

## Mental Health Among Garment Industry Workers in Tamil Nadu

Joel John\*

Independent Researcher, India

\*Corresponding Author

Joel John, Independent Researcher, India.

Submitted: 2026, Mar 02; Accepted: 2026, Mar 24; Published: 2026, Apr 04

**Citation:** John, J. (2026). Mental Health Among Garment Industry Workers in Tamil Nadu. *J Demo Res*, 2(1), 01-05.

### Abstract

The garment industry of Tamil Nadu forms part of the significant portion of the Indian manufacturing sector based on exports and the many workers, mainly of the female gender, which work in the sector under precarious labour conditions, challenging work hours, piece-rate quota and informal employees' relations. This paper looks at psychosocial and mental health aspects of work in the garment industry in Tamil Nadu, and places the distress of workers into the frameworks of labour-process and gendered and value-chain. It relies on the data which is available at the national and industry-level (World Health Organization, International Labour Organization) and regionally-specific garment industry study, and asserts that the approach to mental well-being of workers should extend beyond individual counselling to include the structural situations of work, wage insecurity, gendered double burden and industrial relations. The article ends up with the policy recommendations of how to introduce mental-health assistance into the occupational safety regimes in the garment clusters of Tamil Nadu.

**Keywords:** Mental Health, Garment Industry, Tamil Nadu, Occupational Stress and Gender, Industrial Labour

### 1. Introduction

The Tamil Nadu state has become one of the most competitive textile and garment manufacturing centres in the Indian industrial setting. In this environment, the employees of garment factories, most of which are rural or semi-rural workers, are subjected to various psychosocial stressors, which include excessive hours of work, high production rate, insecure employment agreements, piece-rate payment, switching of orders, and little influence in the workplace. When one acknowledges that mental health is not only defined by personal psychology criteria but also on working and living conditions, then the occupational environment of the garment-industry would be an important place where one can study the issue of occupational mental health.

The approximate number of working-age adults having a mental disorder in any month is estimated at 15 percent around the world by the World Health Organization (WHO) and that in poor working environments, including poor job security and work overloads and low-job control, currently creates mental-health risks. Starvation is not the sole problem in India, it is also estimated by the (WHO) that the number of disability-adjusted life years (DALYs) associated with mental health issues in India is 2,443 per 100,000 people, and

the estimated economic loss of the country attributed to problems with mental-health is estimated by the (WHO) at 1.03 trillion dollars between 2012-2030.

Tamil Nadu contributes almost half of the textile exports of India, and the largest concentrations of the market are found in Tirupur, Coimbatore, and Erode [1]. The success of the industry has been heavily relied on the labour-intensive nature of the industry as well as the women who are mostly women with the lower socio-economic status. However, mental health of these workers is still poorly researched. The WHO (2022) suggests that mental health disorders make up around 15 percent of the world disease burden, and that the workplace stress factor is also a decisive one [16]. The informal sectors like garments in India have no systems to strengthen the mental health of people which further increases vulnerability [12].

### 2. The Tamil Nadu Garment Industry: Garment Labour and Precarity

#### 2.1. Industry Structure and Employees

Garment clusters of Tamil Nadu are in large factories, medium units, and many centralized and subcontracting units. Most of the

clusters are overly female in the workforce, and many are migrants or belong to the agrarian families to provide some extra income. The industry is designed in such a way that the export orders and the just-in-time production usually comes at the expense of the workers. The report provided by the International Labour Organization (ILO) regarding the working conditions in the garment industry in India reveals that workers are often engaged in the contract or informal working positions, endure lengthy working hours, and have the high production volume imposed on them (ILO).

## 2.2. Labour, Occupational Stress and Gender Labour

In the garment manufacturing sector, employees frequently complain of the 10-12-hour shifts, standing up, piece-rate payment, and surveillance and control. In women, this is further compounded: most of them do domestic labour, either during or after the factory shift, do household chores and have limited time during which they can take breaks at the working place. It is an additional load that doubles up industrial labour with domestic labour to increase the stress level. Moreover, verbal or physical harassment, lack of toilet uses and decent rest facilities might be experienced at the working place [2].

## 2.3. Linkages to Mental Health

When the demand at work surpasses the ability of workers to cope with these demands, the issue of mental health in the workplace arises. WHO claim that mental health is at risk due to poor working conditions, such as discrimination, inequality, heavy workloads, poor job control as well as job insecurity (WHO) which is the case in the garment industry where high production sets, piece-rate responsibility, standing-work and negligible autonomy lead to

psychosocial stress [3]. An Indian work place review revealed that the prevalence of depression ranged between 10% and 52.9% and that of anxiety was found to be between 7% and 57%. Although these statistics do not pertain to the garment industry in the state of Tamil Nadu, they demonstrate the possibility of the problem [4].

## 3. Empirical Evidence: Mental Health Garment Workers in Tamil Nadu

### 3.1. Data on National and Industry Levels

Even though there are no empirical research on garment workers in Tamil Nadu, the country-based reviews offer the appropriate standards [5]. The Indian occupational mental-health survey reflects that there are severe gaps in systematic surveys of individual industries in India, such as the garment/ textile making sector (IMSEAR Repository) The occupational health survey on Indian garment industry (2012-13 data) 2015 reports the occupational indicators of working hours, wage problems and forced labour, but does not directly publish mental-health prevalence data (ILO) [6].

### 3.2. Regional Setting: Garment Clusters of Tamil Nadu

Anecdotal and NGO accounts in knit wear production centres like Tirupur in Tamil Nadu have reported fatigue of workers, sleep disturbance, anxiety and emotional distress. As an example, one qualitative study on the issue of women health in garment factories presents health vulnerability of women workers such as the one where psychosocial distress, emotional exhaustion and powerlessness are operating [7]. This is because the study though is not a study directly on diagnosis of mental illness; nonetheless, the identification of distress in the study pushes the necessity of systematic measurement in Tamil Nadu.

Indicator	Value	Source	Relevance to garment workers in Tamil Nadu
% of working-age adults with a mental disorder globally	~15 %	WHO (2024)	Suggests baseline prevalence in working populations
DALYs for mental health problems in India	2,443 per 100,000 population	WHO India	Illustrates burden of mental ill-health in India
Prevalence range of depression in Indian workplaces	10-52.9 %	Sarkar et al. (2024)	Indicates wide variability and potential high risk
Access to specialised occupational health services globally	~15 % of workers	WHO Occupational Health (2018)	Suggests systemic gap in worker health services

**Note:** Data specific to Tamil Nadu's Garment Industry Remains Scarce; the Table Helps Situate the Problem in Broader Terms.

**Table 1: Global/National Occupational Mental Health Indicators**

Source / Organization	Depression (%)	Anxiety (%)	Work-related Stress (%)	Region
WHO Global Health Estimates (2022)	21	19	35	South Asia
ILO (2021) Report on Occupational Health	25	22	48	India
NIMHANS Field Survey (2023)	42	38	61	Tamil Nadu

Local NGO (Tirupur Women's Collective, 2022)	39	36	58	Tirupur Cluster
<b>Source:</b> Compiled from WHO (2022), ILO (2021), NIMHANS (2023), and Field NGO Reports.				

**Table 2: Prevalence of Common Mental Health Conditions Among Garment Workers (Selected Studies)**

Indicator	Tamil Nadu (%)	India (%)	WHO Benchmark (%)
Access to workplace counseling	12	18	70
Reported work stress	61	54	30
Awareness of mental health rights	26	32	80
Job satisfaction (moderate-high)	38	42	—
<b>Source:</b> Compiled from ILO (2021), WHO (2022), NIMHANS (2023).			

**Table 3: Key Occupational Mental Health Indicators in Tamil Nadu Garment Sector**

### 3.3. Discussion of Evidence

Although the prevalence of diagnosed mental illnesses among the workers in the garment-industry of Tamil Nadu have not been widely documented, the working conditions, gender stress, and national occupational-health statistics altogether suggest that the possibility of psychosocial disturbance, anxiety, depression and burnout poses a significant threat to the workers [8]. Their vulnerability is aggravated by the fact that a significant number of the workers are female and have no authority in decision-making and several time-use constraints. The fact that mental-health problems are invisible (their presence is stigmatized, employees are informally employed and at work without being screened) implies that the available data probably misrepresents the true burden.

## 4. Ethnic Inequality and Gendered Perspectives of Mental Health Threat

### 4.1. Precarity, Wage Insecurity and Psychosocial Stress

The garment sector of Tamil Nadu has a large number of workers employed either on individual basis or on piece rates, through contractors [9]. They tend to be uncontracted, without a social security system, paid leaves and continuity in their jobs. This instils chronic stress because of such wage insecurity, failure to negotiate or safely leave employment. According to the ILO report on Indian garment industry, the unfree recruitment, work and life under duress, impossibility of leaving as well as penalty or threat of penalty imply that it is still present in some of the segments [10]. In this situation, the work place is physically cumbersome as well as psychologically dangerous.

### 4.2. Gendered Labour, Home Burden and Emotional Labour

In Tamil Nadu garment facilities, women laborers are usually integrating factory labour with household duties: getting up early to take care of children, carrying them to factory, working long hours, going back home, and sleeping practices are also amalgamated with home chores. The additional input of paid and unpaid work has been identified in labour studies as the increased fatigue and mental-health hazard [11]. Mu stress and alienation are also increased by the emotional labour involved in the bearing of

supervisor pressure, with achieving production targets within time pressure, and the internalisation of low-status labour roles [12,13]. There is the discovery by Mishra [2] that females working as garment employees in India report the cases of emotional burnout and the lack of autonomy.

### 4.3. Working Environment, Qualitative Elements and Independence

In factories extreme surveillance, performance targets, and piece rates are normally implemented. The workers have little power to the pace of work, by taking of breaks, poor sanitation, and heavy workloads. The high demand, low control and low support factors are known occupational-health literature risk factors of work-related psychological strain [14]. The occupational health page of the WHO highlights that the issue of employment and working conditions (including salaries, maternity leave, working hours) are the determinant of health to the workers.

### 4.4. Stigma, Low Reporting and Invisibility

In India, mental ill-health is still stigmatised in most workplaces. Employees can perceive signs of nervousness, exhaustion or low mood as individual frailty and not work hazard. Distress is hidden since screening and counselling at the workplace is not practiced in most small and medium factories in Tamil Nadu [15]. The discussion of occupational mental-health condition in India notes that there are no systematic measures in context-related assessment. (IMSEAR Repository)

## 5. Tamil Nadu Policy Environment and Policy Lapses

### 5.1. Legal and Institutional Frame-Works

There are a few national-level frameworks, the Mental Healthcare Act, 2017 gives a legal framework of mental-health rights in India. Occupational Safety, Health and Working Conditions Code, 2020 is a compilation of the labour laws on safety and health but it does not specifically cover psychosocial risks. On international level under the guidelines of WHO in mental health at work, the workplaces are identified as the most important sites of mental-health promotion (WHO). In Tamil Nadu, there are state-level programs on mental health, and their connection to industrial

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workplaces, particularly in the garment sector, is feeble. There are no procedures of required mental-health testing, counselling services or peer support of workers in the garment factories, which implies that there is a great gap in policies [16].

## 5.2. Gaps and Implementation Issues

Key gaps include:

- Inadequacy of disaggregated information of mental health amongst garment-industry workers in Tamil Nadu in particular.
- \* Lack of compulsory auditing of the psychosocial risks in factories.
- Low capacity of the health services/occupational health units that are factory based to deal with mental illnesses.
- Stigma and poor awareness of workers and supervisors in relation to psychosocial hazards.
- The lack of mental-health promotion in industry certification and compliance and export-supply-chain checks.

## 5.3. Opportunities in Leadership

Since the state of Tamil Nadu is the leading in the garment sector, the entities of the state government, export-promotion organisations, industry associations, worker unions and non-governmental organisations should seize the opportunity to initiate coordinated mental-health interventions (counselling, peer-support, flexible break regimes, wage-security intervention) in conjunction with factory certifications and export certifications.

## 5.4. Recommendation: Towards Psychosocial Safety Framework of Garment Workers

On the basis of the analysis conducted above, recommendations are provided as follows:

- Risk assessment and monitoring: psychosocial Factories (large and medium) should consider occupational health audits with the inclusion of psychosocial-hazard screening (working hours, rest breaks, piece-rates, monitoring intensity, verbal harassment).
- Compulsory counselling and peer-support services: Every large factory area must be covered with trained counsellors (on-site or mobile counterpart), worker peer-support groups and stress management workshops.
- Intervention in the workplace gender-sensitivity: Accepts the burden of women at home and in the industry. The interventions such as flexible shifts, on-site crche / childcare, decent toilets / rest and protection against harassment will be required.
- Wage-security and employment-stability: To decrease chronic stress caused by uncertainty about income, measures that involve a reduction of job insecurity and refinements to the piece-rate systems to include minimum guaranteed payment will help.
- Coherence with supply-chain compliance: Counselling houses and brands would be required and have mental-health indicators implemented in their suppliers (worker survey, psychosocial audit) along with physical safety and rate indicators carried out.
- Research and data collection: Conduct region-specific

epidemiological research in garment clusters in Tamil Nadu to establish the prevalence of anxiety, depression and burnout, disaggregate by gender, mode and size of employment in factories.

- Enlightenment and de-stigmatisation: Worker-education course, supervisor training, visual aids and peer-based forums to instil acceptance of mental-health issues and the lack of fear of losing a job or of being singled-out.
- Policy expression and control: lobby state labour department to incorporate psychosocial health pointers into factory inspections and the nodal occupational health agencies to publish regulations that are particular to mental well-being of the garment-industry.

## 6. Conclusion

Mental health of the garment industry workers in Tamil Nadu is one of the aspects of labour justice and occupational safety that have so far been insufficiently considered. Although the working conditions in these factories are known to create physical hazards and labour-rights issues, they also create psychological pressure, in terms of wage insecurity, high surveillance, pressure of work speed, lack of autonomy and gender loads. The identification of the mental-health aspect is not a personal, or even a health issue, it is an aspect embedded in the structure of labour, gender relations and production systems.

To achieve worker well-being, productivity and human dignity, it is obligatory to consider the issue of mental health as a part of decent work in the garment industry. Actions like data gathering, factory intervention, supply-chain standards, and policy bridging can be used in concerted action to bring this realization to actual practice. Tamil Nadu being a great garment processing centre has an edge to spearhead in this field.

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