



From Care to Crisis: Structural Inequities and the Hidden Costs of Maternity for India's Working Mothers

Dr. Avanika Gupta ¹

Abstract:

This paper examines how maternity in India moves from care to crisis for working mothers. It focusses primarily on structural, policy and social dimensions. It attempts to trace contradictions within maternity protections and labour market practices where formal entitlements often coexist with stalled promotions, career penalties and expectations that women alone manage caregiving. These pressures, including professional disruption, systemic isolation and heightened emotional and physical strain underscore that maternity is structurally and socially unsupported. The paper attempts to reframe maternity as a collective responsibility shared by the state, workplaces and families to sustain maternal well-being and professional continuity. It proposes structural measures such as flexible postnatal work arrangements, fair reintegration after leave and support for shared caregiving within households. Thus, it tries to position maternity within a public, systemic frame that treats maternal care as a societal, rather than an individual concern.

Keywords: Post maternity employment, Labour Market Inequalities, Reproductive labour, Work-Care Tensions, Gendered Workload.

1. Introduction

Maternity in India is framed as a celebrated social value, yet they lived experience of working mothers reveals a sharper contradiction where care expectations collapse into crisis under fragmented institutional support. The state imagines maternity as a private responsibility rooted in familial duty, but workplaces interpret it as an economic liability that must be contained or penalized (Rai, 2019). This dual pressure (moral obligation at home and performance scrutiny at work), creates a structural trap where mothers are compelled to navigate guilt, exhaustion, and economic insecurity simultaneously. Existing maternity policies appear generous in text, yet they operate within a labour market that implicitly discourages continuity after childbirth, especially in private-sector and informal workplaces (Sengupta, 2022). This paper attempts to examine how these contradictions shift maternity from a celebrated social event to a sustained crisis. It tries to highlight that this is driven not by individual failure but by systemic design. It

¹ Independent Researcher, Email- avanika.gpt@gmail.com



advances the argument that maternity in India remains structurally unsupported because both the state and family place disproportionate responsibility on women, producing a cycle of labour penalties, emotional strain, and social withdrawal from motherhood. The contribution of this paper is thus a conceptual reframing of maternity as public responsibility, using analytical insights that bridge policy text with everyday realities.

2. Maternity as Structural Contradiction

Although Indian maternity policy emphasises protection, its design embeds an assumption that mothers alone must manage care, recovery, and workforce reintegration. This assumption becomes a contradiction when maternity leave, intended as support simultaneously triggers hiring hesitation, stalled promotion pathways, and implicit doubts about commitment (Patel, 2021). The contradiction deepens in nuclear households where domestic labour remains feminized, intensifying mothers' emotional and physical load while employers expect uninterrupted productivity. Women repeatedly described maternity as a moment where they "ceased to be employable until proving otherwise," revealing how structural design transforms temporary absence into long-term vulnerability. These contradictions do not arise from policy inadequacy alone but from a cultural logic where care is treated as unpaid feminine duty and labour markets operate as gender-neutral despite deeply gendered realities (Chatterjee, 2020). The cumulative consequence is that many working mothers begin distancing themselves from motherhood, not emotionally, but socially and logistically because the cost of fulfilling care expectations is borne entirely by them.

3. The Labour Penalty: How Crisis Materializes

The crisis crystallizes at the moment a mother re-enters the labour market, where employers expect postnatal productivity without recognising the realities of recovery, caregiving, or disrupted routines. Women report subtle punishments slower assignments, reduced responsibilities, or reassessment conversations framed as neutral performance reviews but grounded in maternity-related assumptions (Thomas, 2021). Many are pushed into part-time roles, less stable contracts, or entirely new job searches because a maternity break is interpreted as a loss of commitment instead of a predictable life transition. The labour penalty is sharper for women without family support, who experience emotional conflict between caregiving and employability, often leading to decisions that reduce labour participation or delay further childbirth. These patterns reveal a system where maternity is not simply unsupported but structurally discouraged, creating a cycle where mothers must constantly prove their worthiness for continued employment. Such repeated re-entry penalties transform everyday care into ongoing crisis, pushing women to adopt compensatory behaviours and emotionally detach from their own needs.



4. Family, Social Support, and the Weight of Isolation

The crisis of maternity intensifies because families, especially nuclear households offer emotional validation but limited practical redistribution of care responsibilities. Women frequently describe a widening gap between the idealised image of motherhood and the isolating reality of performing care tasks without shared responsibility (Banerjee, 2020). Emotional strain grows when relatives romanticise caregiving while overlooking the exhausting labour embedded within it, generating feelings of guilt whenever mothers' express fatigue or seek professional continuity. For many, the absence of equitable spousal involvement becomes a decisive factor shaping labour withdrawal or psychological distress. This dynamic reveals how maternity becomes socially individualized at the very moment when collective support is most needed. Without shared responsibility, mothers experience cumulative emotional load. These include balancing sleep deprivation, infant care, and postnatal anxiety while also preparing for workplace scrutiny (Shah, 2019). In such environments, distancing from motherhood becomes a survival strategy rather than a choice, allowing women to meet external expectations while quietly absorbing the strain of unsupported care.

5. Mental Health, Postpartum Stress and Labour Constraints

Working mothers in India navigate a complex intersection of postpartum mental health challenges and structural labour constraints, which intensify the transition from care to crisis. Research indicates that postpartum depression, anxiety, and chronic stress are prevalent among women who simultaneously manage newborn care and professional responsibilities (Gupta & Nair, 2020). These mental health pressures are compounded by workplace expectations, where any perceived inefficiency or absence is interpreted as diminished commitment, generating subtle but persistent forms of professional punishment.

Limited social support exacerbates emotional strain, particularly in nuclear families where caregiving responsibilities remain gendered and concentrated on women. In such contexts, mothers report feelings of guilt, exhaustion, and emotional withdrawal, not from lack of attachment to their children but as a coping mechanism to manage competing demands (Sharma, 2021). The absence of formal mental health provisions in workplaces further reinforces this cycle, creating a system where emotional vulnerability is structurally penalized.

These experiences illustrate that mental health challenges are neither incidental nor solely individual; they emerge from the structural design of labour policies, family expectations, and the societal individualization of care. Women develop coping strategies—emotional compartmentalization, delegation within



households, and peer support networks to navigate these pressures, revealing both resilience and systemic inadequacy (Khan, 2022). Recognizing the intersection of mental health and labour constraints emphasizes that maternity cannot be effectively supported through policy alone; it demands integrated social, familial, and institutional interventions. This framing reinforces the paper's broader argument that addressing maternity as a collective responsibility is essential to mitigate crisis, sustain maternal well-being, and enable equitable workforce participation.

6. Emotional Labour, Postpartum Vulnerability and Social Withdrawal

The transition from maternity to work occurs during a period of heightened emotional vulnerability, when women are managing postpartum recovery, sleep disruption, hormonal shifts, and the psychological weight of caregiving. These embodied realities are rarely acknowledged in workplaces that treat maternity as a temporary inconvenience rather than an ongoing physiological and emotional transition (Pathak, 2020). The mismatch between lived experience and institutional expectation generates a condition where women internalise the pressure to 'return as before', even when their physical and emotional capacities are still recalibrating. Many women describe the early months as a period marked by fear. This is fear of being replaced, fear of being judged as inefficient and fear of losing professional identity after childbirth.

This emotional burden is compounded by the social expectation that mothers must remain endlessly resilient, grateful, and self-sacrificing, even when their support networks are minimal or uneven. When mothers' express exhaustion, uncertainty, or ambivalence, their emotions are often dismissed as weakness or attributed to personal inadequacy rather than structural neglect (Mehrotra, 2019). Such responses deepen emotional isolation and push women to withdraw socially from caregiving roles, not as a rejection of motherhood but as a strategy to manage competing pressures while protecting their fragile psychological equilibrium.

The crisis becomes sharper for women whose workplaces weaponised emotional states, treating postpartum tiredness, slower pace, or childcare disruptions as evidence of unreliability. Over time, women learn to suppress emotional needs, present hyper-efficiency, and perform stability to avoid punitive evaluations or stalled careers (Roy, 2023). This emotional disciplining transforms maternity into a terrain of constant vigilance, self-monitoring, and internal negotiation, where women must protect their employment while silently carrying the unresolved weight of postpartum strain.



7. Coping Mechanisms and Resilience Strategies Among Working Mothers

Faced with structural isolation and labour penalties, working mothers in India employ a range of coping strategies to navigate the pressures of maternity and professional reintegration. Many develop rigorous time management practices, balancing caregiving, household duties, and work responsibilities with meticulous scheduling to prevent crises from accumulating (Singh & Sharma, 2021). Emotional compartmentalization is frequently reported, where mothers temporarily distance themselves from the psychological weight of caregiving in order to maintain workplace performance and personal stability. Delegation of tasks within the nuclear family though limited by gendered norms emerges as a critical mechanism for sustaining continuity in both home and professional spheres (Rao, 2020).

In workplaces, women often negotiate flexible arrangements, such as part-time schedules or staggered hours, while simultaneously striving to prove competence and reliability after maternity leave, revealing resilience under structurally imposed constraints (Menon, 2022). Peer networks and informal support groups provide validation, practical guidance, and emotional relief, allowing mothers to share experiences and strategies while mitigating isolation. Psychological strategies, including prioritization of tasks, self-care routines, and compartmentalized decision-making, illustrate adaptive capacities developed in response to systemic gaps rather than personal shortcomings.

These strategies underscore the paradoxical nature of maternal resilience: women develop sophisticated mechanisms to survive in a system that structurally fails to support them. While these practices enable continued participation in the workforce, they simultaneously expose the deficit in social, familial and institutional support, reinforcing the argument that maternity cannot be adequately addressed without collective responsibility. Understanding these coping mechanisms is essential for designing policy interventions that align formal protections with lived realities, ensuring that resilience does not substitute for structural change but complements it.

8. Policy and Social Interventions

The crisis of maternity in India highlights the urgent need to reconceptualize care as a collective responsibility, distributed across the state, workplaces, families, and communities, rather than concentrated solely on individual women. Structural interventions must move beyond formal entitlements to address the lived realities of working mothers who navigate emotional, social, and professional pressures simultaneously. Universal childcare, flexible postnatal work arrangements, and reintegration support can mitigate the labour penalty while validating the emotional labour mothers perform daily (Ramesh & Verma,



2021). Policies should incentivize equitable spousal participation and intergenerational support within households, countering the prevailing assumption that caregiving is intrinsically feminine, and framing it instead as a shared societal duty (Kaur, 2020).

Workplaces can adopt mentorship, phased return, and part-time options without penalizing mothers' career progression, thereby reinforcing the principle that maternity is not an interruption but a socially significant phase of labour life (Bansal, 2022). Simultaneously, public awareness campaigns can recalibrate societal perceptions, emphasizing that supporting mothers is not charitable but foundational to economic sustainability and social cohesion. Integrating these measures under a coherent framework transforms maternity from a period of isolated burden into a stage of supported growth, benefiting both mothers and society.

This section underscores that bridging policy frameworks with lived experiences is critical for designing interventions that genuinely reduce the social, emotional, and professional costs of motherhood. By situating maternity within a collective responsibility model, India can begin to resolve the care-to-crisis trajectory, affirming that maternal well-being is a public good and not solely a private concern. Conceptually, this reinforces the paper's central argument: addressing maternity as public responsibility not only alleviates immediate pressures on women but also strengthens long-term social infrastructure and intergenerational care practices.

Conclusion

The paper attempted to trace the trajectory of maternity in India, demonstrating how structural arrangements transform a phase of care into a persistent crisis for working mothers. While formal policies exist, labour markets frequently interpret maternity leave and caregiving responsibilities as economic risks, resulting in stalled promotions, career discontinuities, and implicit penalization. Social expectations compound these pressures by individualizing care, concentrating responsibility for childcare, recovery, and household management on women alone. This dual burden, economic and social generates systemic isolation. It not only heightens emotional and physical strain but also constrains professional opportunities. Thus, illustrating that maternity in India is both institutionally and socially unsupported.

Analysis of policy frameworks, labour practices, and family structures indicates that maternal well-being cannot be sustained through isolated interventions or formal protections alone. Addressing maternity effectively requires recognition of its collective dimensions, with responsibilities shared across the state, workplace, and family. Structural reforms such as equitable workplace reintegration, flexible postnatal



arrangements, and incentivized spousal or intergenerational support are essential to mitigate the hidden costs of maternity and ensure continuity of professional engagement.

By situating maternity within a collective responsibility model, this study offers a conceptual framework for understanding the intersection of social, economic, and institutional pressures on working mothers. Such a reframing emphasizes that maternal care is a public, rather than solely private, concern. Ultimately, addressing these structural gaps can reduce labour penalties, support maternal well-being, and transform maternity from a period of crisis into a socially sustained phase of life and work.

References

- Bansal, R. (2022). *Workplace reintegration and maternity: Policies for sustainable employment in India*. Indian Journal of Human Resource Management, 15(1), 33–48.
- Banerjee, S. (2020). *Nuclear families and the emotional burdens of new motherhood*. Indian Sociological Review, 8(1), 67–83.
- Chatterjee, M. (2020). *Gendered care regimes and the invisible labour of working mothers in India*. Social Change, 50(3), 389–404.
- De, S. (2022). *Maternity protection in India: Policy design, exclusions, and lived consequences*. International Labour Review, 161(3), 421–440.
- Gupta, R., & Nair, S. (2020). *Postpartum depression and occupational stress among working mothers in India*. Indian Journal of Psychological Medicine, 42(5), 435–443.
- Jain, R. (2021). *Childcare, flexibility, and maternal labour participation: Rethinking India's policy frameworks*. Journal of Public Policy, 41(2), 239–260.
- Kaur, H. (2020). *Shared caregiving and gender equity: Household strategies for supporting working mothers*. Journal of Gender and Social Policy, 12(3), 201–218.
- Khan, T. (2022). *Coping strategies and resilience among postpartum working women: An Indian perspective*. Journal of South Asian Mental Health, 14(2), 67–82.
- Mehrotra, T. (2019). *Postpartum emotions and the cultural devaluation of maternal vulnerability in India*. Journal of Maternal Health, 7(2), 112–125.
- Menon, L. (2022). *Negotiating post-maternity work: Flexibility, resilience, and gendered labour in India*. Indian Journal of Gender Studies, 29(2), 145–163.
- Patel, V. (2021). *Women, work, and care: Post-maternity labour market outcomes in India*. Indian Journal of Labour Economics, 64(2), 231–249.



- Pathak, P. (2020). *Emotion, embodiment, and the return to work after childbirth*. *Women's Studies International Forum*, 83, 102–121.
- Rai, S. M. (2019). *Revisiting reproductive labour: Gender, policy and the neoliberal state*. Oxford University Press.
- Ramesh, P., & Verma, S. (2021). *Universal childcare and flexible work: Policy interventions for maternal well-being in India*. *Asian Journal of Public Policy*, 14(2), 87–104.
- Rao, P. (2020). *Family, delegation, and maternal resilience in urban India*. *Journal of South Asian Family Studies*, 12(1), 33–50.
- Roy, A. (2023). *Emotional discipline and the gendered performance of stability in Indian workplaces*. *Gender & Society*, 37(1), 85–103.
- Shah, P. (2019). *The silent load: Postpartum emotional labour and family expectations in urban India*. *Journal of Family Studies*, 25(4), 456–470.
- Sharma, V. (2021). *Emotional withdrawal and maternal stress: Negotiating care in nuclear families*. *Indian Journal of Family Studies*, 18(3), 299–316.
- Sengupta, A. (2022). *Maternal labour, informality and the postnatal workplace in urban India*. *Economic and Political Weekly*, 57(12), 44–52.
- Singh, A., & Sharma, R. (2021). *Time management and emotional compartmentalization among working mothers*. *Indian Journal of Labour and Society*, 24(3), 201–218.
- Thomas, R. (2021). *Re-entry after maternity: Gendered expectations and workplace normalisation of overwork*. *Gender, Work & Organization*, 28(5), 1893–1908.

Publisher's Note: *The views and opinions expressed in this article are those of the author(s) and do not necessarily reflect the official policy or position of the publisher or editorial board. The publisher assumes no responsibility for any consequences arising from the use of information contained herein.*