The Intertwined Realities of Mental Well-being and Perceived Social Support Among Indian Women Entrepreneurs: An Empirical Investigation

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***Abstract*—Women entrepreneurs in India occupy an increasingly prominent role in economic development, yet they navigate a distinctive constellation of stressors arising from the intersection of business demands, domestic responsibilities, and deeply entrenched socio-cultural expectations. This study examines the relationship between perceived social support (PSS) and mental well-being, operationalized as quality of life (QoL), among Indian women entrepreneurs. Using a purposive sample of 92 active women entrepreneurs, data were collected via the Multidimensional Scale of Perceived Social Support (MSPSS) and the World Health Organization Quality of Life-BREF (WHOQOL-BREF). Spearman's rank-order correlations revealed significant positive associations between perceived social support and all four QoL domains: physical ($r = 0.458$, $p < 0.001$), psychological ($r = 0.474$, $p < 0.001$), social ($r = 0.589$, $p < 0.001$), environmental ($r = 0.348$, $p < 0.001$), and overall QoL ($r = 0.517$, $p < 0.001$). Mann-Whitney U tests further revealed that the presence of a long-term mental or physical illness significantly reduced physical, psychological, and social QoL, and that greater entrepreneurial experience was associated with lower physical QoL. Demographic variables including age, education, relationship status, parenting, and caregiving status did not yield significant QoL differences, suggesting that entrepreneurial stressors operate across socio-demographic boundaries. These findings underscore the central importance of perceived social support as a modifiable determinant of well-being among Indian women entrepreneurs, with implications for policy, institutional support design, and future longitudinal research.**

***Index Terms*—women entrepreneurs, India, perceived social support, mental well-being, quality of life, work-life balance**

I. INTRODUCTION

India has witnessed a steady expansion in women's entrepreneurial activity over the past two decades. Women-owned enterprises now account for approximately 20% of all registered businesses in the country, spanning micro, small, and medium enterprise (MSME) sectors across urban and rural geographies (Ministry of MSME, 2023). Beyond their economic contribution, women entrepreneurs are increasingly recognized as agents of social change, generating employment, challenging gender norms, and contributing to household financial security. Yet this growth has not been accompanied by an increase in efforts to study the psychological costs that the entrepreneurial journey imposes on women within the Indian socio-cultural context.

Entrepreneurial journeys are often laden with uncertainty, financial risk, and sustained cognitive and emotional demand. For women in India, these challenges are further compounded by a set of structural and cultural pressures that their male counterparts rarely confront in their professional journeys. Women entrepreneurs routinely manage dual (and often competing) role demands as business owners and primary caregivers within the family. They operate in institutional environments marked by gendered barriers in access to credit, mentorship, and professional networks. They do so within a cultural framework in which societal expectations frequently place the burden of domestic responsibility on women regardless of their professional status (Mathew & Panchanatham, 2011; Sehgal & Khandelwal, 2020).

Within this context, perceived social support (PSS) which is defined as the subjective sense that one is

cared for, esteemed, and embedded in a network of mutual obligations (Zimet et al., 1988)—has emerged in the research literature as a particularly crucial variable. A robust body of evidence in health psychology links PSS to reduced stress reactivity, better coping behaviour, and improved mental and physical health outcomes (Cohen & Wills, 1985; Thoits, 2011). Its relevance for entrepreneurs is well-documented internationally (Semerci, 2016; Rasool et al., 2019), but empirical investigation specifically targeting Indian women entrepreneurs remains limited and scattered.

This study addresses that gap. It seeks to answer two principal research questions. First, to what extent does perceived social support predict quality of life? In this study, quality of life is used to denote individual mental well-being among Indian women entrepreneurs. Second, do socio-demographic characteristics (age, education, relationship status, parenting, caregiving, years of entrepreneurial experience, and health status) moderate quality-of-life outcomes in this population? By answering these questions using validated psychometric instruments and a purposive sample of verified Indian women entrepreneurs, this study contributes both to the scholarly literature on women's entrepreneurship and to the evidence base for policy and institutional interventions.

The paper begins with a review of the relevant literature, organized thematically around social support, work-life balance, psychological well-being, and entrepreneurial intentions. We then describe the theoretical framework underpinning the study, the methodology, including sampling strategy, instruments, and analytic approach. We then present the findings and discuss them in relation to existing literature and finally conclude with practical implications, limitations, and directions for future research.

II. LITERATURE REVIEW

Women entrepreneurs in India are increasingly contributing to the economy, yet face unique challenges due to societal expectations, gender norms, and work-family conflicts. A growing body of research highlights the barriers and facilitators of women's entrepreneurial success in India. This review synthesizes findings from studies conducted across diverse regions, including India, Pakistan, Ethiopia, Indonesia, Australia, and the United Kingdom, focusing on key themes: work-life balance (WLB), social support, psychological well-being, entrepreneurial intentions, and coping strategies.

2.1 Social Support and Job Stress

Social support has been identified as a critical factor in reducing job stress among entrepreneurs. Semerci (2016) found that social support significantly alleviates job stress for both men and women entrepreneurs, with a more pronounced effect on women, suggesting that women may derive greater emotional and practical benefit from social networks in navigating the stressors associated with entrepreneurship. Similarly, Hamdani et al. (2023) revealed that perceived social support enhances women's entrepreneurial intentions, but that this effect is mediated by self-efficacy. These findings highlight the interconnectedness of social support and self-belief in fostering entrepreneurial ambition and resilience. At the broader population level, Kumar and Reddy (2024) and Patel and Desai (2024) confirm robust links between perceived social support and psychological well-being among working adults in India, providing a general framework applicable to the entrepreneurial context. Research by Ali et al. (2023) further demonstrates that social support buffers the psychological impact of stressful life events for women, a mechanism of direct relevance when considering the chronic stressors faced by women entrepreneurs.

2.2 Financial Support and Institutional Barriers

Access to finance remains one of the most consistently documented barriers to women's entrepreneurship globally. Carter et al. (2007) and Coleman and Robb (2009) underscore the gendered obstacles in accessing venture capital and bank loans, citing biases in investor perceptions and systematic risk aversion toward women-led ventures. Indian studies echo similar concerns but highlight additional layers of complexity: lack of collateral, low financial literacy, and patriarchal constraints that limit women's access to formal credit systems (Singh, 2008; Seth et al., 2020). Microfinance and self-help groups (SHGs) have emerged as viable alternatives within the Indian context, though their efficacy depends heavily on women's awareness of these resources (Kabeer, 2005).

Policy interventions that simplify business registration, offer tax benefits, and reduce bureaucratic red tape have been found to have a positive impact on women's entrepreneurial activity (Tambunan, 2009), though Deshpande and Sethi (2021) caution that implementation gaps and a persistent lack of awareness continue to undermine the reach of existing government schemes.

2.3 Work-Life Balance

Work-life balance (WLB) remains a significant and persistent challenge for women entrepreneurs, particularly in regions where traditional gender roles are deeply entrenched. Mathew and Panchanathan (2011) identified several WLB issues among South Indian women entrepreneurs, including role overload, poor health, dependent care challenges, and time management difficulties. These challenges are compounded by societal expectations that women manage both entrepreneurial and domestic responsibilities simultaneously. Verma and Singh (2021) find that Indian women entrepreneurs frequently experience guilt and self-doubt when prioritizing their businesses over family obligations, a dynamic that resonates with Sehgal and Khandelwal's (2020) finding that while work-family synergies can enhance well-being, role conflict often leads to burnout and decreased productivity.

Jain, Srivastava, and Cubico (2018) reported that women entrepreneurs in North India experienced greater satisfaction when they received spousal and familial support, though they continued to struggle with dependent care and household responsibilities, further underscoring the importance of a supportive home environment in helping women sustain entrepreneurial engagement. Bullough and Renko (2013) emphasize the role of resilience, self-efficacy, and emotional intelligence in overcoming business challenges, and Indian studies including Kirkwood (2009) and Siddiqui (2022) echo these findings while highlighting adaptive coping strategies rooted in familial and community networks. Jain (2024) further identifies stress management as a core competency for women entrepreneurs in India, linking effective coping directly to entrepreneurial performance.

2.4 Psychological Well-being and Self-efficacy

Psychological well-being and self-efficacy are pivotal to the success of women entrepreneurs. Wiklund et al. (2019), in a comprehensive review, demonstrated that entrepreneurs' well-being is deeply linked to their ability to manage work stress and maintain psychological balance. This observation is particularly relevant for women navigating dual roles. Rasool, Zubair, and Anwar (2019) found that perceived self-efficacy and spousal support are positively associated with psychological well-being among female entrepreneurs in Pakistan, and that educational background and type of entrepreneurship modulate these relationships. Hundera et al. (2019) found that female entrepreneurs in Ethiopia employed coping strategies such as seeking social support and negotiation to manage role conflicts, and that those with higher personal resources, viz. optimism, self-efficacy, resilience, demonstrated greater commitment to their entrepreneurial roles. Sharma and Singh (2023) confirm that psychological factors are significant predictors of venture performance among Indian women entrepreneurs, situating well-being squarely within the domain of entrepreneurial outcomes.

2.5 Entrepreneurial Intentions and Career Success

Entrepreneurial intentions and career success are shaped by a complex interplay of personal, societal, and institutional factors. Women entrepreneurs who display resilience, risk-taking ability, self-confidence, and a capacity for innovation are consistently more likely to thrive (Bullough & Renko, 2013). Rastogi, Baral, and Banu (2022) noted that successful women entrepreneurs in India were often opportunity-driven, focusing on innovation, service, wealth generation, and employment creation, with family support playing a crucial enabling role.

Motivational factors driving women into entrepreneurship are multifaceted, spanning necessity and opportunity-driven motives. Globally, women pursue entrepreneurship to achieve autonomy, financial independence, and creative fulfilment (Brush et al., 2009; Minniti & Naudé, 2010). However, Indian women entrepreneurs are frequently necessity-driven, propelled by economic hardship, familial obligations, or constrained career prospects (Goyal & Yadav, 2014). McGowan et al. (2015) found that young women entrepreneurs in the United Kingdom faced traditional views and limited institutional support, which hindered their entrepreneurial ambitions which is a challenge mirrored, though with distinctly Indian

contours, in the domestic literature. Banu and Baral (2021) found that career choices, business growth, and well-being among Indian women entrepreneurs were significantly driven by personal attributes, strong family support, and institutional backing.

2.6 Challenges and Barriers

Despite progress, significant structural barriers persist. Korreck (2019) identified unconscious biases, lack of confidence, limited access to finance and professional networks, insufficient family support, and safety concerns as key barriers to female entrepreneurship in India. Bhatnagar and Sharma (2020) acknowledge the transformative potential of digital tools but highlight digital literacy gaps and limited technology access as barriers for women, particularly in rural settings. These findings collectively point to an uneven entrepreneurial landscape in which individual psychological resources such as perceived social support, may serve a compensatory or protective function.

2.7 Rationale for this study

While literature robustly establishes connections between social support, well-being, and entrepreneurial outcomes, several critical gaps remain. First, most existing studies treat Indian women entrepreneurs as a homogeneous group, failing to account for heterogeneity arising from differences in health status, years of experience, or the size and financial profile of the venture.

Second, studies that document the importance of social support rarely employ validated psychometric instruments in Indian entrepreneurial samples, limiting cross-study comparability. Third, little attention has been paid to the differential contributions of support from family, friends, and significant others to specific domains of quality of life. The present study directly addresses the first two of these gaps by employing validated measures viz. the MSPSS and WHOQOL-BREF in a purposive sample of Indian women entrepreneurs and by examining the moderating role of key demographic and health variables.

III. THEORETICAL FRAMEWORK

This study is anchored in three complementary theoretical perspectives that together highlight the mechanisms linking social support to well-being among women entrepreneurs.

Self-Determination Theory (SDT; Deci & Ryan, 1985; Shir et al., 2019) posits that optimal psychological functioning depends on the satisfaction of three basic psychological needs: autonomy, competence, and relatedness. Social support, by fostering a sense of relatedness and affirming the individual's competence, directly addresses two of these fundamental needs. In the entrepreneurial context, Shir et al. (2019) demonstrated that need satisfaction mediates the relationship between entrepreneurial activity and subjective well-being. This is a relationship is amplified for women navigating the additional role demands characteristic of the Indian context.

Role Conflict Theory (Greenhaus & Beutell, 1985) provides a framework for understanding how competing demands from entrepreneurial and domestic roles generate stress and undermine well-being. When role expectations are incompatible in terms of time, cognitive load, or behavioural norms, role conflict arises. Social support, particularly from family members who share domestic responsibilities or validate the woman's entrepreneurial role, can directly mitigate this conflict by reducing the incompatibility between role demands.

Social Support Theory (House, 1981) distinguishes among emotional support (expressions of empathy and care), informational support (advice and guidance), and instrumental support (tangible assistance). Each form of support addresses distinct stressor appraisals. In the entrepreneurial context, emotional support may buffer against the psychological strain of business uncertainty, while informational and instrumental support address the practical and cognitive dimensions of entrepreneurial challenges. The MSPSS used in this study captures the perceived availability of support from family, friends, and significant others.

Together, these frameworks suggest that perceived social support should be associated with improved quality of life across multiple domains, with the relationship potentially moderated by individual and contextual characteristics such as health status and years of entrepreneurial experience. These predictions are tested in the empirical sections of this paper.

IV. METHOD

4.1 Research Design

This study adopted a cross-sectional, quantitative research design. A structured self-report questionnaire was administered to a purposive sample of Indian women entrepreneurs. The cross-sectional design enables an assessment of associations between perceived social support and quality of life at a single point in time, while the quantitative approach facilitates statistical examination of relationships and group differences.

4.2 Participants and Sampling

Participants were recruited using purposive sampling, targeting women who were actively engaged in entrepreneurial ventures at the time of data collection. The sample was largely drawn from communities focused on women's entrepreneurship such as Goldman Sachs 10k Women India, NSRCEL at Indian Institute of Management Bangalore (IIM-B), and Women's Indian Chamber of Commerce and Industry (WICCI).

The eligibility criteria were: (a) self-identification as an active entrepreneur (defined as having founded or co-founded a business venture that had been operational for at least six months); (b) residing in India; and (c) willingness to provide informed consent and complete the questionnaire. Of the 100 women initially approached, 92 met the criteria for the study whereas 8 were either former entrepreneurs or currently team members of startups. Hence, 92 questionnaires which were completed (response rate: 92%), constitute the final analytic sample. The sample was recruited in such a way so as to maximize diversity across sectors, geographies, and venture stages. Table 1 presents the demographic profile of the sample.

Table 1 Demographic Characteristics of the Sample (N = 92)

Characteristic	n	%
Age		
≤ 35 years	36	39.1
> 35 years	56	60.9
Years of entrepreneurial experience		
< 5 years	56	60.9
≥ 5 years	36	39.1
Team size		
< 10 employees	61	66.3
10–99 employees	30	32.6
100–500 employees	1	1.1
Annual revenue (approx. INR)		
Pre-revenue	14	15.2
≤ 20 Lakh	21	22.8
> 20 Lakh	46	50.0
5–50 Crore	10	10.9
100 Crore+	1	1.1
Education		
Up to undergraduate	25	27.2
Postgraduate and above	67	72.8
Relationship status		
Single / Divorced	21	22.8
Married / In a relationship	71	77.2
Parenting status		
Parent	47	51.1
Non-parent	45	48.9
Caregiver status		
Caregiver	9	9.8
Non-caregiver	83	90.2
Long-term mental/physical illness		
Yes	17	18.5
No	75	81.5

4.3 Measures

4.3.1 Multidimensional Scale of Perceived Social Support (MSPSS)

Perceived social support was assessed using the MSPSS (Zimet et al., 1988), a 12-item self-report scale that measures perceived support from three sources: family (PS1), friends (PS2), and significant others (PS3). Items are rated on a seven-point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). Subscale scores are calculated as the mean of the corresponding four items, and a composite overall perceived support score (PSO) is derived as the mean of all 12 items. The MSPSS has demonstrated strong psychometric properties across diverse cultural contexts and has been validated for use with Indian populations (Dahlem et al., 1991).

4.3.2 World Health Organization Quality of Life-BREF (WHOQOL-BREF)

Mental well-being was operationalized as quality of life (QoL) using the WHOQOL-BREF (WHOQOL Group, 1998), a 26-item abbreviated version of the WHOQOL-100. The instrument yields scores across four domains: physical health (Domain 1),

psychological health (Domain 2), social relationships (Domain 3), and environment (Domain 4), as well as two global items assessing overall QoL (Domain 5). Domain scores are transformed to a 0–100 scale, with higher scores indicating better QoL. The WHOQOL-BREF has been extensively validated across Indian populations and is well-suited to cross-cultural research.

4.4 Procedure

Prior to data collection, ethical approval was obtained and all participants provided informed consent. Participants were assured of the confidentiality of their responses and the voluntary nature of their participation. The questionnaire was administered in person or via secure online platforms, according to participant preference and availability. All data were anonymized prior to analysis.

4.5 Data Analysis

Descriptive statistics (means, standard deviations, medians, ranges, skewness, kurtosis) were computed for all study variables. The Shapiro-Wilk test was used to assess the normality of distributions. Since all QoL domains and the PSS scores were found to deviate significantly from normality (all Shapiro-Wilk $p < 0.05$), non-parametric statistics were employed throughout. Spearman's rank-order correlations were used to examine associations between perceived social support and QoL domains. Mann-Whitney U tests were used to examine group differences in QoL and PSS across categorical demographic variables (age, years of experience, education, relationship status, parenting, caregiving, and illness status). All analyses were conducted using JASP (Version 0.18). Statistical significance was set at $p < .05$.

V. RESULTS

5.1 Descriptive Statistics

Table 2 presents descriptive statistics for the five QoL domains. Mean scores across the sample indicated moderate-to-good quality of life across all domains. The environmental domain returned the highest mean score ($M = 70.5$, $SD = 14.3$), while psychological health yielded the lowest ($M = 60.7$, $SD = 17.2$). Social QoL showed the widest variability ($SD = 20.9$, range = 100), with some participants scoring at the floor (0.00), indicating that social well-being was the most unevenly distributed domain in this sample. Shapiro-Wilk tests confirmed significant departures from normality for all domains (all $p < .05$), justifying the use of non-parametric analyses.

Table 2 Descriptive Statistics for QoL Domains and Perceived Social Support (N = 92)

Statistic	Physical	Psychological	Social	Environmental	Overall QoL
N	92	92	92	92	92
Mean	67.0	60.7	64.9	70.5	6.97
Median	71.4	62.5	66.7	71.9	7.00
SD	16.9	17.2	20.9	14.3	1.50
Minimum	10.7	8.30	0.00	28.1	3.00
Maximum	100	91.7	100	100	10.0
Skewness	-0.673	-0.784	-0.633	-0.448	-0.163
Shapiro-Wilk p	.025	.003	< .001	.042	.003

Table 3 presents descriptive statistics for the MSPSS subscales and composite score. Mean perceived support scores were moderate-to-high across all three subscales, with family support (PS1: $M = 5.52$, $SD = 1.24$) and significant-other support (PS3: $M = 5.42$, $SD = 1.43$) rated more highly than friend support (PS2: $M = 5.13$, $SD = 1.45$). The composite PSO score was $M = 5.34$ ($SD = 1.12$), indicating a generally positive perception of social support in this sample. All MSPSS subscales and the composite score showed left-skewed distributions (skewness values between −1.02 and −1.12), and Shapiro-Wilk tests confirmed significant non-normality for all PSS scores (all $p < .001$).

Table 3 Descriptive Statistics for MSPSS Subscales (N = 92)

Statistic	PS1 (Family)	PS2 (Friends)	PS3 (Sig. Other)	PSO (Overall)
Mean	5.52	5.13	5.42	5.34
Median	5.80	5.50	5.90	5.40
SD	1.24	1.45	1.43	1.12

Minimum	1.00	1.00	1.00	1.00
Maximum	7.00	7.00	7.00	7.00
Skewness	-1.06	-1.01	-1.12	-1.02
Shapiro-Wilk p	< .001	< .001	< .001	< .001

5.2 Correlations Between Perceived Social Support and Quality of Life

Table 4 presents the Spearman's rho correlation matrix for all study variables. Perceived social support (PSO) demonstrated significant positive correlations with all five QoL domains. The strongest association was with social QoL ($r = 0.589$, $p < 0.001$), followed by overall QoL ($r = 0.517$, $p < 0.001$), psychological QoL ($r = 0.474$, $p < 0.001$), physical QoL ($r = 0.458$, $p < 0.001$), and environmental QoL ($r = 0.348$, $p < 0.001$). These findings indicate that women who perceived greater support from family, friends, and significant others reported meaningfully higher quality of life across all domains.

Table 4 Spearman's Rho Correlation Matrix: Perceived Social Support and QoL Domains (N = 92)

	PSO	Physical	Psychological	Social	Environmental
PSO	—				
Physical	.458***	—			
Psychological	.474***	.682***	—		
Social	.589***	.385***	.629***	—	
Environmental	.348***	.473***	.436***	.430***	—
Overall QoL	.517***	.618***	.529***	.396***	.316**

Note. *** $p < .001$; ** $p < .01$.

5.3 Group Differences Across Demographic Variables

Mann-Whitney U tests were conducted to examine whether QoL and PSS differed across demographic groupings. Two variables yielded statistically significant results.

Years of entrepreneurial experience and physical QoL. Women with fewer than five years of entrepreneurial experience reported significantly higher physical QoL than those with five or more years ($U = 692$, $p = .011$; Student's $t = -2.03$, $p = .045$). No significant differences were found for psychological, social, environmental, or overall QoL, nor for PSS, by years of experience.

Long-term illness and QoL. The presence of a self-reported long-term mental or physical illness was associated with significantly lower scores across three QoL domains: physical QoL ($U = 281$, $p < .001$), psychological QoL ($U = 405$, $p = .019$), and social QoL ($U = 411$, $p = .022$). Differences in environmental QoL ($U = 508$, $p = .191$) and overall QoL ($U = 454$, $p = .059$) did not reach statistical significance, though the pattern was in the expected direction. PSS did not differ significantly by illness status ($U = 469$, $p = .090$).

Non-significant findings. No statistically significant differences in QoL or PSS were observed as a function of age (all $p > .21$), education level (all $p > .17$), relationship status (all $p > .08$), parenting status (all $p > .25$), or caregiving status (all $p > .40$).

VI. DISCUSSION

The findings of this study provide empirical support for the central role of perceived social support in the well-being of Indian women entrepreneurs. Across all five QoL domains - physical, psychological, social, environmental, and overall, higher perceived social support was associated with meaningfully better quality of life. The pattern of correlations, the significant effects of illness and entrepreneurial experience, and the absence of significant effects for most socio-demographic variables together yield a nuanced picture of what shapes well-being in this population.

6.1 Perceived Social Support and Quality of Life

The strongest correlation in this study was between perceived social support and social QoL ($r = 0.589$). This finding is consistent with established theoretical and empirical accounts of the relationship between social networks and social well-being (Umberson & Montez, 2010). Social support directly constitutes, rather than merely influences, the social domain of quality of life: women who perceive strong support networks are, by definition, more embedded in social

relationships, more likely to report a sense of belonging, and less prone to social isolation. The finding also resonates with SDT's emphasis on relatedness as a core psychological need (Shir et al., 2019) its satisfaction through perceived support is particularly consequential for the social dimension of well-being.

The moderate positive correlations with physical QoL (r = 0.458) and psychological QoL (r = 0.474) are consistent with the stress-buffering model of social support (Cohen & Wills, 1985), which posits that perceived support reduces the appraisal of stressors and dampens physiological and psychological stress responses. For Indian women entrepreneurs who face sustained, multi-domain stressors, the perception that support is available, even when not actively sought, may confer a stable sense of security that lessens chronic stress load. These findings align with Rasool et al. (2019), who found spousal support to be positively associated with psychological well-being among female entrepreneurs in Pakistan, and with Kumar and Reddy (2024), whose work in Indian working adults confirms the association between PSS and psychological well-being.

The correlation between perceived support and environmental QoL was the weakest among the five associations (r = 0.348), a finding consistent with the WHOQOL-BREF's conceptualization of the environmental domain as encompassing material conditions—housing quality, access to healthcare, financial resources, and safety—that are more directly shaped by socioeconomic factors than by interpersonal support. That the relationship remains significant nonetheless suggests that social networks may indirectly improve the perceived quality of one's living environment, perhaps through access to material assistance or through the cognitive reappraisal of environmental constraints that supportive relationships facilitate.

6.2 Sources of Perceived Support: Family, Friends, and Significant Others

Examination of MSPSS subscale means reveals that participants rated family support (M = 5.52) and significant-other support (M = 5.42) more highly than friend support (M = 5.13). This pattern is consistent with the Indian cultural context, in which family networks (particularly spousal and parental relationships) constitute the primary social resource for women navigating professional and domestic demands (Banu & Baral, 2021; Jain et al., 2018). The relatively lower rating of friend support may reflect time constraints that limit social relationships outside the family sphere, or the relative difficulty of cultivating peer networks in entrepreneurial environments where women remain underrepresented. Future research should investigate whether the differential contribution of each support source to specific QoL domains has implications for the design of targeted support interventions.

6.3 Entrepreneurial Experience and Physical QoL

Women with five or more years of entrepreneurial experience reported significantly lower physical QoL than their less-experienced counterparts. This finding warrants careful interpretation. One plausible explanation is that prolonged exposure to the physical demands of entrepreneurship, irregular working hours, reduced sleep, limited time for health-promoting behaviours may erode physical well-being over time. A second possibility is that women who remain in entrepreneurship for five or more years in the Indian context may do so under conditions of greater necessity or constraint, sustaining the venture despite physical costs that less-experienced entrepreneurs have not yet accumulated. A third interpretation is that the initial period of entrepreneurship starts with heightened motivation and a honeymoon effect that moderates over time as the structural stressors of the role become chronic. Longitudinal research is needed to expand on these assumptions.

Notably, the significant difference in physical QoL by experience was not mirrored in other QoL domains or in PSS. This specificity suggests that the physical costs of sustained entrepreneurship are distinct from its psychological and social consequences, and that social support buffers may operate more effectively for psychological and social dimensions of well-being than for the physical.

6.4 Long-term Illness and QoL

The presence of a long-term mental or physical illness was associated with significantly lower physical, psychological, and social QoL. This is entirely consistent with the established literature on chronic illness and quality of life (Thoits, 2011). Its importance in this context lies in the fact that 18.5% of the sample reported a long-term illness, which is a

substantial minority. For this subgroup, entrepreneurial stressors are compounded by the additional burden of managing a chronic condition, often without recourse to the sick leave or occupational health support available to employed workers. The absence of a significant difference in perceived social support by illness status ($p = .090$) suggests that illness does not itself drive women to perceive less support, but the lower QoL of those with illness indicates that perceived support may be insufficient to fully offset the impact of chronic health conditions on well-being.

These findings have direct practical implications which institutional programmes (such as the networks from which the sample was drawn from) should screen for. Wherever possible, they should also try to accommodate the particular vulnerabilities of those managing long-term health conditions.

6.5 Non-significant Demographic Variables

The absence of significant QoL differences by age, education, relationship status, parenting, and caregiving was a noteworthy finding as well. The non-significance of parenting and caregiving status is particularly noteworthy given the prominence of work-family conflict in the literature on Indian women entrepreneurs (Mathew & Panchanatham, 2011; Sehgal & Khandelwal, 2020). One interpretation is that the subjective experience of role conflict does not necessarily manifest as reduced overall quality of life, particularly among women who have developed adaptive coping strategies or who derive meaning from both roles. Another possibility is that the cross-sectional, questionnaire-based design lacked the granularity to detect differences that would be more apparent in qualitative or longitudinal data.

The non-significance of education is consistent with the view that entrepreneurial challenges cut across educational backgrounds. Access to education does not insulate women from the socio-cultural and structural barriers that shape their entrepreneurial experience in India. Similarly, the absence of an age effect suggests that the challenges associated with perceived support and well-being are not specific to any phase of the adult lifespan represented in this sample.

VII. CONCLUSION

This study set out to examine the relationship between perceived social support and quality of life among Indian women entrepreneurs, and to determine whether key demographic and health-related variables moderated this relationship. The findings provide clear empirical support for the centrality of perceived social support as a determinant of well-being across physical, psychological, social, environmental, and overall QoL domains. They further identify the presence of long-term illness and greater entrepreneurial experience as factors that significantly diminish physical QoL, while suggesting that most socio-demographic variables such as age, education, relationship status, parenting, caregiving, do not independently differentiate well-being outcomes in this sample.

7.1 Practical Implications

For policymakers and institutional actors, the findings underscore the value of investing in social support infrastructure for women entrepreneurs. Formal mentoring networks, peer-support communities, and family-sensitization programmes that help family members understand and actively support the entrepreneurial role may yield well-being benefits that translate into improved entrepreneurial outcomes. The particular importance of family and significant-other support as reflected in the MSPSS subscale means suggests that interventions engaging the household as a unit of change may be especially productive in the Indian context.

For organizations supporting women entrepreneurs (incubators, accelerators, women's business associations), the findings highlight the need to move beyond capacity-building programmes focused solely on business skills. Integrating mental well-being support, stress management resources, and mechanisms for peer connection into entrepreneurial development programmes would address a documented gap between the psychological needs of women entrepreneurs and the services currently available to them. Special attention should be paid to women managing long-term health conditions, who represent a vulnerable sub-group whose needs are currently underserved.

7.2 Limitations

Several limitations of this study should be noted. First, the cross-sectional design precludes causal inference: while perceived social support is associated with better QoL, the direction of this relationship cannot be established from the present data. It is possible that better well-being itself enhances the capacity to cultivate and perceive social support. Second, the purposive sampling strategy, while appropriate for exploratory research, limits the generalizability of the findings to the broader population of Indian women entrepreneurs. The sample was disproportionately highly educated (72.8% postgraduate), and the majority reported revenues above 20 lakh INR, which may not be representative of the full spectrum of women's entrepreneurship in India, especially micro-enterprises in rural and semi-urban settings. Third, all data were self-reported, introducing the possibility of common method bias and social desirability effects. Fourth, the study did not distinguish between different types of entrepreneurships (necessity-driven versus opportunity-driven, home-based versus office-based), which prior research suggests may differentially influence both well-being and support perceptions. The fact that the sample was drawn from prestigious networks for women entrepreneurs also could mean that this was a subset of privileged, resource rich women entrepreneurs, whose socioeconomic privileges often outweigh their mental and emotional challenges.

7.3 Future Research Directions

Future research should address these limitations through longitudinal designs that can establish causal directionality, larger and more representative samples that capture the diversity of Indian women's entrepreneurship across caste, class, religion, and geography, and mixed methods approaches that complement quantitative findings with qualitative depth. Studies examining the differential contribution of family, friend, and significant-other support to specific QoL outcomes beyond the overall composite examined here, would provide more actionable guidance for intervention design. Research on the role of male allies (husbands, fathers, male mentors and employees) in shaping the well-being of women entrepreneurs remains particularly sparse and represents a timely priority. The growing literature on digital social support, online entrepreneurial communities, mentoring platforms, and social media networks, also warrants investigation as a potentially democratizing source of support for women in contexts where in-person networks are constrained.

In conclusion, this study contributes to a growing evidence base demonstrating that the well-being of Indian women entrepreneurs is not solely a function of their business capabilities or market conditions but is deeply shaped by the social fabric within which they operate. Strengthening that fabric through policy, institutional design, and cultural change is both a moral imperative and a precondition for the fuller realization of women's entrepreneurial potential in India.

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