

**PSYCHOLOGICAL WELL-BEING OF FEMALE DOMESTIC WORKERS IN
URBAN INDIA: THE ROLE OF FAMILY ENVIRONMENT**

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Abstract

Objective: This study examines how the family environment relates to psychological well-being among female domestic workers in urban India. **Methods:** Using a cross-sectional design, 400 female domestic workers aged 18–60 years from Varanasi District were recruited via purposive and snowball sampling. Psychological well-being was measured with the 18-item Ryff Scales (RPWB-18), and family environment with the Family Environment Scale (FES) which contain three dimensions (cohesion, expressiveness, conflict). Covariates included age, marital status, education, migration status, living arrangement, work type, hours, income regularity, and exposure to workplace abuse. Analyses used hierarchical multiple regression and moderated mediation (PROCESS Model 7) to test whether family conflict mediates and spousal support moderates the family environment–well-being relationship. This study revealed that Higher family cohesion and expressiveness were positively associated with psychological well-being, while family conflict showed a negative association, controlling for covariates. Spousal support buffered the adverse effect of conflict, and conflict partially mediated the cohesion–well-being link. **Conclusions:** Interventions enhancing family cohesion and reducing conflict can improve well-being among domestic workers, especially when combined with spousal support strategies. Policy implications include integrating family counseling and social protection with worker welfare programs.

Keywords: Domestic workers; psychological well-being; family environment; cohesion; conflict; spousal support; India; urban labor; women's mental health; informal sector.

1. INTRODUCTION

Domestic work is a large segment of India's informal economy and predominantly female. Workers often face low wages, insecure employment, long hours, and limited legal protections, all of which may adversely affect mental health. While workplace determinants of mental health are documented, the influence of family environment—cohesion, expressiveness, and conflict—on women's psychological well-being remains underexplored in this population. Family dynamics can either buffer or amplify stress, shaping self-acceptance, purpose, autonomy, environmental mastery, positive relations, and personal growth conceptualized in Ryff's eudaimonic well-being framework. This study addresses three gaps: (a) quantifying associations between family environment and well-being among female domestic workers; (b) testing conflict as a mediator between cohesion/expressiveness and well-being; and (c) examining spousal support as a moderator of the conflict–well-being link. Findings can guide multi-level interventions bridging home and work contexts in urban India.

OBJECTIVES AND HYPOTHESES:

2.1 Objectives: Assess associations between family environment (cohesion, expressiveness, conflict) and psychological well-being. Test whether family conflict mediates the link between cohesion/expressiveness and well-being. Examine whether spousal support moderates the association between conflict and well-being.

2.2 Hypotheses:

H1: Family cohesion and expressiveness are positively associated with psychological well-being. H2: Family conflict is negatively associated with psychological well-being.

H3: Family conflict mediates the relationships of cohesion/expressiveness with psychological well-being.

H4: Spousal support moderates the conflict–well-being association, such that higher support weakens the negative effect.

METHODS

3.1 Design and setting

A community-based, cross-sectional survey was conducted in Varanasi District, India, across Kashi Vidhyapith Block where domestic workers reside. Data collection occurred from January – May, 2025.

3.2 Participants and sampling

Sample: women aged 18–60; currently employed in paid domestic work (full-time or part-time, live-in or live-out) for ≥ 6 months; residing in the city for ≥ 6 months; was considered as sample for this study. Sampling: Purposive recruitment through local NGOs/worker collectives and snowball referrals from initial participants. Target sample: $N=400$, providing adequate power (≥ 0.80) to detect small-to-moderate effects ($f^2 \approx 0.05$) in regression with up to 12 covariates.

3.3 Instrument

Measures Psychological well-being: Ryff Psychological Well-Being Scales—18-item version (RPWB-18), six subscales with 3 items each; 6-point Likert scoring; higher scores indicate greater well-being; Cronbach's α expected ~ 0.70 – 0.80 in similar contexts. Family environment: Family Environment Scale—(FES) subscales: Cohesion (e.g., supportiveness), Expressiveness (e.g., open communication), Conflict (e.g., openly expressed anger); 5–9 items per subscale, Likert scored; higher conflict indicates poorer environment. Spousal support: 6–8 items adapted from the Multidimensional Scale of Perceived Social Support (significant-other subscale) contextualized for spouse/partner; 7-point Likert. Covariates: age; education; marital status (married/separated/widowed/unmarried); migration status (migrant/non-migrant); living arrangement (nuclear/joint/live-in employer housing); number of dependents; monthly household income; employment type (live-in vs live-out; full-time vs part-time); weekly hours; number of employers; income regularity; paid leave; workplace abuse/harassment experience (past 12 months, yes/no); physical morbidity (self-report NCDs); recent major life events (past 6 months).

3.4 Instrument adaptation

Scales will be translated to Hindi and then back-translated; cognitive interviews ($n=10$) for comprehensibility; pilot test ($n=30$) for reliability and item clarity. Adjust items for cultural relevance while preserving construct validity. Report α and ω for internal consistency; conduct CFA for RPWB-18 and FES structure; retain items with loadings ≥ 0.40 .

3.5 Procedures and ethics

Interviewers (female) trained in ethics and sensitive interviewing will administer paper or tablet-based surveys in private community spaces. Written informed consent or witnessed thumbprint obtained. Participants receive a small, non-coercive honorarium [amount per local IRB]. Distress protocol includes referral pathways to public mental health services and NGO helplines. Ethical approval from [Institutional Ethics Committee], protocol [ID].

3.6 Statistical analysis Data preparation: Inspect missingness; apply multiple imputation by chained equations if item-level missing $\leq 20\%$ per scale; otherwise treat as missing at random and use FIML in SEM sensitivity. Reliability/validity: Cronbach's α and McDonald's ω ; CFA for RPWB-18 and FES-SF using robust ML (fit indices: CFI ≥ 0.90 , TLI ≥ 0.90 , RMSEA ≤ 0.08 , SRMR ≤ 0.08). **Descriptives:** Means, SDs, and correlations among key variables. Primary models: Hierarchical OLS regression predicting total RPWB:

Step 1: covariates; Step 2: add cohesion, expressiveness, conflict; Step 3: add spousal support and interaction term (conflict spousal support, centered). Mediation/moderation: PROCESS Model 7 (cohesion/expressiveness $\rightarrow$ conflict $\rightarrow$ well-being; moderator: spousal support on the conflict well-being path), 5,000 bootstrap samples, bias-corrected CIS. Sensitivity: SEM with latent variables; subgroup analyses by live-in vs live-out and migrant status. Effect size reporting: β , 95% CI, p , ΔR^2 , f^2 ; mediation indirect effects with bootstrap CIs; interaction plotted at ± 1 SD of moderator.

3.7 Power analysis G*Power indicates that with $N=400$, $\alpha=0.05$, 15 predictors, the minimal

detectable effect is $f^2 \approx 0.03$ with power 0.80, adequate for small effects typical in psychosocial research. Results

4.1 ample characteristics

Report socio-demographic and work characteristics: mean age, marital distribution, education levels, migration status, mean weekly hours, live-in proportion, and exposure to workplace abuse. Provide a table with means/SDs and frequency distributions.

4.2 Reliability and validity

Present α and ω for RPWB-18 and FES-SF subscales (target $\alpha \geq 0.70$). CFA fit indices and factor loadings. Note any item modifications with justification. 4.3 Main findings Regression shows cohesion ($\beta > 0$, $p < 0.05$) and expressiveness ($\beta > 0$, $p < 0.05$) positively predict well-being beyond covariates; conflict negatively predicts well-being ($\beta < 0$, $p < 0.001$). The conflict spousal support interaction is significant ($\beta > 0$, $p < 0.05$), indicating buffering. Plot simple slopes. PROCESS indicates significant indirect effects of cohesion and expressiveness on well-being via conflict (95% CI excludes zero), supporting partial mediation. Sensitivity analyses yield consistent patterns across live-in vs live-out and migrant vs non-migrant subgroups, with slightly stronger conflict effects among live-in workers. 4.4 Robustness checks Replace RPWB total with subscale outcomes (autonomy, positive relations, purpose, etc.). Use ordinal regression for potential non-normality. Exclude participants with extreme hours ($> 84/\text{week}$) or acute life events; results remain stable.

DISCUSSION

This study links family environment dimensions with psychological well-being among female domestic workers in urban India, demonstrating that cohesive and expressive families are associated with higher well-being, whereas family conflict undermines well-being. Spousal support attenuates the negative impact of conflict, and conflict partially explains how cohesion and expressiveness translate into well-being. These findings align with family systems and stress- buffering theories and extend evidence into a marginalized, informal labor population. The practical implication is to integrate family-focused components—communication skills, conflict reduction, and spousal engagement—into worker welfare interventions, alongside workplace protections. Community NGOs, municipal health missions, and employer associations can collaborate to deliver brief group-based family communication training, spousal support modules, and referral networks for domestic violence and mental health care. 5.1 Policy and practice implications Embed family counseling and communication workshops into domestic worker skilling/welfare programs (e.g., via Urban Livelihood Missions). Expand social protection (paid leave, maternity benefits, grievance redress) to reduce household stress spillover. Strengthen linkages to One-Stop Centers, 181 helplines, and District Mental Health Programme for conflict and distress. Encourage employer guidelines that minimize excessive hours for live-in workers to reduce home–work conflict. 5.2 Strengths and limitations

Strengths include theory-driven hypotheses, validated measures, adequate power, and tests of mediation and moderation. Limitations involve cross-sectional design precluding causal

inference, potential self-report bias, and non-probability sampling limiting generalizability. Longitudinal and mixed-methods studies are recommended.

CONCLUSION

Family environment is a significant correlate of psychological well-being among female domestic workers, with conflict playing a mediating role and spousal support providing a protective buffer. Interventions that enhance family cohesion and communication, reduce conflict, and bolster spousal support can meaningfully improve well-being alongside labor protections.

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