

# NAVIGATING GENDER BIAS: WORK-LIFE BALANCE AND MENTAL HEALTH CHALLENGES FOR NIGERIAN FEMALE EDUCATORS

**Nkemdilim Obinna Eze**

Department of Business Administration and Management, Anambra State Polytechnic, Mgbakwu, Nigeria

DOI: 10.5281/zenodo.15658105

## Abstract

This study examined relationship between gender discrimination, work-life balance and mental health: The Nigerian female educators' perspective. Two specific purposes, two research questions and two hypotheses guided the study. Correlational design was adopted for the study. The population of the study comprised all the 10,009 female teachers in public secondary schools in Anambra State. The sample size was 1,001 female teachers drawn using proportionate stratified random sampling technique. Structured rating scales "Gender Discrimination Rating Scale (GDRS), Mental Health Rating Scale (MHRS) and Work-Life Balance Rating Scale (WLBRs)" were used for data collection. The instrument was face validated by three experts in Faculty of Education. Average internal consistency co-efficient of 0.87, 0.84 and 0.79 was obtained for GDRS, MHRS and WLBRs respectively using Cronbach Alpha statistical method. The researcher administered the instrument to the respondents with the help of four research assistants. Data were analyzed using Pearson Product Moment Correlation Coefficient. The p-value was used to determine the significance of relationship at a significance level of 0.05 (5%). The findings revealed that there is positive relationship between gender discrimination, work-life balance and mental health of female teachers in secondary schools in Anambra State. From the results of the hypotheses, significant relationship was established in all the variables of the study. The study concluded that as these women navigate systemic discrimination and the challenges of balancing personal and professional responsibilities, their mental health is significantly impacted. Based on the findings, the study recommended among others that education sector must adopt policies that promote gender equity and support work-life balance by reducing discriminatory practices and providing support for balancing personal and professional roles.

**Keywords:** Gender; Gender Discrimination; Mental Health; Work-Life Balance.

## Introduction

Women are known to play vital roles as mothers, wives, producers, managers, organizers and so on. Their contribution to the social as well as economic development of a society cannot be overemphasized. They play both productive and reproductive roles. Yet, they seem to insignificantly participate in formal and non-formal structures that take decisions as to the use of societal resources generated by both men and women alike (Allanama, 2019). The Nigerian system is based on social stratification and difference on the basis of sex and

**Research Article**

thus offers material advantages to males and places severe limitations on the roles or activities of females. Nigerian women, like other women around the world face discrimination which limits their opportunities to grow to their full potentials on the basis of equity with men (Orji & Nwosu, 2023). For instance, the labour participation rate of females in Nigeria is lower than that of males, standing at 52.2% and that of man being 65.9% in 2023 (World Bank, 2024). They do not enjoy equal rights in the labour market as a result of mainly their domestic burden, poverty, biases against women's employment in certain branches of the economy or types of work and discriminatory practices (Patel & Shaikh, 2019). This is to do that women face gender-related discrimination. Gender is the socially and culturally constructed roles for men and women (Allanana, 2019). Sex is different from gender. Sex is a biological difference between male and female example females have breasts but males do not. But the gender roles of men as owners of property, decision makers and heads of households are constructed socially, historically or culturally. They have nothing to do with biological difference. Gender discrimination means treating a person unfavourably as a result of the persons' sex, whether or not such a person is applying for employment or is an employee (Kiky & Lie, 2020). The discrimination against women which is an issue of gender inequality is rooted within the unequal norms, structures of the society and even the workplace, many of which is created by men and for men (Patel & Shaikh, 2019). In the work place, there are many social prejudices discriminating against women. The work place dynamics is a reflection of the attitudes about women and their role in the society. In the recruitment process, there is the fear of a female employee getting married and the commitment of females especially married ones to organizational tasks are being doubted. Orji and Nwosu (2023) submitted that women were discriminated against in hiring/firing/promotion-related issues; pay-related issues, job classification issues, job benefit issues among others. All these reflect gender inequality or discrimination within the work place. Begum and Meena (2020) explained that some females that take care of the young sick, elderly people in the family are usually more eager to leave at the stipulated time to go and attend to other household responsibilities. This makes them to be perceived as been less committed. Women, even those on full-time jobs spend longer time on the average on household responsibilities than men. They take care of children and the elderly members of the family. They work longer hours and take less holidays. They have to make choices between work and children as their childbearing stage often coincides with their career progression for senior positions (Prasad & Sreenivas, 2020). This gender discrimination sometimes hinder women from aspiring towards prestigious careers. Experiencing gender discrimination can lead to chronic stress. Constantly facing unfair work policies, bias treatment or unequal pay creates anxiety, leading women to feel undervalued, unsafe or marginalized. Marginalized groups are likely to experience higher rates of mental health issues. According to Orji and Nwosu (2023) women facing gender discrimination in the work place may develop feelings of inadequacy, low self-esteem, hopelessness or worthlessness, depressive symptoms, social isolation, burn out and unhealthy

**Research Article**

coping mechanism which impacts negatively on mental health. Mental health is about how people think, feel and behave. It is a state of mental well-being that enables people to cope with the stress of life, realize their abilities, learn well, work well and contribute to their community (Judy, 2024). According to World Health Organization as stated by Khadijat (2022) mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community. Begum and Meena (2020) submitted that maintaining a good mental health is a difficult task for women mainly because conflict between work and personal life creates lots of stress and trauma which has adverse effects on the mental health of women. Dutt (2024) explained that when women struggle to balance career demands with personal commitments, the resulting stress and burnout take a major toll on their psychological state. This leads to anxiety, depression, insomnia and physical ailments. Orji and Nwosu (2023) posited that there are three components of mental health issues namely: the direct cost of welfare services and treatment like access to services, medication etc, the indirect cost of those who are not directly affected example care givers and the opportunity cost of the income forgone due to incapacity. Workers with sound mental health work towards sound organizational performance; have high punctuality rates; exhibit higher originality and flexibility; give more positive judgement about others; show higher levels of engagement; have better physical health; likely to live longer and have happier work and family life (Kiky & Lie, 2020). Conflicting demands of occupational work and personal roles lead to stress because they disrupt the balance between the person and his or her environment. This stress leads to physiological process which damages specific body parts or systems leading to physical disorders and diseases. According to Putri et al (2023) increasing workload increases work-life imbalances and also harms the mental health of workers, female specifically. This is to say that work-life balance affects mental health. Work-life balance is the relationship that exist between social roles fulfilled in occupational work or in personal life assessed by a person as being conflict-free, harmonious, and satisfactory or enabling efficient functioning in both private and work areas (Borowiec & Drygas, 2023). It is concerned with the balance between a workers' personal and working life. It focuses on adjusting working patterns in order that everyone, irrespective of age, race or gender can find a rhythm that allows them more. It is about finding out how to mix work with other responsibilities or aspirations. Work-life balance allows workers to better juggle the demands of domestic and other responsibilities and of course, reduce job demands (Wood, 2018). As modern work environments demand greater productivity, the boundary between personal life and professional responsibilities become increasingly blurred. Individuals may struggle to find a balance between these competing demands and so may likely experience burnout and the attendant health issues. Work-life balance has different dimensions namely: work interference with personal life- which means work demanding more resources and creating difficulties in fulfilling personal responsibilities; personal life interference with work- which is when

## Research Article

personal lives creates uncomfortable work situations; work enhancement of personal life- which is extent personal lives enhance individual's performance in his or her job and lastly, personal life enhancement of work which is extent a person's life improves the quality of his or her work. This means that there are negative and positive work-life balance. A positive work-balance, leads to higher levels of job autonomy and better well-being. On the other hand, a negative or low work-life balance can be harmful to health (Borowiec & Drygas, 2023). Well-being has been found to be highly correlated with the employee's ability to perform well at the work place (Kiky & Lie, 2020). This is to say that people with good well-being which flows from good mental health are more likely to be more productive and promote organizational effectiveness. In recent times, the intersection of gender discrimination, work-life balance and mental health has gained considerable attention in academic spheres. However, there seem to be limited research on how these two factors- gender discrimination and work-life balance simultaneously affect mental health, especially in developing economies like Nigeria where societal and economic pressures are heightened. This study aims to bridge this gap by examining the relationship between gender discrimination and mental health as well as assessing the relationship between work-life balance and mental health.

### Statement of the Problem

The work place ideally, should foster inclusive environments where employees including females can thrive without experiencing gender-based discrimination and achieve a peaceful balance between work and personal responsibilities. The work place setting should make employees feel valued, respected and supported, leading to a sound well-being, productivity and sound mental health. However, currently in Nigeria and Anambra state specifically, gender discrimination persists in many work places. This perpetuates unequal treatment, limited career advancement opportunities and psychological distress. The boundaries between work and personal life continue to blur for women especially, as demanding work environments and societal expectations place undue pressure on individuals, particularly women. This results in burnout, emotional exhaustion and comprised mental health. Consequently, there organizations may witness increased absenteeism, talent loss and decreased productivity. Gender discrimination can lead to anxiety, depression and decreased overall wellbeing. This can cause women not to advance in their career. It is therefore the thrust of this research to determine the relationship between gender discrimination, work-life balance and mental health: the Nigerian female educators' perspective, with a focus on Anambra state.

### Purpose of the Study

The purpose of this study is to examine the relationship between gender discrimination, work-life balance and mental health: the Nigerian female educators' perspective. Specifically, this study, this study sought to:

1. Find out the relationship between gender discrimination and mental health of women in Anambra state

## Research Article

2. Ascertain the relationship between work-life balance and mental health of women in Anambra state

### Research Questions

The following research questions will guide the study;

1. What is the relationship between gender discrimination and mental health of women in Anambra state
2. What is the relationship between work-life balance and mental health of women in Anambra state

### Hypotheses

The following null hypotheses were and tested at 0.05 level of significance.

1. There is no significant relationship between gender discrimination and mental health of women in Anambra state
2. There is no significant relationship between work-life balance and mental health of women in Anambra state

### Research Methods

The study adopted the correlational research design. The study was carried out in Anambra State, South-East, Nigeria using public-owned secondary school. The population of the study comprised all the 10,009 female teachers in the 266 public secondary schools in the six education zones of Anambra State. This comprised 964 female teachers from Aguata, 1479 female teachers from Awka, 5274 female teachers from Nnewi, 897 female teachers from Ogidi, 986 female teachers Onitsha and 409 female teachers from Otuocha education zones respectively. The sample size was 1,001 female teachers. This represented 10% public secondary school female teachers in the six education zone. The choice of 10% was informed by Nwankwo (2013) that if the population of a study is a few thousand, a 10% sample or more is acceptable. In selecting the sample, proportionate stratified random sampling technique was used. First, the schools were stratified into the six education zones in the state, and 10% of the total number of teachers in each of the six education zones was sampled making a total of 1,001 from a population of 10,009 female teachers in the state. Structured rating scale “Gender Discrimination Rating Scale (GDRS)”, “Mental Health Rating Scale (MHRS)” and “Work-Life Balance Rating Scale (WLBRs)” were used for data collection. The first instrument – GDRS contains 10 items that elicited data on gender discrimination. The instrument was structured on a 4-point rating scale of Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD); and the range of the scale weighted 4, 3, 2, and 1 point respectively. The second instrument – MHRS contains 10 items that were designed to measure mental health of female secondary schools teachers. MHRS was structured on a 4-point response rating scale of Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD) weighted 4, 3, 2, and 1 point respectively. The third instrument- WLBRs contains 10 items that were designed to measure work-life balance of female secondary schools teachers. WLBRs was structured on a 4-point response rating scale of Strongly Agree (SA), Agree (A),

## Research Article

Disagree (D), and Strongly Disagree (SD) weighted 4, 3, 2, and 1 point respectively. The instruments were face validated by three experts in Faculty of Education Nnamdi Azikiwe University, Awka. The rating scales were trial tested using 20 teachers in public secondary schools in Enugu State. Average internal consistencies coefficient of 0.87, 0.84 and 0.79 were obtained for GDRS, MHRS and WLBRs respectively using Cronbach Alpha statistical method. The researcher administered the instruments to the respondents with the help of four research assistants. Out of the 1,001 copies distributed, 993 copies were returned duly completed, and used for data analysis. This gave a return rate of 96.99%. Pearson Product Moment Correlation Coefficient (r) was used to answer the research questions. The (r) was used to determine the nature of the relationship between the variables. The magnitude of the relationship was determined using Nworgu (2015) guidelines, thus: Very Low - 0.00 - 0.20; Low - 0.20 - 0.40, Moderate - 0.40 - 0.60; High - 0.60 - 0.80 and Very High - 0.80 - 1.00. Likewise, the all hypotheses were tested using Pearson Product Moment Correlation at a significance level of 0.05 (5%). The p-value was used to determine the significance of the relationship for all hypotheses. The decision rule was: a null hypothesis was not upheld where the calculated p-value was less than the stipulated level of significance (p-value < .05). The reverse was the case where the calculated p-value was greater than the stipulated level of significance (p-value > .05). All analyses were carried out using Statistical Package for Social Science (SPSS) Version 25.

### Results and Findings

**Research Question One:** What is the relationship between gender discrimination and mental health of women in Anambra state?

**Table 1: Pearson correlation analysis on the relationship between gender discrimination and mental health of women in secondary schools in Anambra State**

| Variables             | N   | Gender Discrimination | Mental health | Decision                        |
|-----------------------|-----|-----------------------|---------------|---------------------------------|
| Gender discrimination | 258 | 1.00                  | .805**        | Very high positive relationship |
| Mental health         | 258 | .805**                | 1.00          |                                 |

Correlation is significant at the 0.01 level (2-tailed).

The results in Table 1 show the relationship between gender discrimination and mental health of women in secondary schools in Anambra State. The computed Pearson Correlation Coefficient (r) value is 0.805, indicating a very high positive relationship. This means that there is a very high positive relationship between gender discrimination and mental health of female teachers in secondary schools in Anambra State.

## Research Article

**Research Question Two:** What is the relationship between work-life balance and mental health of women in Anambra state?

**Table 2: Pearson correlation analysis on the relationship between work-life balance and mental health of female teachers in secondary schools in Anambra State**

| Variables         | N   | Work-life balance | Mental health | Decision                        |
|-------------------|-----|-------------------|---------------|---------------------------------|
| Work-life balance | 258 | 1.00              | .816**        | Very high positive relationship |
| Mental health     | 258 | .816**            | 1.00          |                                 |

Correlation is significant at the 0.01 level (2-tailed).

The summary of data analysis on the relationship between work-life balance and mental health of female teachers in secondary schools in Anambra State presented in Table 2 reveals that the computed Pearson Correlation Coefficient (r) value is 0.816, suggesting a very high positive relationship between work-life balance and mental health. However, there is a very high positive relationship between work-life balance and mental health of female teachers in secondary schools in Anambra State.

### Test of Hypotheses

The study tested the following hypotheses;

#### Hypothesis One

There is no significant relationship between gender discrimination and mental health of women in Anambra state

**Table 3: Pearson correlation summary analysis of gender discrimination and mental health of female teachers in secondary schools in Anambra State**

| Variables             | N   | Gender discrimination | Mental health | Pvalue | ( $\alpha$ ) | Decision    |
|-----------------------|-----|-----------------------|---------------|--------|--------------|-------------|
| Gender discrimination | 258 | 1.00                  | .805**        |        |              |             |
| Mental health         | 258 | .805**                | 1.00          | .000   | .05          | Significant |

## Research Article

The results of the test of hypothesis one reveal that the r-value is 0.805 and the p-value (0.000) is less than the level of significance (0.05). As a result of this, the null hypothesis was not upheld. Thus, there is significant relationship between gender discrimination and mental health of female teachers in secondary schools in Anambra State. Hypothesis Two

There is no significant relationship between work-life balance and mental health of women in Anambra state

**Table 4: Pearson correlation summary analysis of work-life balance and mental health of female teachers in secondary schools in Anambra State**

| Variables         | N   | Work-life balance | Mental health | Pvalue ( $\alpha$ ) | Decision        |
|-------------------|-----|-------------------|---------------|---------------------|-----------------|
| Work-life balance | 258 | 1.00              | .816**        |                     |                 |
| Mental health     | 258 | .816**            | 1.00          | .000                | .05 Significant |

The results of the test of hypothesis two indicate that the Pearson r-value is 0.816 and the p-value (0.001) was less than 0.05. On this point, the null hypothesis was not upheld. Therefore, there is significant relationship between work-life balance and mental health of female teachers in secondary schools in Anambra State.

### Discussion of Findings

The findings of this study reveal a very high positive relationship between gender discrimination and mental health of female teachers in secondary schools in Anambra state, as indicated by the Pearson correlation coefficient ( $r = 0.805$ ). This suggests that as gender discrimination in the workplace increases, there is a significant negative impact on the mental health of female educators. This means that as gender discrimination increases, mental health issues like stress, anxiety, depression etc also increases. Therefore, more discrimination leads to worse mental health outcomes. This finding aligns with the broader literature on gender discrimination in workplaces, which has shown that women often face systemic biases and unequal treatment, leading to stress and psychological distress (Patel & Shaikh, 2019). The discriminatory practices women encounter, such as biases during recruitment, unequal pay, and limited promotion opportunities, create an environment where women feel undervalued and marginalized (Orji & Nwosu, 2023). Such workplace dynamics not only limit women's professional growth but also have a direct effect on their emotional and mental well-being. Moreover, the constant exposure to these forms of gender discrimination can lead to chronic stress. Women subjected to persistent bias and unfair treatment often experience feelings of inadequacy, low self-esteem, and isolation (Begum & Meena, 2020). These emotional strains can manifest into more severe mental health issues, such as depression, anxiety, and burnout, which further diminish their ability to perform well in both their professional and personal lives (Putri et al., 2023). In the context of Nigerian female educators, gender discrimination is exacerbated by socio-

**Research Article**

cultural expectations that further marginalize women. Nigerian women often bear additional responsibilities at home, including caregiving and household chores, on top of their professional duties. This dual burden amplifies the effects of gender discrimination, making it difficult for women to achieve career advancement or even maintain emotional stability (Allanama, 2019). The findings indicate that these overlapping challenges contribute significantly to deteriorating mental health, creating a cycle of professional and emotional stress that undermines their overall wellbeing. The findings from the analysis for research question two indicates that there is a very high positive relationship between work-life balance and mental health, with a Pearson correlation coefficient of 0.816. This suggests that poor work-life balance significantly contributes to mental health issues, while better work-life balance is associated with improved mental well-being. Women in Anambra State, like many across Nigeria, are often caught in a complex web of personal and professional obligations. Many female educators juggle the demanding tasks of managing their homes, raising children, and providing care for elderly family members, all while maintaining their professional careers (Prasad & Sreenivas, 2020). This balancing act often results in emotional and physical exhaustion, as women struggle to meet the expectations of both their work and home environments. The stress resulting from these competing demands is a major factor affecting the mental health of female educators, as evidenced by the findings. Work-life balance issues can manifest in multiple ways, including stress, burnout, and anxiety, all of which severely impact mental health (Borowiec & Drygas, 2023). When women experience conflicts between their job responsibilities and personal lives, they may feel overwhelmed by the pressure to perform well in both areas. This imbalance disrupts their mental well-being, contributing to emotional distress and sometimes leading to physical health problems, such as insomnia and fatigue (Dutt, 2024). Furthermore, the findings align with existing research, which suggests that women, due to their role as primary caregivers, often sacrifice their career progression for family obligations, particularly during the childbearing years (Putri et al., 2023). This trade-off not only hinders their professional growth but also exacerbates feelings of inadequacy and frustration, contributing to declining mental health. Hing, et al (2023) also posited that in Nigeria, where traditional gender roles remain deeply entrenched, work-life balance becomes an even more significant issue for female educators. Women are expected to prioritize family over career, yet their professional success is equally critical in contributing to household income. The constant tension between fulfilling societal expectations and achieving personal career goals places tremendous pressure on women, further deteriorating their mental well-being (Patel & Shaikh, 2019). The positive correlation identified in this study underscores the need for better support systems in the workplace that promote work-life balance. Organizations should consider introducing flexible work schedules, parental leave, and childcare support, which could help alleviate some of the burdens placed on female employees. Achieving this balance is critical not only for the mental health of female educators but also for enhancing their job performance and overall productivity.

## Research Article

### Conclusion

Based on the data collected and analyzed, the findings from both research questions highlight a crucial intersection between gender discrimination, work-life balance, and mental health for Nigerian female educators. As these women navigate systemic discrimination and the challenges of balancing personal and professional responsibilities, their mental health is significantly impacted.

### Recommendations

Based on the findings of the study, the following recommendations are made:

1. Education sector must adopt policies that promote gender equity and support work-life balance by reducing discriminatory practices and providing support for balancing personal and professional roles.
2. Institutions should introduce flexible work arrangements such as part-time work, remote work or job-sharing options. This will allow female teachers to better manage the demands of both their professional and personal responsibilities.

### References

- Allanama, M. C. (2019). Patriarchy and gender inequality in Nigeria: the way forward. *European Scientific Journal*, 3(2), 12-21
- Begum, G. T. & Meena, O. (2020). Work-life balance and mental health among women managers. *IAHRW International Journal of Social Sciences*, 7(1), 76-81
- Borowiec, A. A. & Drygas, W. (2023). Work-life balance and mental and physical health among Warsaw specialists. *International Journal of Environmental Resource Public Health*, 20(1), 32-42
- Dutt, G. (2024). Work-life balance and mental health: the relationship between well-being and productivity.
- Judy, B. (2024). What is mental health?
- Hing, L. S. S., Sakr, N., Soreson, J. B., Stamarski, C. S. & Colaco, C. (2023). Gender inequalities in the workplace: A holistic review of organizational Processs and practice. *Home Resource Management Review*, 33(1), 25-35.
- Khadijat, K. (2022). How is Nigeria's gender gap report card? Improving but still poor.
- Kiky, D. H. S. & Lie, D. (2020). Psychological well-being: Impact of work-life balance and work pressure. *Advances in Social Sciences, Education and Humanities Researches*, 478(1), 414

**Research Article**

- Nwankwo, I. N. (2013). Research report and article writing in educational management and social sciences (Revised ed). Awka: love-Isaac consultancy services.
- Orji, A. & Nwosu, E. O. (2023). Analysis of gender wage gap and the Nigeria labour market: A new empirical evidence.
- Patel. A. N. & Shaikah, A. A. (2019). Gender discrimination and work-life balance of women employees. International Journal of Creative Research Thoughts, 7(1), 512-519
- Prasad, S. S. & Sreenivas, M. (2020). Role of work life balance on psychological wellbeing of the teaching professionals among Bangalore institutions. International Journal of Indian Psychology, 8(2), 1457-1465.
- Putri, N. K., Karomah, M. N. M., Mawan, S. Y. F. & Lim, Y. C. (2023). How does work-life balance impact stress on primary healthcare workers during the COVID-19 pandemic. BMC Health Services Research, 23(1), 730-739