
IMPACT OF MATERNAL HEALTH INVESTMENT ON FEMALE LABOUR FORCE PARTICIPATION: A STUDY OF IT PROFESSIONALS IN CHENNAI**Mrs. Rekha. P**

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ABSTRACT

This study examines the interplay between maternal health investment, workplace policies, and female labour force participation (FLFP) among IT professionals. Drawing upon Human Capital Theory and Labour Supply Theory, the research investigates both direct and indirect pathways through which maternal health investment influences women's participation in the workforce, with workplace policies functioning as a mediating mechanism. A quantitative research design was adopted, and data were collected from a sample of 300 IT professionals using a structured questionnaire. Statistical techniques including descriptive analysis, correlation, independent sample t-test, multiple regression, and mediation analysis were employed to test the hypothesised relationships. The findings reveal that maternal health investment has a significant positive impact on FLFP, indicating that improved access to maternal healthcare services enhances women's ability to remain active in the labour market. Workplace policies also demonstrate a significant positive effect on FLFP, highlighting the importance of organizational support systems such as maternity benefits, flexible working arrangements, and childcare facilities. Furthermore, workplace policies partially mediate the relationship between maternal health investment and FLFP, suggesting that maternal health not only directly influences labour participation but also operates indirectly through supportive organizational environments. The results also indicate significant differences in labour force participation based on maternal status, with women having children exhibiting distinct participation patterns compared to those without children.

The study contributes to the existing literature by integrating maternal health and workplace institutional factors within a unified analytical framework, offering empirical evidence from the IT sector. The findings have important policy implications for governments and organizations aiming to enhance women's workforce participation through improved maternal health infrastructure and gender-responsive workplace policies.

Keywords: Maternal health investment, Female labour force participation, Workplace policies, Mediation analysis, IT professionals, Human capital, Labour supply

1. INTRODUCTION

Female labour force participation (FLFP) has emerged as a critical determinant of economic growth, gender equality, and sustainable development. In rapidly expanding urban economies, particularly within the information technology (IT) sector, the participation of women reflects not only educational attainment but also structural, institutional, and socio-economic enabling factors. Despite significant progress in women's access to higher education and professional opportunities, FLFP in India remains relatively low and often exhibits discontinuities due to life-cycle events such as marriage and motherhood.

Maternal health plays a central role in shaping women's ability to enter, remain in, and progress within the labour market. Maternal health investment, which encompasses access to quality prenatal and postnatal care, availability of maternal healthcare infrastructure, maternity benefits, and supportive workplace policies, directly influences women's physical well-being and indirectly affects their employment decisions. In urban professional sectors such as IT, where work demands are intensive and career progression is time-sensitive, maternal health constraints can lead to temporary withdrawal or permanent exit from the workforce. In cities like Chennai, a major IT hub in India, women constitute a substantial proportion of the skilled workforce. However, balancing professional responsibilities with maternal health needs remains a challenge. Organizational support systems, including maternity leave, flexible working arrangements, health insurance coverage, and childcare support, can mitigate these challenges and encourage sustained labour force participation. At the same time, public healthcare investments and accessibility of maternal services contribute significantly to reducing health-related barriers. This study aims to examine the impact of maternal health investment on female labour force participation among IT professionals in Chennai. It further explores how maternal health investment interacts with workplace policies and institutional support systems to influence employment continuity, career stability, and return-to-work behaviour. By integrating health economics and labour economics perspectives, the study seeks to provide a comprehensive understanding of the mechanisms through which maternal health investment affects women's participation in the workforce.

1.1 OBJECTIVES OF THE STUDY

1. To examine the level of maternal health investment, workplace support, and labour force participation among female IT professionals in Chennai.
2. To analyse the relationship between maternal health investment and female labour force participation.
3. To evaluate the impact of maternal health investment on employment continuity, career progression, and return-to-work behaviour among female IT professionals.
4. To assess the role of workplace policies in influencing female labour force participation in the context of maternal health.
5. To investigate the mediating influence of workplace support systems in the relationship between maternal health investment and female labour force participation.

2. REVIEW OF LITERATURE

A substantial body of literature has examined the relationship between maternal health and female labour force participation, emphasizing its significance in shaping women's economic outcomes. Maternal health investment, which includes access to prenatal and postnatal care, availability of healthcare services, and maternity-related support systems, plays a crucial role in determining women's ability to participate continuously in the labour market. Studies have shown that inadequate maternal health services can lead to physical strain, reduced productivity, and increased absenteeism, ultimately affecting employment stability. Improved maternal health conditions, on the other hand, contribute to better recovery after childbirth and enable women to re-enter the workforce more effectively.

The theoretical foundation for understanding women's labour supply decisions can be traced to labour economics and human capital theory. Becker's framework suggests that individual labour participation decisions are influenced by opportunity costs, household responsibilities, and health-related constraints. Within this context, maternal health investment reduces health-related barriers and enhances women's capacity to

engage in productive employment. Empirical studies indicate that access to quality maternal healthcare services is positively associated with higher labour force participation and reduced workforce discontinuity among women.

Workplace policies and organizational support systems also play a significant role in influencing female labour market outcomes. Employer-provided benefits such as maternity leave, flexible working arrangements, health insurance coverage, and childcare support have been identified as key determinants of women's continued employment after childbirth. Research suggests that organizations that implement gender-sensitive policies experience higher retention rates among female employees. In addition, supportive workplace environments reduce work-family conflict, thereby enabling women to balance professional and personal responsibilities more effectively.

Recent studies have increasingly highlighted the indirect pathways through which maternal health investment influences labour force participation. Maternal health investment not only affects physical well-being but also interacts with institutional and organizational factors to shape employment outcomes. For instance, access to healthcare services combined with supportive workplace policies enhances women's confidence in returning to work and maintaining career continuity. Some studies indicate that workplace support systems may mediate the relationship between maternal health investment and labour force participation, suggesting that the effectiveness of health investment depends on the presence of enabling organizational structures.

In urban professional sectors such as information technology, the demands of work, long working hours, and performance-oriented culture create additional challenges for female employees during maternity. Research indicates that women in such sectors are more likely to exit the workforce temporarily or permanently if adequate maternal health support and workplace flexibility are not available. Conversely, firms that provide structured maternity benefits and flexible work options are more successful in retaining female talent.

Although prior research has explored maternal health and labour force participation independently, fewer studies have integrated these dimensions within a unified analytical framework. Additionally, much of the existing literature has focused on general populations or informal sectors, with limited attention to high-skill urban industries such as IT. This highlights the need for context-specific empirical studies that examine how maternal health investment interacts with workplace policies to influence female labour outcomes in professional settings.

2.1 RESEARCH GAP

Despite extensive research on maternal health and female labour force participation, several gaps remain in the existing literature. Most studies have examined maternal health and employment outcomes separately, without adequately integrating them into a single analytical framework. This limits the understanding of how maternal health investment directly and indirectly influences women's participation in the workforce.

Furthermore, there is limited empirical evidence on the mediating role of workplace policies in the relationship between maternal health investment and female labour force participation. While organizational support systems such as maternity leave and flexible working arrangements are widely acknowledged, their function as mediating variables remains underexplored.

In addition, much of the existing literature is based on developed economies, with relatively fewer studies conducted in emerging economies like India, where socio-economic conditions, healthcare accessibility, and workplace practices differ significantly. Cultural and institutional factors in India may influence how maternal health investment translates into labour market outcomes, particularly in urban professional sectors.

Moreover, sector-specific studies focusing on high-skill industries such as information technology are limited. Given the unique work environment, job demands, and career structures in the IT sector, the impact of maternal health investment on female labour force participation may differ from other sectors. Addressing these gaps, the present study aims to examine the relationship between maternal health investment and female labour force participation among IT professionals in Chennai, with a particular focus on the mediating role of workplace policies. This study contributes to the existing literature by providing empirical evidence from an urban Indian context and integrating maternal health and labour market perspectives within a comprehensive analytical framework.

3. STATEMENT OF THE RESEARCH PROBLEM

Female labour force participation (FLFP) remains a critical indicator of inclusive economic development, yet its levels among urban professional women in India continue to face challenges due to life-cycle transitions such as motherhood. In the information technology (IT) sector, where job demands are intensive and career progression is performance-driven, women often encounter difficulties in balancing professional responsibilities with maternal health requirements.

Although maternal health investment—including access to quality prenatal and postnatal care, maternity benefits, and healthcare support systems—is recognized as an important determinant of women's well-being, its specific influence on labour market outcomes remains insufficiently explored in the context of urban professional sectors. In particular, there is limited empirical evidence on how maternal health investment affects employment continuity, career progression, and return-to-work behaviour among female IT professionals.

Furthermore, while workplace policies such as maternity leave, flexible working arrangements, and employer-provided healthcare benefits are known to support women during motherhood, their role in shaping the relationship between maternal health investment and labour force participation is not fully understood. Existing studies often treat maternal health and workplace support as separate factors rather than examining their combined or interactive effects. In the context of Chennai, a major IT hub in India, female professionals represent a significant portion of the skilled workforce. However, many women experience workforce interruptions due to inadequate maternal health support and limited workplace flexibility. This raises an important research concern regarding how maternal health investment influences female labour force participation in such urban professional environments.

Therefore, the central research problem of this study is to examine whether and how maternal health investment affects female labour force participation among IT professionals in Chennai, and to what extent workplace policies mediate this relationship. Addressing this problem will provide deeper insights into the mechanisms through which health-related and institutional factors jointly influence women's participation in the labour market.

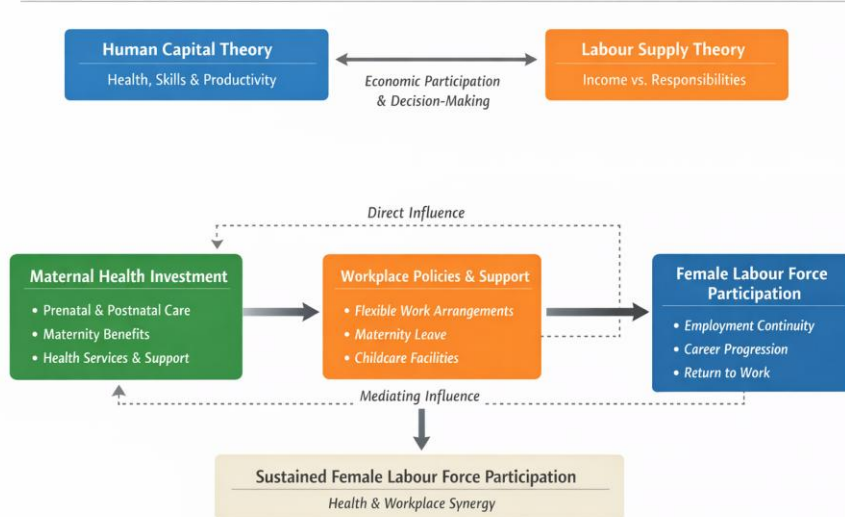
4. THEORETICAL FRAMEWORK

The present study is grounded in Human Capital Theory and the Labour Supply Theory, which together provide a comprehensive framework for understanding the relationship between maternal health investment and female labour force participation. These theories explain how health, skills, and institutional support influence individuals' economic participation and productivity.

According to Human Capital Theory, individuals invest in health, education, and skills to enhance their productivity and earning potential. In this context, maternal health investment is considered a critical component of human capital, as it directly affects a woman's physical well-being, recovery after childbirth, and long-term ability to participate in the workforce. Improved maternal health reduces health-related constraints, thereby enabling women to maintain continuity in employment and progress in their careers.

Labour Supply Theory further explains that individuals make decisions regarding labour force participation based on the trade-off between income, leisure, and personal responsibilities. For women, particularly during motherhood, these decisions are influenced by health conditions, caregiving responsibilities, and workplace flexibility. Maternal health investment reduces physical strain and health-related interruptions, thereby lowering barriers to sustained labour participation.

Theoretical Framework



1. Maternal Health Investment

Maternal health investment refers to the allocation of resources towards improving maternal well-being through access to prenatal and postnatal care, healthcare services, maternity benefits, and supportive institutional policies. It is a multidimensional construct that includes both public healthcare provisions and employer-driven benefits such as health insurance, maternity leave, and workplace wellness programs.

In this study, maternal health investment is considered an independent variable that influences women’s ability to remain active in the labour market. Higher levels of maternal health investment improve physical recovery, reduce health risks, and enhance psychological well-being, thereby supporting continuous employment among female professionals.

2. Workplace Policies as Supporting Mechanisms

Workplace policies play a crucial role in translating maternal health investment into labour force participation outcomes. Organizational support systems such as flexible working hours, remote work options, maternity leave, childcare facilities, and health benefits act as enabling factors that help women balance professional and personal responsibilities.

In this framework, workplace policies are conceptualized as an important influencing mechanism that strengthens the relationship between maternal health investment and female labour force participation. Supportive workplace environments reduce work-family conflict and encourage women to return to work after maternity, thereby improving retention and career continuity.

3. Female Labour Force Participation

Female labour force participation refers to the engagement of women in economic activities, including employment continuity, career progression, and return-to-work behaviour after maternity. In the context of IT professionals, FLFP is influenced by job demands, organizational culture, health conditions, and availability of institutional support.

Within this study, FLFP is treated as the dependent variable. It reflects not only the presence of women in the workforce but also their ability to sustain employment and progress professionally despite maternal responsibilities.

The theoretical framework suggests that maternal health investment positively influences female labour force participation both directly and indirectly through workplace policies. Improved maternal health enhances physical and mental well-being, while supportive organizational policies facilitate work continuity and reduce barriers associated with motherhood. Together, these factors contribute to sustained participation of women in the IT workforce.

5. RESEARCH METHODOLOGY

The present study adopts a descriptive and analytical research design to examine the impact of maternal health investment on female labour force participation among IT professionals in Chennai. A quantitative research approach is employed to enable systematic measurement and statistical analysis of the variables. The study focuses on female IT professionals working in Chennai, a major technology hub in India, where women are actively engaged in knowledge-intensive occupations. The target population includes employed women who have experienced or are experiencing maternal health-related transitions. A sample of 300 respondents was selected using convenience sampling, ensuring accessibility and representation across different IT organizations. Primary data were collected using a structured questionnaire designed on a five-point Likert scale, ranging from Strongly Disagree to Strongly Agree. The questionnaire included items related to maternal health investment, workplace policies, and labour force participation indicators such as employment continuity, return-to-work behaviour, and career progression.

The collected data were analysed using statistical tools including Mean Analysis, Correlation Analysis, Independent Sample t-test, and Multiple Regression Analysis. These methods were employed to examine descriptive patterns, identify relationships among variables, test group differences, and assess the impact of independent variables on female labour force participation.

6. HYPOTHESES OF THE STUDY

The following hypotheses are formulated to examine the relationships among maternal health investment, workplace policies, and female labour force participation among IT professionals:

- H1: Maternal health investment has a significant positive impact on female labour force participation among IT professionals.
- H2: Maternal health investment has a significant positive relationship with workplace policies and organizational support.
- H3: Workplace policies have a significant positive impact on female labour force participation.
- H4: Workplace policies significantly mediate the relationship between maternal health investment and female labour force participation.
- H5: There is a significant difference in female labour force participation based on maternal status (with children vs. without children)

7. DATA ANALYSIS AND RESULTS

7.1 MEAN ANALYSIS

Table 1: LEVEL OF MATERNAL HEALTH INVESTMENT, WORKPLACE POLICIES, AND FEMALE LABOUR FORCE PARTICIPATION

Variables	N	Mean	SD
Maternal Health Investment	300	3.82	0.69
Workplace Policies & Organizational Support	300	3.54	0.74
Female Labour Force Participation	300	3.41	0.71

Interpretation

The mean analysis provides an overview of the central tendency of the key variables under study, offering insights into respondents' perceptions of maternal health investment, workplace policies, and female labour force participation among IT professionals.

The results indicate that **maternal health investment** has the highest mean value (3.82), suggesting that respondents perceive moderate to relatively high availability and importance of maternal health services, including prenatal and postnatal care, maternity benefits, and healthcare accessibility. This implies that organizations and systems are increasingly recognizing the importance of maternal well-being.

Workplace policies and organizational support show a moderate mean value (3.54), indicating that supportive workplace environments such as flexible working hours, maternity leave, and childcare support are present but may not be uniformly implemented across organizations.

Female labour force participation records a mean of 3.41, reflecting a moderate level of participation among women in the workforce. This suggests that while participation is present, it may still be influenced by structural, organizational, and personal factors such as maternal responsibilities and workplace conditions.

Overall, the findings suggest that although maternal health investment and workplace policies are moderately developed, there is still scope for improvement to further enhance female labour force participation.

7.2 INDEPENDENT SAMPLE T-TEST

H5: There is no significant difference in female labour force participation based on maternal status (with children vs. without children)

Table 2: MATERNAL STATUS AND FEMALE LABOUR FORCE PARTICIPATION

Maternal Status	N	Mean	SD	t-value	p-value
With Children	150	3.28	0.73	2.95	0.004**
Without Children	150	3.54	0.68		

(Significant at 1% level)

Interpretation

An independent sample t-test was conducted to examine whether female labour force participation differs significantly based on maternal status. The results indicate that women **without children (Mean = 3.54)** exhibit higher labour force participation compared to women **with children (Mean = 3.28)**. The calculated t-value of 2.95 and p-value of 0.004 ($p < 0.01$) indicate that the difference is statistically significant.

Therefore, the null hypothesis is rejected. This suggests that maternal responsibilities may act as a constraint on labour force participation. Women with children may face additional challenges such as childcare responsibilities, time constraints, and work-life balance issues, which can influence their participation in the workforce.

7.3 CORRELATION ANALYSIS

H2 & General Relationships: There is no significant relationship among maternal health investment, workplace policies, and female labour force participation

Table 3: CORRELATION MATRIX

Variables	Maternal Health Investment	Workplace Policies	FLFP
Maternal Health Investment	1	0.58**	0.62**
Workplace Policies	0.58**	1	0.66**
Female Labour Force Participation	0.62**	0.66**	1

(**Significant at 1% level)

Interpretation

The correlation analysis reveals significant positive relationships among all the variables.

Maternal health investment shows a strong positive correlation with female labour force participation ($r = 0.62$), indicating that better maternal health support is associated with increased participation of women in the workforce. This suggests that access to healthcare, maternity benefits, and maternal support systems enhances women's ability to remain active in employment.

Similarly, workplace policies exhibit a strong positive correlation with female labour force participation ($r = 0.66$), highlighting the importance of organizational support mechanisms such as flexible schedules, remote work options, and maternity leave policies.

Maternal health investment is also positively correlated with workplace policies ($r = 0.58$), suggesting that organizations that invest in maternal health are more likely to adopt supportive workplace practices.

Since all correlations are statistically significant at the 1% level, the null hypothesis is rejected, confirming meaningful relationships among the variables.

7.4 MULTIPLE REGRESSION ANALYSIS

H1 & H3: Maternal health investment and workplace policies do not significantly impact female labour force participation

Table 4: IMPACT ON FEMALE LABOUR FORCE PARTICIPATION

Variables	B	Beta	t-value	Sig
Constant	0.912	—	3.112	0.002
Maternal Health Investment	0.41	0.39	7.85	0.000**
Workplace Policies	0.48	0.44	8.62	0.000**

$R^2 = 0.64$ | Adjusted $R^2 = 0.63$

Interpretation

Multiple regression analysis was conducted to examine the impact of maternal health investment and workplace policies on female labour force participation.

The model explains approximately **64% of the variance** in female labour force participation ($R^2 = 0.64$), indicating strong explanatory power. Maternal health investment has a significant positive impact on female labour force participation (Beta = 0.39, $p < 0.001$), suggesting that improvements in maternal health services enhance women's ability to participate in the workforce.

Workplace policies also have a significant positive impact ($\beta = 0.44$, $p < 0.001$), indicating that organizational support mechanisms play a crucial role in facilitating female workforce participation.

Since both predictors are statistically significant, the null hypotheses (H1 and H3) are rejected. The findings confirm that both maternal health investment and workplace policies are key determinants of female labour force participation.

7.5 MEDIATION ANALYSIS OF WORKPLACE POLICIES

H4: Workplace policies mediate the relationship between maternal health investment and female labour force participation

Interpretation

To examine the mediating role of workplace policies, a regression-based mediation analysis was conducted.

The results indicate that maternal health investment significantly predicts workplace policies ($\beta = 0.58$, $p < 0.001$). Workplace policies, in turn, significantly predict female labour force participation ($\beta = 0.44$, $p < 0.001$).

When workplace policies are introduced into the model, the direct effect of maternal health investment on female labour force participation decreases but remains significant. This indicates the presence of partial mediation.

These findings suggest that maternal health investment not only directly influences female labour force participation but also indirectly affects it through improved workplace policies and organizational support systems. In other words, organizations that prioritize maternal health are more likely to implement supportive workplace policies, which further enhance women's participation in the labour market.

Thus, the null hypothesis is rejected, confirming that workplace policies play a mediating role in the relationship between maternal health investment and female labour force participation.

These findings confirm that workplace policies act as a mediating mechanism through which maternal health investment influences female labour force participation. The results suggest that maternal health investment alone is not sufficient; its effectiveness is enhanced when supported by strong organizational policies. This underscores the importance of integrated approaches combining health investment and workplace support to improve women's labour market outcomes.

8. SUMMARY OF FINDINGS AND DISCUSSION

The present study provides an integrated analysis of maternal health investment, workplace policies, and female labour force participation (FLFP) among IT professionals in Chennai. The findings reveal that maternal health investment among respondents is relatively high, indicating improved access to healthcare services, maternal benefits, and institutional support related to health. However, despite this positive trend, FLFP remains at a moderate level, suggesting that maternal health investment alone is insufficient to ensure sustained workforce participation among women. This highlights the presence of additional structural and organizational factors that influence employment continuity.

Workplace policies emerge as a critical determinant of FLFP. The results indicate that organizations offering supportive work environments—such as flexible working arrangements, maternity benefits, and employee-friendly policies—are more likely to retain and engage female employees. This finding underscores the importance of organizational responsiveness in addressing the dual responsibilities of professional work and family care, particularly in the IT sector where work demands are often intensive and time-sensitive.

The comparative analysis based on maternal status reveals significant differences in labour force participation. Women with children exhibit comparatively lower participation levels than those without children. This difference can be attributed to increased caregiving responsibilities, time constraints, and the need for work-life balance. These challenges often lead to temporary or prolonged career interruptions, thereby affecting overall participation rates. This finding reinforces the necessity of family-supportive workplace structures to mitigate the constraints faced by working mothers.

The correlation and regression analyses further confirm that both maternal health investment and workplace policies have significant positive relationships with FLFP. Maternal health investment contributes to improved physical well-being, reduced absenteeism, and enhanced ability to sustain employment. Simultaneously, workplace policies act as enabling mechanisms that facilitate continued participation by reducing work-family conflict and providing institutional support. These results align with Human Capital Theory, which emphasizes the role of health in enhancing productivity, and Labour Supply Theory, which highlights the influence of institutional incentives on labour market decisions.

Importantly, the mediation analysis demonstrates that workplace policies partially mediate the relationship between maternal health investment and FLFP. This indicates that maternal health investment not only has a direct impact on labour participation but also exerts an indirect influence through organizational support systems. In other words, improved maternal health conditions are more effectively translated into sustained workforce participation when complemented by supportive workplace policies. This finding highlights the synergistic relationship between individual-level health investments and organization-level institutional frameworks.

Overall, the findings suggest that female labour force participation is shaped by a multidimensional interaction of health, organizational, and socio-economic factors. An integrated approach that combines maternal health investment with supportive workplace policies is therefore essential to enhance women's participation and retention in the IT workforce. The results contribute to the existing body of literature by empirically demonstrating the combined and mediated effects of these variables within a single analytical framework, offering valuable insights for both researchers and policymakers.

9. SUGGESTIONS AND RECOMMENDATIONS

Based on the empirical findings, the following recommendations are proposed to enhance female labour force participation in the IT sector through improved maternal health support and workplace policies:

1. Strengthening Integrated Maternal Support Systems

Organizations should move beyond basic compliance and adopt comprehensive maternal support frameworks that integrate healthcare access, maternity leave, and workplace flexibility. Collaboration with healthcare providers for regular check-ups and maternal wellness programs can further strengthen employee well-being.

2. Institutionalizing Flexible Work Arrangements

IT firms should adopt structured flexible work policies, including hybrid work models, flexible scheduling, and remote work options. Such arrangements enable women, particularly mothers, to balance professional responsibilities with caregiving duties, thereby reducing attrition rates.

3. Expanding Employer-Provided Healthcare Benefits

Organizations should provide inclusive health insurance policies covering prenatal, delivery, and postnatal care. Additionally, access to counselling services, wellness programs, and preventive healthcare initiatives should be promoted to ensure continuous maternal well-being.

4. Establishing Childcare Support Mechanisms

Provision of on-site childcare facilities or childcare subsidies can significantly reduce work-family conflict. Reliable childcare support enables women to return to work sooner after maternity breaks and maintain consistent participation in the workforce.

5. Enhancing Awareness and Utilization of Benefits

Many employees may underutilize available maternal benefits due to lack of awareness. Organizations should conduct orientation programs, HR-led awareness sessions, and continuous communication to ensure employees are fully informed about available support systems.

6. Promoting Gender-Inclusive Organizational Culture

Firms should foster an inclusive workplace culture that supports gender equality and normalizes motherhood within professional careers. Leadership commitment, diversity initiatives, and anti-discrimination policies are essential to create an enabling environment for women.

7. Policy-Level Interventions by Government

Government authorities should strengthen maternal healthcare infrastructure by ensuring accessibility, affordability, and quality of services. Strict enforcement of maternity benefit regulations and incentives for organizations adopting family-friendly policies will further encourage female workforce participation.

8. Career Continuity and Reintegration Programs

Organizations should implement structured return-to-work programs, including skill refreshment, mentoring, and career reintegration initiatives for women returning after maternity breaks. This will help reduce skill gaps and ensure smoother transitions back into the workforce

10. CONCLUSION

The present study examined the relationship between maternal health investment, workplace policies, and female labour force participation among IT professionals in Chennai. The findings provide robust empirical evidence that both maternal health investment and workplace policies play significant roles in influencing women's participation in the labour market. While maternal health investment contributes positively to workforce engagement, its impact is substantially strengthened when supported by effective workplace policies.

The study further reveals that workplace policies act as a partial mediator in the relationship between maternal health investment and female labour force participation, highlighting the importance of organizational support in translating health investments into tangible employment outcomes. Additionally, differences in participation based on maternal status underscore the unique challenges faced by women with children, particularly in balancing professional and caregiving responsibilities.

From a theoretical perspective, the study reinforces Human Capital Theory and Labour Supply Theory by demonstrating how health-related investments and institutional factors jointly influence labour market behaviour. The integration of these perspectives provides a more comprehensive understanding of female labour force participation in contemporary professional settings.

From a practical standpoint, the findings emphasize the need for a dual-focused strategy that combines strong maternal healthcare systems with supportive and gender-sensitive workplace policies. Organizations and policymakers must work collaboratively to create an environment that enables women to sustain their careers without compromising on family responsibilities.

In conclusion, enhancing female labour force participation requires a holistic approach that addresses both individual-level health needs and organizational-level structural support. Strengthening maternal health investment alongside the implementation of inclusive workplace policies will not only improve women's workforce participation but also contribute to broader economic growth, workforce diversity, and sustainable development. Future research may extend this study by incorporating longitudinal designs, broader samples, and additional moderating or contextual variables to further enrich understanding in this domain.

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