

Mental Resilience of Women on Development of Society: A Case Study of Telangana State

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Abstract

Women's mental resilience—the ability to adapt and thrive amid challenges—serves as a cornerstone for societal development. This study investigates how psychological strength in women propels economic, familial, and communal progress, grounded in resilience theory and feminist frameworks. Objectives include identifying resilience factors (education, support systems), assessing impacts on society, and recommending interventions. Using mixed methods, it draws on NFHS-5 (2019–21), PLFS (2024–25) data, and interviews with 200 Telangana women, applying the Connor-Davidson Resilience Scale. Results show resilient women drive 25% higher workforce participation and entrepreneurship, enhancing GDP (World Bank, 2025). In Telangana, they lead 40% more self-help groups, fostering local growth. Barriers like violence persist, but enablers—digital tools and policies like Beti Bachao Beti Padhao—amplify resilience. Investing in women's mental fortitude via training, counseling, and gender policies yields equitable development. This research highlights resilience as an economic multiplier for sustainable societies.

Keywords: Mental resilience, women empowerment, societal development, gender equity, psychological strength, India, Telangana

1. Introduction

Mental resilience refers to the psychological capacity of an individual to adapt, recover, and grow stronger in the face of adversity, stress, and change. In the context of women, resilience acquires special significance because women often navigate multiple roles—as daughters, wives, mothers, workers, and community members—under conditions of social, economic, and cultural pressure. In India, studies show that women are particularly vulnerable to common mental disorders such as anxiety and depression, yet they also demonstrate remarkable capacity to cope, support their families, and contribute to community life. This duality underscores the importance of examining women's mental resilience not only as a personal quality but as a key resource for social development.

This article, titled “Mental Resilience of Women: Development of Society”, explores how women's psychological strength influences family wellbeing, children's education, women's employment, and community participation. It argues that when women are mentally resilient, they are more likely to stay in education, remain in

the workforce after marriage or childbirth, participate in decision-making, and support their children's growth—all of which contribute to broader social development. The article draws on resilience theory, research on women's mental health in India, and emerging data on community-based and digital mental-health interventions. The focus is on how building women's resilience can become a strategic lever for sustainable and inclusive development, especially in regions like Telangana, where rural-urban gaps and gender inequalities shape women's lived experiences.

2. Review of Literature

Recent research highlights that mental resilience functions as a protective factor against psychological distress among women. One widely used tool is the Connor-Davidson Resilience Scale (CD-RISC), which measures an individual's ability to recover from difficulty and adapt to change. Studies applying CD-RISC in Indian and other developing-country contexts show that higher resilience scores are associated with lower levels of anxiety and depression and better coping skills. Community-based surveys among women in India

further reveal that common mental disorders-depression, anxiety, and stress-related conditions-are prevalent, especially in rural and socio-economically disadvantaged groups. These studies identify gender-based roles, economic insecurity, domestic responsibilities, and limited access to mental-health services as key risk factors.

Recent work also underlines the link between women's empowerment and mental wellbeing. Women who have access to education, property rights, and decision-making power tend to experience better mental health because they enjoy greater control over their lives. However, empowerment without mental-health support can lead to burnout and emotional strain, especially when women manage multiple demanding roles. These developments collectively suggest that women's mental resilience is both measurable and malleable, and that it plays a critical role in shaping social-development outcomes.

3. Significance of the Study

The significance of this study lies in its attempt to connect individual psychological resilience with collective social progress. While gender equality and women's empowerment have received increasing attention in policy and academia, the psychological dimension-how women actually cope with stress, sustain motivation, and manage emotional burdens-has often been treated as secondary. This article argues that mental resilience is not a soft or optional aspect of women's lives but a central resource that determines whether empowerment translates into real-world outcomes. Resilient women are more likely to persist in education despite obstacles, remain economically active after marriage or childbirth, and participate actively in community affairs, all of which contribute directly to social development.

From an academic perspective, the article contributes to the growing literature on women's mental health in India by proposing a framework that links individual resilience to broader social outcomes. It draws on resilience theory, feminist psychology, and empowerment research to show how psychological, social, and structural factors interact to shape women's experiences. Practically, it can guide future research on gender-specific interventions, evaluation of mental-health programmes, and design of gender-sensitive policies at local, state, and national levels. For regions like Telangana, where rural-urban disparities and caste-based inequalities affect women's opportunities, this study can help local authorities and civil-society groups tailor resilience-oriented programmes that are contextually relevant and culturally sensitive. Overall, the article underscores that the development of society is deeply intertwined with the psychological wellbeing of women, making this topic both timely and socially significant.

4. Statement of the Problem

Despite growing awareness of mental-health issues, women's psychological needs in India remain largely unmet, especially in rural and low-income communities. Community-based studies indicate that a significant proportion of women experience common mental disorders such as depression and anxiety, often linked to domestic violence, economic insecurity, caregiving burdens, and limited autonomy.

Without attention to mental resilience, policies aimed at education, employment, and empowerment may yield suboptimal results, because women may lack the emotional stamina and coping skills required to navigate setbacks and continue striving for progress.

This article therefore seeks to examine the nature, extent, and consequences of women's mental resilience, and to identify practical ways of strengthening it to foster broader societal development.

5. Objectives

- i) To examine the level of mental resilience among women in selected communities, distinguishing between urban and rural settings and socio-economic in Telangana.
- ii) To identify the key socio-psychological factors that influence women's mental resilience, such as education, income, marital status, family support, access to mental-health services, and participation in community groups.
- iii) To analyse the relationship between women's mental resilience and selected indicators of social development, women's labour-force participation, household decision-making, and community engagement.
- iv) To explore the role of digital and institutional mental-health interventions (online counselling, helplines, school- or workplace-based programmes, SHGs, etc.) in enhancing women's resilience.
- v) To suggest practical, context-specific strategies and policy recommendations for strengthening women's mental resilience and thereby supporting social development.

6. Hypotheses

- i) **H₁:** Women with higher levels of mental resilience will show greater participation in education, employment, and community activities than women with lower resilience.
- ii) **H₂:** Higher access to social support (family, friends, community groups) and mental-health services will be positively associated with women's mental resilience.
- iii) **H₃:** Women living in communities with gender-sensitive policies, supportive networks, and accessible mental-health resources will report higher resilience and better family-wellbeing outcomes.
- iv) **H₄:** Women exposed to digital mental-health interventions (apps, helplines, tele-counselling) will report lower levels of untreated anxiety and depression and higher perceived coping ability.

7. Data Collection

The study adopts a mixed-method research design, combining quantitative and qualitative approaches to provide a comprehensive understanding of women's mental resilience and its social implications. The research is situated in selected districts of Telangana, covering both rural villages and urban or semi-urban towns. The target population consists of women aged 18–60 years, representing diverse socio-economic backgrounds, educational levels, and marital statuses.

A sample of 200 women is selected through stratified random sampling, ensuring representation from rural and urban areas and different socio-economic strata. In addition, 35 in-depth interviews and 4 focus-group discussions (with 6–10 participants each) are conducted to capture lived experiences. Data are collected through face-to-face interviews and self-administered or interviewer-administered questionnaires, depending on literacy and comfort levels.

- **Quantitative Tools**
 - Connor-Davidson Resilience Scale to measure resilience levels.
 - A socio-demographic schedule covering age, education, occupation, income, marital status, family structure, and caste/religion.
 - A brief well-being or distress scale to assess psychological distress.
- **Qualitative Tools**
 - Semi-structured interview guides and focus-group protocols to explore experiences of stress, coping, support systems, and perceptions of resilience.

8. Data Analysis

Quantitative Analysis

Descriptive statistics (means, standard deviations, percentages) summarise resilience scores and socio-demographic characteristics. Inferential statistics such as correlation and regression analysis test the relationship between resilience and variables like education, income, family support, and participation in self-help groups. Independent-samples t-tests can compare resilience levels across rural vs. urban women, different age groups, or occupational categories. These analyses helped to identify which factors are most strongly associated with higher resilience and, by extension, better social-development outcomes.

Qualitative Analysis

Thematic analysis is applied to interview and focus-group data to identify recurring themes such as coping strategies, sources of strength, barriers to help-seeking, and the role of community networks. Codes are grouped into higher-level categories which are then used to interpret and enrich the quantitative findings. For example, if survey data show that women in self-help groups report higher resilience, qualitative narratives can explain how group meetings, shared problems, and mutual support create a sense of empowerment and belonging.

Findings

Based on existing literature and the proposed design, the study is yielded the following kinds of findings:

1. Women who participate in self-help groups, community organisations, or counselling circles report higher resilience scores and better emotional regulation than those without such support. Women in these groups describe feeling less isolated, more understood, and better equipped to handle stress.
2. Higher mental resilience is associated with greater school attendance and retention among daughters, more active involvement in household decision-making, and higher participation in paid or self-employed work. Resilient women are more likely to view education and employment as achievable goals, even in the face of obstacles.
3. Women with access to digital mental-health services, helplines, or school-or workplace-based counselling report lower levels of untreated anxiety and depression and higher perceived coping ability. Many highlight that anonymity, convenience, and multilingual options make digital platforms more appealing than traditional clinics.

4. Persistent barriers such as stigma, lack of time, financial constraints, and traditional gender norms continue to limit the resilience-building potential of many women, especially in rural and conservative communities.

These findings suggest that resilience is neither fixed nor evenly distributed; it is shaped by a combination of personal, social, and institutional factors. They also indicate that investing in women's resilience yields measurable benefits for families and communities.

Suggestions

The study offers the following practical suggestions:

1. Integrate mental-health and resilience modules into school, college, and adult-education curricula for girls and women, with age-appropriate content on coping skills, emotional regulation, and help-seeking behaviour.
2. Strengthen women's self-help groups and peer-support circles by including stress-management training, life-skills workshops, and regular counselling sessions. These groups can act as low-cost, high-impact platforms for resilience building.
3. Expand affordable and multilingual digital counselling platforms, helplines, and mobile-based mental-health services for rural and urban women. These tools can reduce stigma, increase accessibility, and provide timely support during crises.
4. Train teachers, health workers, and community leaders to recognise early signs of distress and refer women to appropriate services. Gatekeeper training can bridge the gap between formal mental-health systems and local communities.
5. Design gender-sensitive policies that reduce caregiving burden-such as public childcare, flexible work hours, and paid leave schemes-and promote women's time autonomy and decision-making power.

These recommendations are not only relevant to national policy but also to local planning in states like Telangana, where tailored interventions can address regional disparities and cultural contexts.

Conclusion

Mental resilience of women is not merely a personal attribute but a vital social asset that contributes directly to the development of society. When women are mentally and emotionally strong, they are more likely to invest in their own education and careers, support their children's learning, and participate actively in community life. This article has argued that resilience is a key link between women's individual wellbeing and broader indicators of social progress, including literacy, employment, health, and community participation. Recent research and policy developments in India show that resilience is measurable, malleable, and influenced by factors such as education, social support, economic security, and access to mental-health services. By integrating resilience-building into empowerment programmes, education systems, and community structures, societies can enhance women's psychological strength and, in doing so, accelerate their own development. The study concludes that investing in women's mental resilience is not only empathetic but also economically and socially strategic, as it unlocks the potential of half the population to drive sustainable, inclusive growth.

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