

An Exploratory Study on Gender Differences in Parental Burnout in Urban Indian Parents of children aged 1-18 years

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ABSTRACT

Background: Burnout is a pertinent and evolving inquiry into mental health in the post-pandemic world. This paper aims to study burnout against the lens of gender and parenting to see if the inequity in domestic and parental duties has an adverse impact on women's mental health. As a preliminary study, it is also setting out to initiate scholarship on parental burnout in India.

Methodology: The paper utilizes a survey to collect data. The survey requires participants to respond to demographic details (including gender) and complete items from The Parental Burnout Inventory. Urban parents of children aged 1-18 (n=29) completed the survey.

Results: Descriptive data indicated that participant parents did not admit to any parental burnout. A two-tailed independent samples T-test also decreed no significant difference in experience of Parental Burnout between genders.

Conclusions: The paper discusses that more research of parental burnout within India is necessary to build further and nuanced scholarship on the issue.

Keywords: burnout, parents, India, mental health, urban, gender differences.

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INTRODUCTION

Burnout is a nascent concept in psychology, breaking out formally in the 1970s in the context of the professional lives of American people [1]. Since then, it has captured a universal experience, which is an erosion of a positive psychological state. The word's connotations are distinct across countries and cultures but relay the same experience [1-2]. Currently, it is a well-funded and well-established concept. Countries with extensive social security embedded it within their health systems for decades. More recently, the WHO included *Professional Burnout* as an occupational phenomenon that affects health, first in ICD-10 [3], then with a more detailed description in ICD-11. The ICD-11 calls it a 'syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed [4].

Despite its well-researched and theorized status, there needs to be more clarity about defining burnout. Some restrict it only to professional outlooks (with scholarly disagreements on the definition therein), whereas it is also a much-used term applied to various contexts since the incidence of the Coronavirus Pandemic [5]. It can be argued that there was merely a boom in the use of the word in the colloquial post-pandemic, not that it had not been applied outside professions before then [6]. Inventories measuring different burnouts and different factors modulating overall burnout have been coming out as early as the late 1990s [5].

It is unsurprising because economists and sociologists began redefining work as a concept parallelly to these branches of burnout research. When we invoked the word 'profession' a decade ago, it may not include the domestic work women do in households [6]. It remains unaccounted for in national surveys and budgets because there is no currency involved. However, recent research argued for the inclusion of domestic work

in the category of labour. Therefore, 'housewives' can now get diagnosed with professional burnout because their labour is recognized as actual work, despite no change in the actual nature of the work, merely in the nomenclature.

Even research in professional burnout has focused on helping professions, concluding quite unanimously that caregiving and helping professions have higher rates of Burnout [8-9] and that, in fact, physical and emotional investment in people can be exhausting. Does the nature of caregiving change when people do not engage in it professionally? Research focusing on people caring for disabled family members or families with progressive dementia disagrees [10]. Thus, it is reasonable to assume that restrictions on only using burnout in the context of professionals are merely semantic.

Cambridge Dictionary defines burnout as 'the state of having no energy or enthusiasm because of working too hard' [11]. The definition gives us a good starting point for contextualizing current research. More importantly, 'Work,' any meaningful work, can cause Burnout [12].

What is Parental Burnout? Is it relevant for India? Rationale of the topic

When we talk about raising children, there is a common saying that 'it takes a village [to raise that child]'. It is indicative of the vitality of social support needed to raise children. Moreover, it also indicates that there is actual work involved in raising children [13]. Culturally, calling parenting work can seem counter-intuitive, though Western research would disagree [5]. Perhaps it can be conceived as something we put our energy into, like work or spirituality. Parenting is complex and stressful. Children also give immense meaning to their parents' lives [14]. Bloom's perspective resonates with research where parents with ill children also find parenting an entirely meaningful experience [15]. Parenting is thus likely to incur burnout.

The preliminary research on parental burnout suggests that it exists as a phenomenon [16]. Granted, the research was produced out of Belgium and may not be culturally relevant to India. Initially, they used Maslach's Burnout Inventory to create 22 parenting-related items (co-opted from the 22 items of the MBI), and after taking the results of their exploratory factor analysis as well as different outcomes of parental and job burnout, they revised and came up with the most recent Parental Burnout Inventory [16]. More evidence for the existence of parental burnout comes from the exodus of research on maternal burnout [17].

If burnout is nascent, then parental burnout is almost embryonic in its existence. However, it does exist. The plethora of articles advising on managing it during the pandemic also indicates that exploring it is the need of the hour [18-19]. Burnout Research in India (after exhaustive research through Google Scholar archives) has only looked at healthcare and IT professionals, and the conclusions are like their counterparts in Western populations. Therefore, the current study will be exploratory.

Owing to differences in gender roles, it is likely that men and women in India experience parenting differently [20]. Only recently have college graduates and urban parents started looking at parenting as a joint effort or gender-neutral responsibility [20]. Approximately a third of adults (34%) feel that childcare needs to be managed primarily by women. Similarly, a small majority (54%) says that both men and women in families need to be responsible for earning money, but quite a few Indians (43%) see this as mainly the prerogative of men. [21].

Therefore, the aims of this study are twofold: a) to validate the parental burnout inventory in India and b) to gauge any gender differences in the feeling of burnout. There is a high likelihood that Indian parents would not admit to feeling any burnout. As stated earlier, parenthood is a sacred societal duty, and though opinions are evolving, there needs to be a much larger movement to get parents to accept burnout and support them adequately.

The primary hypothesis (experimental) is that there will be gender differences in how parental burnout emerges in Indian Parents. As discussed, women do most of the child-rearing in India. Therefore, it follows that they would feel the brunt of any stress and exhaustion that comes from parenting [22]. The null hypothesis is that there will be no gender differences in how parental burnout emerges in the Indian population.

This is a preliminary study thus any small insight or conversation it prompts makes it an important research undertaking. Burnout is a predictor of poor well-being and mental health issues. The secondary objectives of the study are also to collect other demographic preliminary data to better inform future research.

METHODOLOGY

Materials Required

It will be necessary to use the parental burnout scale in the online survey format. Moreover, data analysis will need Microsoft Excel to process and determine descriptive and inferential statistics.

Population for the Sample

The survey collects data on parental burnout; therefore, all participants must be parents of children from 0-18 years of age. Ideally, considering the research is aimed at determining gender differences, an appropriate gender ratio of participants is desirable. The survey is conducted in English, so working fluency in the language is a prerequisite. The survey is also administered online, so internet access is important for them to respond to it (in this case, a data connection on a smartphone would suffice). All participants were Indian Nationals. There was no geographic bar within India. The survey will make a note of whether the parents have external support or are single parents to probe further dynamics that help or cause burnout. However, it does not restrict any specific parental dynamic. Otherwise, outside of these requisites, the researchers used convenience and snowball sampling.

Procedure

The research used Google Forms to deploy the survey to maximize the number of participants and their representativeness. The form in question collected data on participant demographics (age, gender, disability status, family type, occupation) as well as more details on their children (number, ages, gender). It also made a note of familial, spousal, and/or external support available to the parent. Lastly, it included the 23 items of the parental burnout scale. The items are a series of statements describing feelings of burnout or feeling burdened, and parents must rate the frequency of the occurrence of the respective feelings. The original scale is likert with 1-7 as available options with descriptors (Every day, Few times a week, Once a week, Few times a month, Once a month, Few times a year, Never).

RESULTS

A simple eyeballing of the data showed that there might be no significant difference between the feelings of parental burnout between the two genders. In the discussion, we will explore the potential reasons for such a response. For data analysis, the responses on each item of the parental burnout scale were reverted back to its original LIKERT scale numbering. The descriptive statistics of each item indicate that participants did not report feeling parental burnout. The mean response for each item indicates that parents only felt overwhelmed *once a month or less to never*. The mode and median of each item support that observation (see table below). This outcome is regardless of whether the family of the participant was joint or nuclear. The mean ratings of the only single parent in the cohort came out to be 4.4, which is mostly towards the non-burnout end of the rating scale.

Item No.	Mean	Mode	Median
Item 1	5.077	5	5
Item 2	6.269	7	7
Item 3	5.731	7	6
Item 4	6.231	7	6
Item 5	6.077	7	6.5
Item 6	5.846	7	6
Item 7	6.115	7	7
Item 8	6.077	7	6
Item 9	6.615	7	7

Item 10	6.654	7	7
Item 11	5.731	7	6
Item 12	6.538	7	7
Item 13	6.346	7	7
Item 14	6.423	7	7
Item 15	6.308	7	7
Item 16	6.577	7	7
Item 17	6.077	7	7
Item 18	5.962	7	6
Item 19	6.231	7	7
Item 20	6.769	7	7
Item 21	6.077	7	7
Item 22	6.462	7	7
Item 23	6.808	7	7

Table 1: Descriptive Statistics of Each Item on the Parental Burnout Scale

For further analysis of the hypothesis, the variable of gender was assigned categorical values of 0 (Male) and 1 (Female). There was a total of 21 females and eight males. One participant did not mention their gender and thus was removed from further analysis. With the remaining data points, I took out the average for each gender for each item (see table below).

Item	Male (0)	Female (1)
Item 1	5.75	4.95
Item 2	6.00	6.67
Item 3	6.50	6.67
Item 4	5.75	6.62
Item 5	6.00	6.05
Item 6	7.00	6.71
item 7	7.00	6.76
Item 8	6.50	6.14
Item 9	5.75	6.33
Item 10	5.75	6.00
Item 11	6.25	6.33
Item 12	6.50	6.71
Item 13	6.50	6.38
Item 14	5.75	6.48
Item 15	6.50	6.52
Item 16	5.25	5.90
Item 17	5.25	6.43
Item 18	6.00	6.43
Item 19	5.00	6.43
Item 20	6.75	5.48
Item 21	6.25	6.29
Item 22	6.50	5.95
Item 23	5.75	6.05

Table 2: Average of Each Item against the Gender

Considering the categorical nature of the gender variable, I decided to run a two-tailed Independent Samples T-test to see if there were any differences in the way burnout was presented in the genders. The null hypothesis was that there is no significant difference between male and female experiences of parental burnout. The alternate hypothesis was that there was a significant difference between male and female experiences of parental burnout, with females experiencing it more.

The independent Samples T-test was run using Microsoft Excel. The *p*-value was calculated to be 0.23, making any difference between the responses of the two genders non-significant, meaning we reject the alternate hypothesis and accept the null hypothesis. Thus, this exploratory research indicates that there is no gender difference in feeling parental burnout.

DISCUSSION

Parental burnout is a real phenomenon, at least in Western populations [16]. As highlighted in the introduction, it also became a subject of major concern during the pandemic as parents juggled childcare and job expectations with overall heightened stress [23]. However, our findings indicate that parents, regardless of their gender and familial support systems, report negligible burnout. This makes any predictions on gender differences in experiences of burnout moot, indicating that women do not feel especially burdened by their roles as mothers.

This finding aligns well with the initial concern that the paper predicted about how parenting is considered sacred in India and that it might go against social norms and ingratiated beliefs on how parents are meant to feel or present themselves in public. The research did try to mitigate this by making the survey anonymous. However, it is likely that even admitting burnout to themselves (akin to thinking of children as burdensome) might be conceptualized as a moral or personal failing and come with the threat of massive cognitive dissonance. Of course, the natural defence, in this case, would be denial.

A second possible explanation for the findings is the size and nature of the sample. The male participants were fewer in number. The sample was sufficient for running an Independent Samples *t*-test, but at *n*=29, it is still fairly limited to have much external validity. Any distribution is more likely to be normally distributed at *n* ≥ 30, and while the sample was closer to achieving the goal, it ultimately did not make it. Moreover, the sampling was snowballing and convenience-based, with parents largely from Tier II to Tier V towns. It is possible that the cosmopolitan life of Tier I cities reports more parental burnout, presumably making the news headlines a result of availability heuristics (the news agencies are based out of Tier I cities). It is important to note that it is not just the personality or traits of Tier I city parents that might be in play, but the nature of employment, commute, distances, available social networks, and social systems that affect parent attitudes. More targeted research might tease out the differing social norms and their impact on parental burnout.

The other and simpler possibility is that participants do not feel any burnout in their roles as parents. There might be several factors that contribute to that, including social, educational, and cultural amalgamations in India. In fact, the ingratiated belief of parenthood as being essential, sacred, and joyful might have led it to become a protective factor. Taking care of children and that guileless exchange of affection and love can add to the coping mechanisms that people adopt and may even instill some resilience (for the sake of their children). This is certainly supported by the uptick in pet adoptions during the pandemic [24-25]. It might be a good idea to broaden the scope of this research by conducting a more detailed survey on burnout, specific areas of burnout, and attitudes towards parenting to present more evidence on any of these possibilities.

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