gender roles and expectations to alleviate work-home conflicts and improve mental health outcomes for both genders.

While exploring mental health of women in joint and nuclear families the results confirm the impact



of family structure upon women's mental well-being. The research reveals that joint family settings provide more support, while nuclear families offer more independence but can lead to isolation and increased stress. These results are in line with the findings of Prajapati (2013) who explains that joint families offer stronger social support and psychological resilience, while nuclear families offer greater independence but may cause feelings of isolation and stress.

It's interesting to note that the study showed no association between age and education levels with burnout and depression. This implies that the age and education level do not exclusively explain the distress and burnout among women. However, a crucial area for intervention is highlighted by the substantial association between increased depression and increasing burnout. The necessity for solutions to address burnout and its consequent influence on depression is highlighted by the fact that women are more vulnerable to emotional discomfort due to the simultaneous constraints of managing home chores and workplace expectations.

Although women employment in today's society has a competitive advantage due to financial support and sense fulfillment of life aspirations. However, this comes with significant stress and strain, particularly when she does not receive help responsibilities. conducting household in Additionally, parenting a child can increase domestic responsibilities and work, making these issues even more significant in nuclear families. Studies have shown that stressors embedded in work or family roles can be detrimental to psychological wellbeing (Prajapati, 2013) as most men and women are not clear about social roles and the concept of sharing in the family system, leading to work-family issues and ultimately resulting in stress and familial conflicts.

Since, working women work outside the home and contribute to family income they need to rely on domestic help or mechanical labor saving devices for cooking and housekeeping tasks. When help is not available these working women struggle with maintaining their home and family life due to multiple tasks they perform simultaneously. Dual roles of working women cause burnout that can

lead to poor mental health and difficulties in familial or marital life.

In today's fast-paced world, women often struggle to balance personal, professional, and social responsibilities where they constantly strive for perfection in all aspects of their lives. While explaining the similar idea, (Lucy, 2004) holds that women today are experiencing "Superwoman Syndrome" which is a condition where women try to excel in both professional and domestic responsibilities, leading to increased stress, guilt, and vulnerability to mental health issues like burnout and depression. This condition is especially prevalent in high-stress professions where women who may face additional pressures, to emotional exhaustion contributing decreased well-being.

To combat perfectionism and superwoman syndrome, it's crucial to avoid perfectionism and prioritize one's health (Woods-Giscombé, 2010; Erving, Patterson, & Boone, 2021; Zajacova, Huzurbazar & Todd, 2017). Women need to recognize that perfection is unattainable and establishing realistic goals and expectations are important. It is helpful to delegate tasks to supportive individuals and prioritize self-care. Seeking professional support can help break free from depression and burnout for promoting a more fulfilling life.

The study emphasizes the need for addressing women's mental health through individual and systemic factors. It suggests reducing burnout and depression risks, encouraging collaboration in domestic tasks, especially in nuclear families, and addressing societal norms and expectations regarding gender roles to promote equity and improve mental health among women across various family structures.

Conclusion

The study concludes that sharp gender based differences in involvement in household responsibilities exist. Both rural and urban women face equal depression and heightened risk of burnout. Women in nuclear families are more depressed than women in joint families, possibly due to nuclear family dynamics they are living in. Age and education do not



correlate with depression and burnout, but as burnout increases, depression also increases. Women who receive assistance from their spouses experience less depression and burnout.

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