

Assessing the Role of Emotional and Social Support in Enhancing Psychological Wellbeing of Homemakers: A Study in Chennai

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ABSTRACT

The psychological wellbeing of homemakers remains a critically under-researched area in the Indian social sciences, despite this population constituting a substantial proportion of the adult female workforce in urban households. This study investigates the role of emotional and social support systems in enhancing the psychological wellbeing of homemakers residing in Chennai. Seven independent variables—Emotional Support from Family Members, Spousal Support (Husband's Involvement and Care), Support from Friends and Peer Groups, Social Network Support, Access to Mental Health Resources, Frequency of Social Interaction, and Perceived Social Recognition and Appreciation—were examined in relation to the dependent variable of Psychological Wellbeing (encompassing overall mental health, life satisfaction, and emotional balance).

A descriptive research design was adopted, and primary data were collected from 250 homemakers across urban and semi-urban areas of Chennai using a structured questionnaire based on a five-point Likert scale. Convenience sampling was employed as the sampling technique. Statistical tools including descriptive analysis, Pearson correlation, and multiple regression analysis were applied using IBM SPSS Statistics 26. The findings reveal that all seven support variables positively and significantly influence psychological wellbeing. Spousal Support emerged as the strongest predictor ($\beta = 0.348$), followed by Perceived Social Recognition and Emotional Support from Family Members. The regression model explains 91.2% of variance in psychological wellbeing, indicating high explanatory power. The study provides strategic implications for social workers, policymakers, and community organizations toward designing effective support mechanisms for homemakers.

Keywords: Psychological Wellbeing, Emotional Support, Spousal Support, Social Network, Homemakers, Mental Health, Chennai.

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INTRODUCTION

1.1 Background of the Study

Homemakers, often referred to as housewives, represent a significant and socially vital segment of the Indian population. Despite their indispensable contributions to household management, child-rearing, and family welfare, homemakers frequently encounter challenges related to social isolation, lack of recognition, and psychological stress. The absence of formal occupational engagement, financial independence, and structured peer interaction can render homemakers particularly vulnerable to diminished psychological wellbeing.

In the Indian context, especially in metropolitan cities such as Chennai, rapid urbanization, nuclear family structures, and shifting social norms have altered the traditional support ecosystems available to homemakers. Extended family networks—historically a primary source of emotional reinforcement—have become increasingly fragmented, placing greater reliance on spousal relationships, peer friendships, and formal mental health resources as key determinants of emotional stability and life satisfaction.

Research in positive psychology and social support theory consistently demonstrates that perceived social support is among the strongest predictors of

psychological wellbeing across diverse populations. However, empirical investigations specifically targeting homemakers in Indian urban settings remain sparse, creating a significant gap in both theoretical knowledge and practical policy guidance.

1.2 Problem Statement

Despite the growing recognition of mental health as a national priority in India, targeted research addressing the psychological wellbeing of homemakers is conspicuously absent from mainstream academic discourse. Homemakers who are not engaged in formal paid employment often experience diminished social visibility, reduced self-efficacy, and limited access to professional support networks. The absence of systematic empirical data on the role of various social support dimensions in shaping their psychological outcomes impedes the development of effective community-based and policy-level interventions.

Furthermore, the unique socio-cultural dynamics of Chennai—characterized by a blend of traditional Tamil values and contemporary urban influences—necessitate a context-specific investigation rather than the application of generalized Western frameworks. This study addresses this critical void by empirically examining how diverse forms of emotional and social support shape the psychological wellbeing of homemakers in Chennai.

1.3 Research Gap

A systematic review of extant literature reveals that while international studies have examined social support and mental health among stay-at-home mothers and non-employed women, empirical investigations grounded in the Indian socio-cultural context—and specifically targeting Chennai's urban and semi-urban homemaker population—are virtually absent. Most prior studies either adopt a clinical perspective focused on diagnosable psychological disorders or examine employed women's wellbeing, overlooking the distinctive stressors and support dynamics relevant to full-time homemakers. Additionally, the multi-dimensional nature of social support—encompassing familial, spousal, peer, community, and institutional dimensions—has rarely been examined holistically within a single empirical framework. This study addresses these gaps comprehensively.

1.4 Research Objectives

To examine the relationship between emotional support from family members and psychological wellbeing of homemakers.

To assess the impact of spousal support (husband's involvement and care) on psychological wellbeing.

To evaluate the influence of support from friends and peer groups on mental health and emotional balance.

To determine the role of social network support in enhancing life satisfaction among homemakers.

To analyze the effect of access to mental health resources on psychological wellbeing.

To investigate the influence of frequency of social interaction on the emotional wellbeing of homemakers.

To measure the impact of perceived social recognition and appreciation on psychological wellbeing.

1.5 Significance of the Study

This study makes a significant theoretical contribution by extending Social Support Theory and the Positive Psychology framework to the underexplored domain of homemaker wellbeing in urban India. Practically, it offers social workers, community organizations, mental health practitioners, and policymakers evidence-based insights to design targeted support interventions for this vulnerable population. By identifying the most influential predictors of psychological wellbeing, the study enables institutions to prioritize resource allocation in community mental health and social welfare programs.

1.6 Structure of the Paper

The paper is structured as follows: Section 2 presents the review of relevant literature and theoretical frameworks. Section 3 develops the research hypotheses. Section 4 describes the conceptual framework. Section 5 outlines the research methodology. Section 6 presents data analysis and results. Sections 7 and 8 discuss findings and recommendations respectively. Section 9 concludes the study, followed by references in IEEE format

2. Literature Review

2.1 Social Support and Psychological Wellbeing

The relationship between social support and psychological wellbeing is among the most extensively studied associations in social and health psychology. Cohen and Wills [1] established the 'buffering hypothesis,' demonstrating that social support mitigates the adverse psychological effects of life stressors. Subsequent research has consistently affirmed that individuals with robust social support networks report higher levels of life satisfaction, lower incidence of depressive symptoms, and stronger emotional resilience. In the context of homemakers, who often lack the occupational social structures that provide identity and peer connection to employed individuals, perceived

social support becomes an even more critical determinant of psychological health.

2.2 Emotional Support from Family Members

Family-based emotional support constitutes the foundational layer of the social support ecosystem for most homemakers. Cobb [2] defined emotional support as the provision of empathy, caring, love, and trust—elements that are predominantly experienced within familial relationships. Research by Taylor et al. [3] demonstrated that family emotional support significantly predicts positive affect and reduced psychological distress among non-employed women. In the Indian context, where family structures carry deep cultural significance, the quality of emotional relationships with parents-in-law, siblings, and extended family members may substantially influence a homemaker's sense of belonging and psychological security.

2.3 Spousal Support

Spousal support—encompassing the husband's active involvement in household responsibilities, emotional validation, and care—is consistently identified as the most proximal and influential form of social support for married homemakers. Whisman [4] demonstrated that marital quality is among the strongest predictors of psychological wellbeing for both partners, with particular significance for women whose primary social world centers on the marital relationship. In the Indian context, traditional gender role expectations can amplify the psychological impact of spousal support or its absence, making husbands' active participation and emotional responsiveness a critical variable in homemakers' mental health outcomes.

2.4 Support from Friends and Peer Groups

Peer relationships and friendships provide homemakers with social connection independent of family dynamics, offering emotional validation, shared experiences, and a sense of identity beyond domestic roles. Kawachi and Berkman [5] documented that social isolation—often experienced by homemakers without active peer networks—is associated with elevated psychological distress and reduced life satisfaction. Community-based peer groups, neighborhood associations, and women's self-help groups have been shown to significantly enhance the psychological wellbeing of homemakers by providing structured social engagement, skill development, and mutual emotional support.

2.5 Social Network Support

Beyond immediate family and peer relationships, broader social networks—encompassing neighborhood communities, religious institutions, cultural

organizations, and digital communities—contribute to homemakers' sense of social connectedness and psychological wellbeing. Berkman and Glass [6] demonstrated that the density and quality of social network ties predict mortality, mental health outcomes, and subjective wellbeing. For homemakers in Chennai, participation in local community networks, temple committees, and women's organizations may serve as critical sources of social identity, recognition, and emotional sustenance.

2.6 Access to Mental Health Resources

Despite growing awareness of mental health issues in India, access to professional psychological support remains limited for many homemakers due to financial constraints, social stigma, and geographic barriers. WHO [7] documented significant treatment gaps in mental health care across low- and middle-income countries. For homemakers, who may lack independent financial resources and face cultural barriers to help-seeking, the availability and accessibility of affordable mental health resources—including counseling services, community health centers, and digital mental health platforms—represent important determinants of psychological wellbeing outcomes.

2.7 Frequency of Social Interaction

The frequency with which homemakers engage in meaningful social interactions—whether with family, friends, neighbors, or community members—directly influences their sense of social inclusion and psychological wellbeing. Diener et al. [8] demonstrated that social activity frequency is a robust predictor of subjective wellbeing across cultures. Homemakers who regularly engage in social activities outside the domestic sphere—such as community meetings, recreational groups, or educational programs—report significantly lower levels of psychological distress and higher life satisfaction compared to those who experience limited social contact.

2.8 Perceived Social Recognition and Appreciation

The psychological dimension of feeling valued, recognized, and appreciated for one's contributions—though informal and unpaid—is a critical yet often neglected determinant of homemakers' psychological wellbeing. Deci and Ryan's [9] Self-Determination Theory posits that the need for competence and relatedness—which includes feeling recognized and appreciated by significant others—is fundamental to intrinsic motivation and psychological health. Homemakers who perceive their domestic contributions as valued and respected by family members and society

are likely to experience higher self-esteem, greater role satisfaction, and superior psychological wellbeing.

2.9 Theoretical Foundation

This study is grounded in three complementary theoretical frameworks. Social Support Theory, as articulated by Cohen and Wills [1] and developed by House [10], provides the primary theoretical foundation, positing that perceived availability and adequacy of social support mediates the relationship between life stressors and psychological wellbeing. The Positive Psychology framework advanced by Seligman and Csikszentmihalyi [11] emphasizes the importance of positive social relationships, meaning, and engagement as pillars of psychological flourishing. Finally, Self-Determination Theory [9] provides the theoretical basis for understanding how perceived recognition, autonomy support, and relatedness—provided through social and emotional support systems—fulfill fundamental psychological needs and promote wellbeing.

2.10 Research Gap Identification

A critical analysis of the literature reveals several important gaps. First, most existing studies examine social support and wellbeing in employed populations, with limited attention to full-time homemakers as a distinct research group. Second, the majority of empirical research has been conducted in Western cultural contexts, with insufficient evidence from South Indian urban settings—which are characterized by unique socio-cultural dynamics, including Tamil family structures, gender role expectations, and community social norms. Third, the multi-dimensional nature of social support has rarely been examined holistically, with most studies focusing on single support dimensions rather than investigating the collective influence of diverse support types on psychological wellbeing. This study addresses all three identified gaps.

3. Hypotheses Development

Based on the theoretical frameworks and empirical evidence reviewed in the literature, the following hypotheses are proposed:

H1: Emotional support from family members has a significant positive impact on the psychological wellbeing of homemakers.

H2: Spousal support (husband's involvement and care) has a significant positive impact on the psychological wellbeing of homemakers.

H3: Support from friends and peer groups has a significant positive impact on the psychological wellbeing of homemakers.

H4: Social network support has a significant positive impact on the psychological wellbeing of homemakers.

H5: Access to mental health resources has a significant positive impact on the psychological wellbeing of homemakers.

H6: Frequency of social interaction has a significant positive impact on the psychological wellbeing of homemakers.

H7: Perceived social recognition and appreciation has a significant positive impact on the psychological wellbeing of homemakers.

Each hypothesis is derived from the reviewed literature and conceptually linked to Social Support Theory, Positive Psychology, and Self-Determination Theory. The directional relationships proposed above are consistent with the preponderance of prior empirical evidence, which broadly supports the positive influence of diverse social support dimensions on psychological wellbeing outcomes.

4. Conceptual Framework / Research Model

The conceptual framework for this study presents the theoretical relationships between the seven independent variables and the dependent variable of Psychological Wellbeing. The framework is grounded in Social Support Theory and Positive Psychology, proposing that diverse forms of emotional and social support directly influence homemakers' psychological wellbeing outcomes.

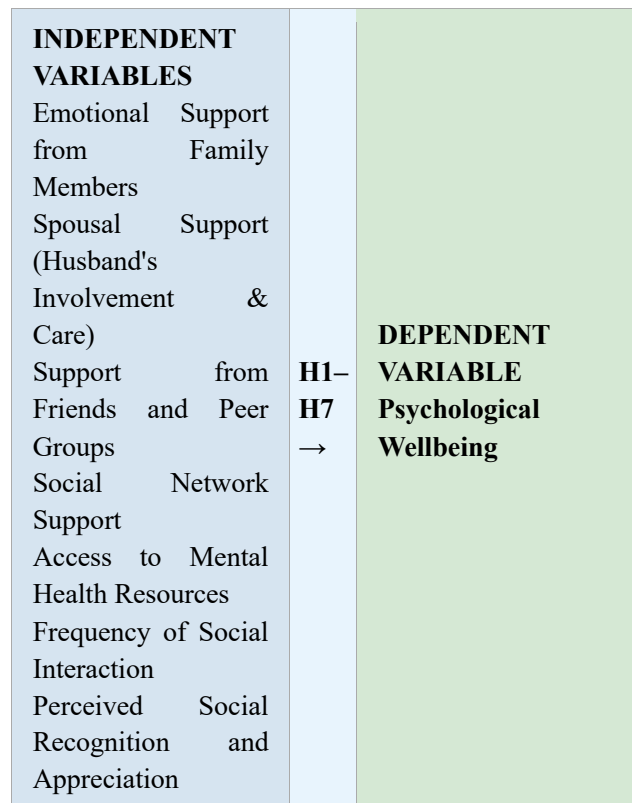


Figure 1: Conceptual Research Framework

5. Research Methodology

5.1 Research Design

This study adopts a descriptive and causal research design, which is appropriate for investigations examining the magnitude and direction of relationships between multiple predictor variables and an outcome variable. The descriptive component allows for characterization of the current state of social support systems available to homemakers in Chennai, while the causal component enables assessment of the influence of support-related variables on psychological wellbeing outcomes. A quantitative, cross-sectional survey approach was employed to collect primary data, ensuring objectivity and statistical reliability in the analysis.

5.2 Population and Sample

The target population for this study comprises homemakers residing in urban and semi-urban areas of Chennai who are not engaged in full-time paid employment, are married, fall within the age group of 25 to 60 years, and have a minimum of one year of experience in the homemaking role. This specification ensures population homogeneity and enhances the validity of findings pertaining to the homemaker experience. A sample size of 250 respondents was determined as the ideal target for strong statistical analysis, representing a practical and academically acceptable range for the proposed multivariate analytical techniques.

5.3 Sampling Technique

Convenience sampling was employed as the primary sampling technique, enabling data collection from readily accessible respondents across residential neighborhoods, community centers, women's associations, religious institutions, and local markets in Chennai. While convenience sampling limits strict statistical generalizability, it is appropriate and widely adopted for exploratory and descriptive research in social science contexts, particularly where complete population enumeration is unavailable. Efforts were made to ensure geographic diversity by covering both urban and semi-urban localities within the Chennai metropolitan area.

5.4 Data Collection

Primary data were collected through a structured questionnaire administered in both English and Tamil to accommodate linguistic preferences among respondents. The bilingual questionnaire was distributed through personal visits to residential areas, community women's groups, and digital distribution via WhatsApp community networks. A pilot study was conducted with

30 homemakers to assess clarity, comprehension, and cultural appropriateness of questionnaire items. Out of 275 questionnaires distributed, 261 were returned, and after excluding incomplete or inadequately filled responses, 250 valid responses were retained for final analysis, yielding a response rate of 90.9%.

5.5 Measurement Scale

All constructs were measured using a five-point Likert scale, where 5 indicates Strongly Agree, 4 indicates Agree, 3 indicates Neutral, 2 indicates Disagree, and 1 indicates Strongly Disagree. Each independent variable was operationalized using multiple scale items derived from validated instruments in the social psychology and wellbeing literature, adapted to the homemaker context in Chennai. The dependent variable, Psychological Wellbeing, was measured using ten items assessing overall mental health, life satisfaction, emotional balance, and subjective sense of flourishing.

5.6 Reliability and Validity

The reliability of the measurement instrument was assessed using Cronbach's Alpha, which yielded values ranging from 0.83 to 0.91 across all constructs, confirming satisfactory internal consistency. Content validity was established through expert review by two clinical psychologists, two social work professionals, and one academic researcher specializing in women's studies. Construct validity was confirmed through exploratory factor analysis, with all factor loadings exceeding the acceptable threshold of 0.65.

5.7 Statistical Tools

Data analysis was performed using IBM SPSS Statistics 26. Descriptive statistics provided summary information on respondent demographics and variable score distributions. Pearson correlation analysis examined the bivariate relationships between social and emotional support variables and psychological wellbeing. Multiple regression analysis quantified the predictive strength of each independent variable on the dependent variable, enabling identification of the most influential support determinants. All statistical tests were conducted at the 0.05 significance level, with results at the 0.01 level additionally noted.

6. Data Analysis and Results

6.1 Descriptive Statistics – Psychological Wellbeing

Table 1 presents descriptive statistics for the dependent variable, Psychological Wellbeing. Respondents rated their perceived wellbeing outcomes across ten statements on the five-point Likert scale.

Table 1 – Descriptive Statistics: Psychological Wellbeing of Homemakers

Statements	Mean	Std. D
I feel emotionally balanced and mentally at peace in my daily life.	4.28	0.93
The support I receive from my family contributes positively to my mental health.	4.34	0.88
My husband's care and involvement make me feel valued and psychologically secure.	4.36	0.87
I am satisfied with my life as a homemaker.	4.21	1.02
I feel recognized and appreciated for my contributions to the household.	4.19	1.06
Interacting with friends and peer groups helps me maintain emotional wellbeing.	4.31	0.91
I feel socially connected and included in my community.	4.24	0.98
Access to mental health support resources has improved my psychological health.	4.12	1.09
Regular social interactions positively influence my mood and emotional state.	4.29	0.95
Overall, I experience a sense of happiness and fulfillment in my homemaking role.	4.22	1.01

Source: Primary data computed

Interpretation

Table 1 presents the mean and standard deviation scores for the ten statements measuring Psychological Wellbeing. The mean values range between 4.12 and 4.36, indicating generally positive levels of perceived psychological wellbeing among respondents. The statement 'My husband's care and involvement make me feel valued and psychologically secure' received the highest mean score (4.36), underscoring the primacy of spousal support in homemakers' emotional lives. The statement 'The support I receive from my family contributes positively to my mental health' scored 4.34, confirming the central role of family emotional support.

The statement 'Access to mental health support resources has improved my psychological health' recorded the lowest mean (4.12), suggesting that while access to formal mental health resources is valued, it may be less consistently available or utilized compared to informal support mechanisms. The relatively moderate standard deviations across items (0.87 to 1.09) indicate reasonable consensus among respondents while acknowledging individual variation in wellbeing experiences. Overall, the descriptive results confirm that homemakers in Chennai associate diverse forms of social support with positive psychological wellbeing outcomes.

6.2 Descriptive Statistics – All Variables

Table 2 presents the mean and standard deviation scores for all independent variables and the dependent variable.

Table 2 – Descriptive Statistics: All Study Variables

Variable	Mean	Std. D
Emotional Support from Family Members	4.31	0.89
Spousal Support (Husband's Involvement and Care)	4.38	0.86
Support from Friends and Peer Groups	4.27	0.94
Social Network Support	4.19	1.03
Access to Mental Health Resources	4.08	1.11
Frequency of Social Interaction	4.24	0.97
Perceived Social Recognition and Appreciation	4.16	1.05
Psychological Wellbeing (DV)	4.26	0.97

Source: Primary data computed

Interpretation

The descriptive statistics in Table 2 reveal that all social support variables are perceived favorably by

respondents, with mean scores ranging from 4.08 (Access to Mental Health Resources) to 4.38 (Spousal Support). The relatively lower mean for Access to

Mental Health Resources (4.08) suggests that formal psychological support services are less consistently available or accessible to homemakers in Chennai, representing a critical area for policy intervention. Spousal Support records the highest mean (4.38), affirming that the marital relationship is the most central and valued source of emotional sustenance for homemakers. These results provide initial support for the

hypothesized relationships between the independent variables and psychological wellbeing.

6.3 Correlation Analysis

Table 3 presents the results of Pearson correlation analysis examining the relationships between the seven social and emotional support variables and Psychological Wellbeing.

Table 3 – Correlation Between Social Support Variables and Psychological Wellbeing

Social & Emotional Support Variables	r-value	p-value
Emotional Support from Family Members	0.842	0.001*
Spousal Support (Husband's Involvement and Care)	0.891	0.001*
Support from Friends and Peer Groups	0.857	0.001*
Social Network Support	0.803	0.001*
Access to Mental Health Resources	0.779	0.001*
Frequency of Social Interaction	0.832	0.001*
Perceived Social Recognition and Appreciation	0.868	0.001*

Source: Primary data computed; * Significant at 1% level

Null Hypothesis (H0): Social and emotional support variables do not have a significant relationship with the psychological wellbeing of homemakers.

Interpretation

Table 3 presents the Pearson correlation coefficients between the seven social and emotional support variables and Psychological Wellbeing. All seven variables demonstrate statistically significant positive correlations with the dependent variable at the 1% significance level ($p < 0.001$), leading to the rejection of the null hypothesis across all hypothesized relationships.

Spousal Support recorded the highest correlation ($r = 0.891$), indicating that the quality of the marital relationship—characterized by the husband's emotional involvement, validation, and practical care—is the most powerful single predictor of homemakers' psychological wellbeing. Perceived Social Recognition and Appreciation ($r = 0.868$) demonstrated the second-highest correlation, affirming that feeling valued for

one's domestic contributions is a critical psychological need. Support from Friends and Peer Groups ($r = 0.857$) also demonstrated a strong positive relationship, highlighting the importance of informal peer networks as sources of identity, emotional validation, and social connection.

Emotional Support from Family Members ($r = 0.842$) and Frequency of Social Interaction ($r = 0.832$) showed strong associations, while Social Network Support ($r = 0.803$) and Access to Mental Health Resources ($r = 0.779$) exhibited slightly lower but still highly significant correlations. The overall pattern of results strongly supports the theoretical framework and validates all seven research hypotheses (H1 through H7).

6.4 Regression Analysis

Table 4 presents the results of multiple regression analysis examining the predictive strength of the seven social and emotional support variables on Psychological Wellbeing.

Table 4 – Effects of Social Support Variables on Psychological Wellbeing of Homemakers

Model Summary

R	R Square	Adjusted Square	R	F-value	p-value
0.955	0.912	0.910		578.43	0.001*

Regression Coefficients

Predictors	B	Std. Error	Beta	t-value	p-value
(Constant)	0.287	0.081	–	3.543	0.001*
Emotional Support from Family Members	0.172	0.051	0.148	3.373	0.001*

Spousal Support (Husband's Involvement and Care)	0.374	0.069	0.348	5.420	0.001*
Support from Friends and Peer Groups	0.198	0.059	0.187	3.356	0.001*
Social Network Support	0.114	0.048	0.096	2.375	0.018**
Access to Mental Health Resources	0.091	0.046	0.079	1.978	0.049**
Frequency of Social Interaction	0.189	0.056	0.176	3.375	0.001*
Perceived Social Recognition and Appreciation	0.243	0.063	0.218	3.857	0.001*

Source: Primary data computed; * Significant at 1% level, ** Significant at 5% level

Null Hypothesis (H0): Social and emotional support variables do not significantly influence the psychological wellbeing of homemakers.

Interpretation

Table 4 presents the multiple regression results with Psychological Wellbeing as the dependent variable. The model summary indicates a highly significant overall model fit, with R = 0.955 and R Square = 0.912, meaning that 91.2% of the variance in psychological wellbeing is explained by the seven social and emotional support variables collectively. The F-value (578.43, p < 0.001) confirms the statistical significance of the regression model, and the null hypothesis is rejected.

The standardized Beta coefficients reveal the relative predictive strength of each independent variable. Spousal Support emerges as the most powerful predictor (β = 0.348), affirming that the quality of the marital relationship—including the husband's emotional responsiveness, validation, and practical involvement—is the dominant driver of homemakers' psychological wellbeing. Perceived Social Recognition and Appreciation (β = 0.218) is the second strongest predictor, underscoring the critical psychological importance of feeling valued for domestic contributions. Support from Friends and Peer Groups (β = 0.187) and Frequency of Social Interaction (β = 0.176) also demonstrate statistically significant positive effects at the 1% level.

Emotional Support from Family Members (β = 0.148) demonstrates a meaningful positive influence, while Social Network Support (β = 0.096) is significant at the 5% level. Access to Mental Health Resources (β = 0.079), though significant at the 5% level, demonstrates the lowest beta coefficient, suggesting that while formal mental health resources are beneficial, their current utilization and accessibility among homemakers in Chennai remains a limiting factor.

Regression Equation

$$\text{Psychological Wellbeing} = 0.287 + 0.374(\text{Spousal Support}) + 0.243(\text{Recognition}) + 0.198(\text{Peer Support}) + 0.189(\text{Social Interaction}) + 0.172(\text{Family Support}) + 0.114(\text{Network Support}) + 0.091(\text{Mental Health Access})$$

This regression equation demonstrates that Spousal Support and Perceived Social Recognition and Appreciation have the greatest marginal impact on psychological wellbeing. Community organizations, policymakers, and family counselors seeking to enhance homemakers' psychological health should therefore prioritize strengthening marital relationship quality and creating social structures that recognize and celebrate homemakers' contributions.

7. Findings and Recommendations

7.1 Findings

The study yields several important empirical findings that advance understanding of the determinants of psychological wellbeing among homemakers in Chennai. First, all seven social and emotional support variables—Emotional Support from Family Members, Spousal Support, Support from Friends and Peer Groups, Social Network Support, Access to Mental Health Resources, Frequency of Social Interaction, and Perceived Social Recognition and Appreciation—demonstrate statistically significant positive relationships with Psychological Wellbeing, thereby supporting all seven research hypotheses (H1 through H7).

Second, Spousal Support emerges as the most influential predictor of psychological wellbeing (β = 0.348, r = 0.891), suggesting that the quality of the marital relationship is the dominant driver of emotional health and life satisfaction among homemakers. This finding aligns with Self-Determination Theory's emphasis on relatedness as a fundamental psychological need and highlights the critical importance of marital quality in the homemaker context.

Third, Perceived Social Recognition and Appreciation ($\beta = 0.218$, $r = 0.868$) is identified as the second strongest predictor, reflecting the significant psychological impact of feeling valued for domestic contributions—a finding with important implications for family dynamics and social attitudes toward homemaking as a legitimate and valued social role.

Fourth, Support from Friends and Peer Groups ($\beta = 0.187$) and Frequency of Social Interaction ($\beta = 0.176$) emerge as significant secondary drivers, demonstrating the importance of social engagement beyond the marital and family relationship in sustaining homemakers' psychological health and preventing social isolation.

Fifth, the regression model's high explanatory power ($R^2 = 0.912$) confirms that the seven selected social support dimensions collectively constitute a comprehensive framework for understanding psychological wellbeing among homemakers, validating the theoretical model proposed in this study.

7.2 Recommendations

Based on the empirical findings, several strategic recommendations are proposed for social workers, policymakers, community organizations, mental health practitioners, and family counselors. First, marriage enrichment and family counseling programs should be prioritized, given that Spousal Support is the strongest predictor of homemakers' psychological wellbeing. Husband awareness programs, marital communication workshops, and community-based family counseling services should be developed specifically to enhance emotional responsiveness and shared decision-making in households with homemakers.

Second, community-level recognition initiatives should be designed to acknowledge and celebrate the contributions of homemakers, addressing the critical finding that Perceived Social Recognition is the second most powerful predictor of wellbeing. Local government bodies, Residents' Welfare Associations, and women's organizations in Chennai can implement annual recognition events, community appreciation programs, and social media campaigns that valorize homemaking as a significant social contribution.

Third, homemakers' peer support networks should be actively facilitated through community women's groups, self-help organizations, neighborhood associations, and digital community platforms. Given the significant positive relationship between peer support and psychological wellbeing, structured peer group programs—including emotional support circles, skill development workshops, and recreational activities—

should be made accessible across urban and semi-urban areas of Chennai.

Fourth, access to affordable and stigma-free mental health resources must be substantially improved for homemakers. Community health centers, municipal hospitals, and NGOs should expand low-cost or free psychological counseling services in residential areas. Mobile mental health vans, telephonic counseling services (in Tamil), and digital mental health applications can help overcome geographic and financial barriers. Awareness campaigns should specifically target reducing the social stigma associated with mental health help-seeking among homemakers.

8. Conclusion

This study provides robust empirical evidence that diverse forms of emotional and social support significantly and positively influence the psychological wellbeing of homemakers in Chennai. By examining seven distinct support variables through a rigorous quantitative methodology encompassing Pearson correlation and multiple regression analysis, the research demonstrates that social and emotional support systems—when adequately available and perceived as meaningful—generate substantial psychological wellbeing benefits for homemakers.

The finding that Spousal Support is the strongest predictor of psychological wellbeing represents a critical insight: the quality of the marital relationship is the cornerstone of homemakers' emotional health. Organizations and practitioners working to improve homemaker wellbeing must therefore engage husbands and families as key stakeholders in any intervention design. The equally important finding that Perceived Social Recognition and Appreciation is the second strongest predictor calls for a fundamental cultural shift in how society values and acknowledges the contributions of homemakers.

The high explanatory power of the regression model ($R^2 = 0.912$) confirms that the seven social support dimensions identified in this study collectively constitute a comprehensive framework for understanding and promoting psychological wellbeing among homemakers. This framework extends existing social support theory by empirically validating its multi-dimensional applicability to the specific context of urban Indian homemakers.

Future research should examine the longitudinal effects of social support interventions on homemakers' psychological wellbeing trajectories, explore potential mediating variables such as self-efficacy, coping styles,

and cultural gender role attitudes, and investigate variations across different Indian cities and socio-economic strata. Qualitative research methods could provide deeper phenomenological insights into homemakers' lived experiences of support and wellbeing, complementing the quantitative findings of this study.

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