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Determinants Of Mental Health And Wellbeing: Evidence From Women It Employees In Chennai, Tamil Nadu

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Abstract:

As of 2024, women's participation in India's workforce was 28.69% (ILO). In 2025, 34% of women were engaged in the IT sector (NASSCOM). Women's representation across all sectors in India is increasing significantly. However, women in the IT sector face multidimensional challenges in their workplaces and families, including inflexible working hours, large tasks with limited time, gender disparity, lower salaries compared to men, and job insecurity. These issues are associated with adverse effects on women's mental health and wellbeing. Married women experience these challenges more acutely due to a lack of work-life balance in the IT sector. The study found that 42% of surveyed women in Chennai's IT sector reported divorce, citing work-related challenges as a contributing factor. Additionally, the study identified limited mental or emotional support from family members, particularly in their husbands' households, where women are required to manage household chores, childcare, and other responsibilities. This study examines the determinants of mental health and wellbeing among women in the IT sector in Chennai, Tamil Nadu, using quantitative and qualitative research methodologies. Primary data was collected through a well-structured questionnaire from TCS, Wipro, Tech Mahindra, and HCL. The study recommends adopting an AI-powered "Never Alone" program, designed to provide mental health support through virtual counseling and resources, to improve the mental health of women in IT. Based on its findings, the study also proposes policy recommendations to strengthen the mental health and wellbeing of women in the IT sector, with potential implications for women throughout India.

Keywords: Mental Health, Wellbeing, Women in IT, Work-life balance.

INTRODUCTION

In the bustling IT corridors of Chennai, Tamil Nadu, women engineers navigate a labyrinth of code and deadlines, yet their triumphs are shadowed by silent struggles that erode their mental fortitude. As of 2024, India's female workforce participation lingered at a modest 28.69% (ILO), but by 2025, a promising 34% of women powered the IT sector (NASSCOM), signaling a surge in representation across industries. This study uniquely spotlights married women in Chennai's IT hubs—TCS, Wipro, Tech Mahindra, and HCL—who bear the brunt of inflexible hours, voluminous tasks under tight timelines, stark gender pay gaps, and pervasive job insecurity. These workplace woes intertwine with familial burdens, where limited spousal or in-law support amplifies the chaos of juggling chores, childcare, and professional demands. Alarmingly, 42% of surveyed women reported divorce, pinning work-life imbalances as a key culprit. Employing a rare blend of quantitative surveys and qualitative insights from primary data, this research dissects the multifaceted determinants of mental health decline. What sets it apart is its Chennai-centric lens on Tamil Nadu's IT ecosystem, bridging urban tech realities with cultural household dynamics often overlooked in

national discourses. The investigation reveals how these pressures precipitate anxiety, burnout, and diminished wellbeing, disproportionately afflicting married professionals. Uniquely, it proposes an innovative AI-driven "Never Alone" program, offering virtual counseling and real-time resources tailored for on-the-go IT women. This intervention promises scalable mental health scaffolding, extendable beyond Chennai. Furthermore, the study crafts evidence-based policy blueprints to foster supportive workplaces, equitable policies, and family-inclusive wellness frameworks. By integrating tech solutions with socio-cultural reforms, it paves the way for resilient women in India's IT vanguard. Ultimately, these findings hold transformative potential, rippling benefits to women's wellbeing across sectors nationwide. This work stands out for its actionable, tech-infused empathy in a field dominated by statistics over solutions. Thus, it redefines empowerment in India's digital economy, one mindful step at a time.

STATEMENT OF THE PROBLEM

Women IT employees in Tamil Nadu face a high prevalence of mental health challenges, with 41.5% reporting generalized anxiety and 10% experiencing clinical depression (Sunitha, 2024). Inflexible project deadlines, gender-based wage disparities (12–18% lower than men; Team Lease, 2024), and unequal domestic responsibilities significantly contribute to occupational stress and burnout, particularly among married women. Work-life conflict is a key driver of personal distress, work-related stress as a factor in marital discord or divorce. Addressing the mental health and wellbeing of women in the IT sector is therefore a critical challenge in the 21st century, requiring targeted research and interventions to sustain workforce participation and gender equity.

WORKING DEFINITION OF MENTAL HEALTH

According to the World Health Organization, mental health is "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to her or his community."

WOMEN IN INDIA'S IT WORKFORCE

The Indian IT sector employed about 4.36 million people as of 2020.The share of women in the IT workforce has grown over time:21% in 2001,30% in 2012, 34% in 2018 (Ministry of Electronics & Information Technology, NASSCOM) The IT and BPO (Business Process Outsourcing) sector together employ approximately 70 million people (though this figure likely includes indirect and ancillary jobs). At lower experience levels (about 3 years), women make up 19% of the workforce; at senior levels, less than 6% 9. Share of IT Workers in India's Population are: With a population of about 1.38 billion (2020), the direct IT workforce (4.36 million) represents roughly 0.3% of India's total population. The share of women IT workers in the total population is about 0.1%.

IT IN TAMIL NADU

According to **ELCOT (2025)** Electronics corporation of Tamil Nadu. "Tamil Nadu is the third-largest software exporter in India, makes a significant contribution to the nation's economy. With Chennai known as the "SaaS Capital of India" and a growing presence of major IT companies in Tier-2 cities such as Coimbatore and Madurai, Tamil Nadu's proactive policies, strategic

investments, and focus on innovation and foreign investment are driving its ambition to become a global hub for IT, deep-tech, and AI-driven growth.

REVIEW OF RELATED LITERATURE

Grace, S. L. (2003) stated reviewed and found that there has been higher health problem in the Ontario than in men. They reported that women have high blood pressure, back or spine problems, arthritis, digestive problems, hay fever or allergies, mental health, emphysema or bronchitis, heart trouble, diabetes and anemia, hepatitis, and tuberculosis were the only exceptions. **R Sunitha. (2024)** Occupational stress negatively impacts the mental health of women in IT, with demographic factors like age, marital status, and length of service influencing this experience. The study was covered about 136 samples in the Chennai of IT sector. **Chandrasekaran, S., Guduru, R., & Loganathan, S. (2025).** Found that there is an high relaxation and stress free of their mind of IT women workers while they spend the time with their children than the yoga, meditation and spiritual. **Battacharya and all (2018)** in their study, Indian women are facing the depression because of the social factors. The study highlighted that the need for gender- sensitive mental health research and practice that addresses sociocultural contexts and promotes gender equality. Many studies stated that women in IT sector has high rate of psychological problem in India. Such as, anxiety, depression and stress. The study in Chennai shows that 43 percent of the working women in Chennai reported that they had a psychological problem with 41.5 percent have experiencing general anxiety and 10 percent stated that depression. Most of the studies found that moderate to high job stress, this is also contributing to physical health issues like musculoskeletal problems. **Ravi, R. (2018)**. Other studies confirmed that anxiety, depression, and burnout are widespread among women in IT, often exceeding rates seen in men or in other sectors **Suganya & Millath, 2025). Alison Laycok (2025)**, The study noted that about 80 percent of the mental health respondents were addicted to alcohol, in this about 70 percent of the high risk alcohol users. Also the study noted that 85 percent of the respondents were tobacco users. There is a huge discrimination to access the mental health treatment for the black women. Either physician or others denied to provide the access of the mental health treatment this is a huge socio-political problem for the black women. Indian women in the IT sector face work-family conflict, high stress, and burnout, negatively impacting their happiness, productivity, and health, but coping strategies can help achieve a better work-life balance **(Patel,, M. (2024).** The iCare mental health app prototype effectively manages stress and anxiety in working-class Indian women, meeting their critical needs in aesthetics, anonymity, customization, personalization, feedback, and user interface. Personal enhancers and working from home, along with personal challenges, significantly impact work-life balance for women in IT companies in India, while social media involvement has no significant impact.

RESEARCH GAP

Based on the above review of literature it was found that studies cover aspects like occupational stress, psychological issues (e.g., anxiety, depression, burnout), work-family conflict, substance use, and some interventions for mental health and wellbeing among IT women employees. But, these studies have huge lacuna on the mental health and wellbeing of the IT women's in Chennai

City of Tamilnadu. Hence the study intensively focuses on the issue of mental health and wellbeing of the IT women's in Chennai, Tamilnadu.

Research Questions

1. To what extent do workplace factors such as inflexible hours, gender-based salary disparities?
2. How job insecurity contributes to elevated levels of anxiety and depression among women IT employees in Chennai?
3. How does marital status moderate the relationship between work-family conflict and mental health outcomes, including burnout and divorce rates, for women in Chennai's IT sector?
4. What are the potential barriers and facilitators to adopting AI-powered mental health programs, such as the "Never Alone" initiative, in enhancing access to virtual counseling and resources for underserved women in Chennai's IT sector?

RESEARCH METHODOLOGY

This study adopted a mixed-methods research design, integrating quantitative and qualitative approaches to comprehensively examine the determinants of mental health and well-being among women in Chennai's IT sector. The research was conducted in Chennai, Tamil Nadu, targeting female employees from four leading IT firms: TCS, Wipro, Tech Mahindra, and HCL. A cross-sectional survey formed the backbone of primary data collection, supplemented by in-depth semi-structured interviews for contextual depth.

Sampling Technique, Sample Size and Collection of Data

A purposive sampling method was employed to ensure representation across marital status (married, unmarried, divorced/separated), job roles (software engineers, team leads, managers), and organizational tenure. The total sample size was 253 women. Primary data was collected through the well-structured questionnaire. 108 responses gathered through online and 145 responses gathered by the questionnaire.

Data Analysis

SPSS v.26 used for descriptive statistics, chi-square tests, ANOVA, and binary logistic regression to identify predictors of poor mental health (e.g., divorce, clinical anxiety).

Hypotheses of the Study

1. Gender pay gap and perceived discrimination not increase anxiety and depression levels. (Statistical Tools Used: **ANOVA**)
2. There is no significant relationship between working hours and mental health (Statistical Tools Used: **Correlation**)

Objective of the Study

1. To identify and analyze the key determinants affecting mental health and wellbeing of women in Chennai's IT sector.
2. To assess the impact of work-related challenges on marital stability and work-life balance among married women in IT.

3. To evaluate the effectiveness and feasibility of implementing AI-powered mental health interventions like the "Never Alone" program.
4. To propose policy recommendations aimed at improving mental health infrastructure and support systems for women in India's IT sector.

ANALYSIS OF DATA AND INTERPRETATION

DETERMINANTS OF MENTAL HEALTH AND WELLBEING

Table No: 1- Marital Status of the Respondents

S. No	Details	Frequency	Percent
1	SINGLE	61	24.1
2	MARRIED	51	20.2
3	DIVORCED	107	42.3
4	SEPERATED	32	12.6
5	WIDOWED	2	.8
	Total	253	100.0

Source: Compiled from Primary Data

It was noted that out of 253 respondents, 42.3 percent of the respondents reported that they were divorced from family life. The remaining 24.1 percent were unmarried, 20.2 percent were married, 12.6 percent of the respondents were separated from their spouse, and 0.8 percent were widowed. It was observed that the majority of the respondents were divorced.

Table No: 2- Age Group of the Respondents

S. No	Details	Frequency	Percent
1	22-27	138	54.5
2	28-33	80	31.6
3	34-39	35	13.8
	Total	**253**	**100.0**

Source: Compiled from Primary Data

Table No. 2 shows that the majority, that is 54.5 percent of the respondents, were in the age group of 22–27. The remaining 31.6 percent were in the 28–33 age group, and 13.8 percent of the respondents were in the 34–39 age group in the study area.

Table No: 3- Children Details of the Respondents

S. No	Details	Frequency	Percent
1	YES	133	52.6

2	NO	120	47.4
	Total	253	100.0

Source: Compiled from Primary Data

It was noted that about 52.3 percent of the respondents had children, while the remaining 47.4 percent did not have children. This includes unmarried women in the surveyed data.

Table No: 4- Name of The Company

S. No	Details	Frequency	Percent
1	TCS	64	25.3
2	WIPRO	56	22.1
3	TECH MAHINDRA	113	44.7
4	HCL	20	7.9
	Total	253	100.0

Source: Compiled from Primary Data

The sampling method was purposively selected for the study. Hence, 44.7 percent of the respondents belonged to Tech Mahindra in Chennai. The remaining 25.3 percent were from TCS, 22.1 percent belonged to WIPRO, and 7.9 percent of the respondents were from HCL.

Table No: 5- Details of Working Hours of the Women in It Sector of Chennai

S. No	Details	Frequency	Percent
1	8 HOURS	75	29.6
2	8-10 HOURS	147	58.1
3	10-12 HOURS	31	12.3
	Total	253	100.0

Source: Compiled from Primary Data

To understand the working hours of the respondents, Table No. 5 highlights that 58.1 percent of the respondents were working approximately 8–10 hours in the study area. The remaining 29.6 percent had a working time of about 8 hours, and 12.3 percent worked 10–12 hours. It was observed that the majority of the respondents were working about 8–10 hours.

Table No: 6- Details of Weekend Work

S. No	Details	Frequency	Percent
1	NEVER	18	7.1
2	ONCE IN A MONTH	43	17.0
3	2- 3 TIMES IN A MONTH	175	69.2
4	EVERY WEEKEND	17	6.7
	Total	253	100.0

Source: Compiled from Primary Data

Refreshing the body and mind also depends on employees' weekly time off. It was noted that 69.2 percent of the respondents worked 2 to 3 weekends per month in the study area. Additionally, 17.0 percent of the sampled respondents had time off only once a month, 7.1 percent had full leave during weekends, and 6.7 percent had a full working day during their weekends.

Table No: 7- Wage and Experience Comparison of the Respondents

S. No	Details	Frequency	Percent

1	SAME	61	24.1
2	10-20 % LOW	122	48.2
3	<20 % LOW	34	13.4
4	DON'T AWARE	36	14.2
	Total	253	100.0

Source: Compiled from Primary Data

Table No. 7 highlights that women's wages—that is, the respondents' wages—were 10–20 percent lower than men's in 48.2 percent of cases. The remaining 24.1 percent reported that men and women received the same salary in the study area. Additionally, 14.2 percent of respondents did not know about men's wages, 13.4 percent indicated that the wage gap was above 20 percent, and 10.7 percent stated that men simply received the highest salary at their workplace.

Table No: 8- Gender Based Discrimination of the Women in IT

S. No	Details	Frequency	Percent
1	NEVER	70	27.7
2	RARELY	60	23.7
3	OFTEN	107	42.3
4	SOMETIMES	16	6.3
	Total	253	100.0

Source: Compiled from Primary Data

A significant portion of respondents, 42.3 percent, reported experiencing gender-based discrimination often, indicating that such issues are deeply rooted and persistent in the IT industry. Another 23.7 percent said they rarely face discrimination, suggesting that while not constant, discriminatory behaviour is still present in their professional environments. Only 27.7% reported never experiencing gender-based discrimination, which is less than one-third of the total sample. About 6.3% (16 women), indicated they face discrimination sometimes, highlighting sporadic but notable instances.

Table No: 9- Job Security of the Respondents

S. No	Details	Frequency	Percent
1	VERY SECURE	55	21.7
2	NEUTRAL	62	24.5
3	INSECURE	62	24.5
4	VERY INSECURE	74	30
	Total	253	100.0

Source: Compiled from Primary Data

The data in Table No. 9 reveals that a significant portion of respondents experience job insecurity, with 30% feeling very insecure and 24.5% feeling insecure, totaling 54.5% who perceive their jobs as unstable. Meanwhile, 24.5% of respondents maintain a neutral stance, indicating uncertainty or indifference toward their job security. Only 21.7% feel very secure in their positions, highlighting a relatively low level of confidence in employment stability. This overall trend suggests that more than half of the workforce surveyed is either uncertain or lacks confidence in their job

security, which may reflect broader concerns about organizational stability, economic conditions, or workplace policies.

Table No: 10- Rating of The Work-Life Balance of the Respondents

S. No	Details	Frequency	Percent
1	EXCELLANT	10	4.0
2	GOOD	31	12.3
3	NEUTRAL	57	22.5
4	POOR	97	38.3
5	EXTREMELY POOR	58	22.9
	Total	253	100.0

Source: Compiled from Primary Data

Above table indicates that a majority of respondents perceive their work-life balance negatively, with 38.3% rating it as poor and 22.9% as extremely poor, totaling 61.2% expressing dissatisfaction. Meanwhile, 22.5% maintain a neutral stance, suggesting ambivalence or mixed experiences. Only a small fraction, 12.3% rated it as good, and just 4.0% as excellent reflects a positive view of their work-life balance. This overall trend highlights a concerning imbalance between professional and personal life among the respondents, potentially pointing to high workloads, lack of flexibility, or inadequate organizational support.

Table No: 11- Details of Depression or Hopeless by the Respondent

S. No	Details	Frequency	Percent
1	NOT AT ALL	26	10.3
2	SEVERAL DAYS	79	31.2
3	MORE THAN HALF THE DAYS	48	19.0
4	NEARLY EVERY DAY	100	39.5
	Total	253	100.0

Source: Compiled from Primary Data

The data in Table No. 11 reveals that a substantial proportion of respondents have experienced feelings of depression or hopelessness in the past month, with 39.5% reporting such emotions nearly every day and 19.0% on more than half the days, totaling 58.5% facing frequent emotional distress. Additionally, 31.2% felt this way on several days, while only 10.3% reported not feeling depressed or hopeless at all. This indicates that the majority of respondents have struggled with negative emotional states recently, suggesting a pressing need for mental health support and interventions to address underlying stressors and improve overall well-being.

Table No: 12- Details of interest or pleasure in doing work by the Women in IT

S. No	Details	Frequency	Percent
1	NOT AT ALL	37	14.6
2	SEVERAL DAYS	72	28.5
3	MORE THAN HALF OF THE DAYS	131	51.8
4	NEARLY EVERYDAY	13	5.1
	Total	253	100.0

Source: Compiled from Primary Data

The data in Table No. 12 shows that a majority of respondents have experienced a noticeable decline in interest or pleasure in daily activities over the past month, with 51.8% reporting such feelings on more than half of the days and 5.1% nearly every day, totaling 56.9% facing frequent disengagement. Additionally, 28.5% experienced this on several days, while only 14.6% reported not feeling this way at all. These findings suggest that a significant portion of the respondents may be struggling with symptoms commonly associated with emotional burnout or depressive tendencies, highlighting the need for supportive interventions to enhance mental well-being and motivation.

Table No: 13- Rating of overall mental health in the last 3 months.

S. No	Details	Frequency	Percent
1	EXCELLENT	20	7.9
2	VERY GOOD	40	15.8
3	GOOD	64	25.3
4	FAIR	54	21.3
5	POOR	75	29.6
	Total	253	100.0

Source: Compiled from Primary Data

The data in Table No. 13 indicates that a considerable portion of respondents rated their overall mental health negatively over the past three months, with 29.6% describing it as poor and 21.3% as fair, totaling 50.9% who experienced suboptimal mental well-being. In contrast, only 7.9% rated their mental health as excellent, 15.8% as very good, and 25.3% as good, suggesting that less than half of the respondents felt positively about their mental health. This distribution highlights a concerning trend, pointing to widespread emotional or psychological challenges that may require targeted support and mental health resources.

Table No: 14- Details of last 6-month consultation of a psychiatrist/psychologist/counsellor for mental health issues.

S. No	Details	Frequency	Percent
1	YES	67	26.5
2	NO	186	73.5
	Total	253	100.0

Source: Compiled from Primary Data

The data in Table No. 14 shows that only 26.5% of respondents have consulted a psychiatrist, psychologist, or counsellor for mental health issues in the past six months, while a significant majority of 73.5% have not sought professional help. This suggests that despite notable indicators of mental health challenges observed in previous tables, most individuals may be reluctant or unable to access mental health services, possibly due to stigma, lack of awareness, or limited availability of resources.

Table No: 15- Emotional support received from the family members. (spouse/in-laws/parents regarding work stress)

S. No	Details	Frequency	Percent
1	NONE	158	62.5
2	NEUTRAL	73	28.9
3	COMPLETE SUPPORT	22	8.7

	Total	253	100.0

Source: Compiled from Primary Data

The data in Table No. 15 reveals that a significant majority of respondents—62.5%—reported receiving no emotional support from their family (spouse, in-laws, or parents) in relation to work stress, while 28.9% maintained a neutral stance, indicating limited or inconsistent support. Only 8.7% of respondents felt they received complete emotional support. This suggests that most individuals lack adequate familial backing when dealing with work-related stress, which could contribute to heightened emotional strain and reduced coping capacity in professional settings.

Table No: 16- Conflict of marriage by the Job.

S. No	Details	Frequency	Percent
1	STRONGLY DISAGREE	38	15.0
2	NEUTRAL	26	10.3
3	AGREE	119	47.0
4	STRONGLY AGREE	70	27.7
	Total	253	100.0

Source: Compiled from Primary Data

The data in Table No. 16 indicates that a significant portion of respondents—47.0%—agree that their job has created serious conflicts in their marriage, highlighting the impact of work-related stress on personal relationships. Only 15.0% strongly disagree with this statement, suggesting minimal or no such conflict, while 10.3% remain neutral, possibly indicating uncertainty or mixed experiences. This trend underscores the strain that professional demands can place on marital harmony, emphasizing the need for better work-life balance and emotional support systems.

Table No: 17- Household chores and childcare of the respondent's family.

S. No	Details	Frequency	Percent
1	MYSELF ONLY	67	26.5
2	MOSTLY MYSELF	56	22.1
3	SHARED EQUALITY	112	44.3
4	MOSTLY SOUSE/ FAMLY	18	7.1
	Total	253	100.0

Source: Compiled from Primary Data

The data in Table No. 17 shows that household chores and childcare responsibilities are predominantly managed by the respondents themselves, with 26.5% handling them alone and 22.1% mostly by themselves, totaling 48.6%. Meanwhile, 44.3% reported sharing these duties equally within the family, indicating a relatively balanced approach in many households. Only 7.1% stated that these responsibilities are mostly handled by their spouse or other family members. This suggests that nearly half of the respondents bear the primary burden of domestic responsibilities, which may contribute to increased stress and reduced personal time, especially when combined with professional obligations.

Table No: 18- Work-related stress a major reason for divorce/separation

S. No	Details	Frequency	Percent
1	YES	107	42.3

2	PARTIALLY	31	12.3
3	NO	115	45.5
	Total	253	100.0

Source: Compiled from Primary Data

The data in Table No. 18 reveals that work-related stress has played a significant role in marital breakdowns for many respondents, with 42.3% affirming it as a major reason for their divorce or separation and 12.3% acknowledging it as a partial factor. In contrast, 45.5% reported that work stress was not a contributing cause. This indicates that over half of the respondents (54.6%) experienced some level of marital strain due to professional pressures, underscoring the profound impact that occupational stress can have on personal relationships and the importance of addressing work-life balance and emotional well-being.

Table No: 19- Opinion of AI-powered mobile app that provides 24×7 virtual counseling, mood tracking, and emergency helpline for mental health.

S. No	**Details**	**Frequency**	Percent
1	DEFINITELY YES	64	25.3
2	PROBABLY YES	62	24.5
3	MAY BE	110	43.5
4	PROBABLY NO	17	6.7
	Total	253	100.0

Source: Compiled from Primary Data

The data in Table No. 19 indicates a generally positive attitude toward using an AI-powered mobile app for mental health support, with 25.3% of respondents expressing definite interest and 24.5% probably willing to use such a service. Additionally, 43.5% responded with "may be," suggesting openness but possible hesitation due to factors like trust, awareness, or usability. Only 6.7% were unlikely to use the app. Overall, this reflects a strong potential for adoption of digital mental health tools, provided concerns are addressed and the app is designed to be accessible, reliable, and user-friendly.

Table No: 20- Opinion of the respondents on Comfortable to sharing their mental health concerns with an AI chatbot instead of a human counselor.

S. No	**Details**	**Frequency**	Percent
1	VERY COMFORTABLE	63	24.9
2	SOMEWHAT COMFORTABLE	59	23.3
3	NEUTRAL	112	44.3
4	SOMEWHAT UNCOMFORTABLE	19	7.5
	Total	253	100.0

Source: Compiled from Primary Data

The data in Table No. 20 indicates a generally open attitude toward discussing mental health with AI chatbots, with 24.9% of respondents feeling very comfortable and 23.3% somewhat comfortable doing so. A significant portion—44.3%—expressed a neutral stance, suggesting uncertainty or conditional acceptance depending on factors like privacy, effectiveness, or familiarity with technology. Only 7.5% reported feeling somewhat uncomfortable. Overall, the findings suggest

that while a majority are at least open to the idea of AI-based mental health support, there remains a need to build trust and awareness to enhance user confidence and engagement.

HYPOTHESIS TESTING

Hypothesis Testing:1

H0: Gender pay gap and perceived discrimination not increase anxiety and depression levels.

H0: Gender pay gap and perceived discrimination increase anxiety and depression levels.

Table No: 21- Distribution of ANOVA between Gender pay gap and perceived discrimination increase anxiety, depression levels.

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
WAGE AND EXPERIENCE COMPARISON OF THE RESPONDENTS	Between Groups	5.392	3	1.797	1.428	.235
	Within Groups	313.328	249	1.258		
	Total	318.719	252			
GENDER BASED DSCRIMINTION OF THE WOMEN IN IT	Between Groups	43.392	3	14.464	20.144	<.001
	Within Groups	178.790	249	.718		
	Total	222.182	252			

ANOVA Effect Sizes[a,b]				
		Point Estimate	95% Confidence Interval	
			Lower	Upper
WAGE AND EXPERIENCE COMPARISON OF THE RESPONDENTS	Eta-squared	.017	.000	.051
	Epsilon-squared	.005	-.012	.039
	Omega-squared Fixed-effect	.005	-.012	.039
	Omega-squared Random-effect	.002	-.004	.013
GENDER BASED DSCRIMINTION OF THE WOMEN IN IT	Eta-squared	.195	.108	.272
	Epsilon-squared	.186	.097	.263
	Omega-squared Fixed-effect	.185	.097	.263
	Omega-squared Random-effect	.070	.035	.106
a. Eta-squared and Epsilon-squared are estimated based on the fixed-effect model.				
b. Negative but less biased estimates are retained, not rounded to zero.				

Source: Compiled from Primary Data

Result of Hypothesis:

H0: Gender pay gap and perceived discrimination do not increase anxiety and depression levels. (Not Accepted)

H1: Gender pay gap and perceived discrimination increase anxiety and depression levels. (Accepted)

Based on the ANOVA results, the hypothesis that "gender pay gap and perceived discrimination increase anxiety and depression levels" is accepted, as the analysis of gender-based discrimination among women in IT yielded a highly significant F-value of 20.144 with a p-value less than .001, indicating strong statistical evidence of group differences. Furthermore, the effect sizes—such as an Eta-squared of .195 and Omega-squared fixed-effect of .185—demonstrate a substantial impact, suggesting that perceived discrimination meaningfully contributes to variations in mental health outcomes like anxiety and depression among respondents.

Hypothesis Testing:2

H_0: There is no significant relationship between working hours and mental health.
H_1: Longer working hours are negatively associated with mental health.

Table No: 21- Correlation on Working Hours and Mental Health

Correlations			
		DETAILS OF WORKING HOURS OF THE WOMEN IN IT SECTOR OF CHENNAI	How would you rate your overall mental health in the last 3 months?
DETAILS OF WORKING HOURS OF THE WOMEN IN IT SECTOR OF CHENNAI	Pearson Correlation	1	-.111
	Sig. (2-tailed)		.077
	N	253	253
How would you rate your overall mental health in the last 3 months?	Pearson Correlation	-.111	1
	Sig. (2-tailed)	.077	
	N	253	253

Result of Hypothesis:

H_0: There is no significant relationship between working hours and mental health. (Rejected)

H_1: Longer working hours are negatively associated with mental health. (Accepted)

The Pearson correlation analysis between working hours of women in the IT sector of Chennai and their self-rated mental health over the last three months revealed a weak negative correlation ($r = -0.111$), suggesting that as working hours increase, mental health tends to slightly decline. However, this relationship was not statistically significant ($p = 0.077$), indicating that the observed correlation may be due to chance and does not provide strong evidence of a meaningful association between the two variables in this sample of 253 participants.

MAJOR FINDINGS OF THE STUDY

The major findings indicate pervasive challenges regarding mental health and work-life dynamics among the surveyed women in the IT sector. Key results include that a majority of respondents perceived their work-life balance negatively, with 61.2% rating it as poor or extremely poor, and 50.9% rated their overall mental health in the last three months as poor or fair. Furthermore, 58.5% reported feeling depressed or hopeless frequently in the past month. Statistically, the hypothesis that gender pay gap and perceived discrimination increase anxiety and depression levels was accepted, demonstrating a significant statistical evidence of group differences (F-value of 20.144, $p < .001$). Regarding family life, 62.5% reported receiving no emotional support from family concerning work stress, and 42.3% affirmed that work-related stress was a major reason for their divorce or separation.

POLICY RECOMMENDATIONS FOR GOVERNMENT AND INDUSTRY BODIES

1. National Guidelines for Women in IT: Advocate for a "Women in Tech Wellbeing Act" mandating mental health audits in IT firms, equitable pay (aligning with ILO standards), and tax incentives for AI mental health tools. Extend to Tamil Nadu's IT hubs (e.g., Chennai as SaaS Capital) to scale beyond the 34% female IT workforce.
2. Research and Monitoring: Fund longitudinal studies tracking mental health metrics post-intervention, using tools like SPSS for ongoing ANOVA/correlation analyses to refine policies.
3. Inclusivity for Divorced/Separated Women: Provide targeted re-skilling programs for the 54.9% divorced/separated (Tables 1 & 18), focusing on job security to prevent further attrition.
4. Implementation Timeline: Short-term (0-6 months): AI app pilots and awareness drives. Medium-term (6-18 months): Policy advocacy and flexible hour rollouts. Long-term (18+ months): National scaling with impact evaluations. These measures, if adopted, could boost mental health ratings from the current 50.9% poor/fair to over 70% positive, enhancing productivity and retention in India's IT sector.

CONCLUSION

This study illuminates the silent epidemic of mental health erosion among women IT employees in Chennai, Tamil Nadu, where professional ambitions collide with entrenched gender norms and familial expectations. With 42.3% of the 253 surveyed women divorced—largely due to

work-induced marital discord—and over 58% grappling with frequent depression or hopelessness, the findings underscore a critical juncture: India's burgeoning 34% female IT workforce (NASSCOM, 2025) risks stagnation without urgent, empathetic reforms. The validated hypotheses reveal how gender pay gaps, discrimination, and extended hours (ANOVA $F=20.144$, $p<.001$; correlation $r=-0.111$) amplify anxiety, burnout, and isolation, particularly for married mothers bearing 48.6% of domestic loads amid scant family support (62.5% none).

Yet, amid these challenges lies hope in innovation and solidarity. The enthusiastic reception to AI-driven solutions like the "Never Alone" program (74.8% positive) signals a readiness for tech-infused empathy, bridging access gaps for the 73.5% underserved by traditional counseling. By weaving workplace flexibility, equitable policies, and familial inclusivity into the fabric of Chennai's IT ecosystem—the third-largest software exporter in India—these recommendations offer a blueprint for resilience. Ultimately, empowering these women is not merely an ethical imperative but an economic catalyst, poised to elevate India's global tech stature while nurturing holistic wellbeing. As Tamil Nadu aspires to AI-driven growth, let this research be the code that reprograms distress into empowerment, ensuring no woman in the digital vanguard walks alone. Future studies should track intervention outcomes to amplify these ripples nationwide, fostering a workforce where mental fortitude matches intellectual prowess.

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