Conference Paper

Contemporary Global Perspectives in Management Environment and Technology (CGPMET-2025)

How to Cite:
Teronpi, J., & Konwar, J. (2025). Investigating workplace stigma and its consequences for women's careers. *International Journal of Economic Perspectives*, *19*(S1), 82–96. Retrieved from https://ijeponline.org/index.php/journal/article/view/920

Investigating workplace stigma and its consequences for women's careers

Justina Teronpi
Research Scholar, Department of Business Administration, Assam University, Silchar-788011
Email: teronpijustina@gmail.com
ORCID: 0000-0002-3242-9317

Dr. Juthika Konwar
Associate Professor, Department of Business Administration, Assam University, Silchar-788011
Email: juthikakonwar@gmail.com
ORCID: 0000-0002-9368-2463

***Abstract*---**Stigma in the workplace is disapproval, prejudice or being discriminated by an individual or groups in the organisation. Women, especially in male-dominated occupations tend to experience stigma often which can impact their careers negatively. This can have profound consequences in their outlook towards work and their mental well-being. This study aims to investigate this particular problem, particularly the relationship between workplace stigma and its impact on women's careers, job satisfaction and turnover intention. Workplace stigma has a far-reaching and negative consequences for women's careers; especially when such behaviour is often invisible and becomes a barrier to the advancement of their careers, well-being and loyalty to the organisation. Sources of stigma include physical appearance, emotional health of the individuals and gender, race, and ethnicity. This study therefore, highlights the need to address workplace stigma and its consequences for career advancement. This study, therefore contributes to the growing body of evidence highlighting workplace stigma's consequences for women's career growth and advancement. Ultimately, creating a stigma-free workplace requires sustained commitment, intentional action, and collective

Corresponding author: *Teronpi, J., Email: teronpijustina@gmail.com*
Submitted: 08 February 2025, Revised: 01 March 2025, Accepted: 11 March 2025

responsibility. Promoting empathy and understanding the experiences of women professionals, organisations can promote an inclusive working environment in the workplace; one which fosters diversity, equity and career growth.

***Keywords*---**workplace stigma, women's careers, diversity, inclusion.

1. Introduction

A workplace is a space that is seen as a place where everyone with the required skills and talents often come together to achieve a common goal. However, women still face the consequences of these practices that are deeply rooted in age-old societal norms. Despite having made a significant progress in the past decades and comprising of a significant part of the global workforce; for example, women reportedly accounts for 59% of the total workforce in the services sector as opposed to 45% of the total male workforce according to the World Economic Forum (Elliott, 2024). However, women have to deal with a workforce that is not free of sexism and subtle discriminatory behaviours. These challenges extend beyond overt acts of sexism and encompass a complex web of stigmas that hinder a women's growth on the career front and limit their potential. Reportedly, women's conditions in the workplace have not improved and will further take fifty more years to reach gender parity. There is also reportedly a decline relating to diversity programs aimed towards women such as promoting inclusive behaviour, allowing flexible working hours, racial diversity, promotion of respectful behaviour and mentorship programs. Microaggression towards the competence of women, getting questioned on expertise and getting interrupted or 'mansplaining' are found to have persisted in organisations and reported by women (Krivkovich *et al.*, 2024).

The term 'stigma' has its origins from the Greeks that meant a mark of disgrace for the slaves in ancient times (Ahmad *et al.*, 2024). But the conceptual understanding of stigma which underpins most sociological research has its roots in the ground-breaking work penned by Erving Goffman, an American sociologist, in his best-selling book *Stigma: Notes on the Management of Spoiled Identity (1963).* Émile Durkheim, one of the founders of the social sciences, began to address the social marking of deviance in the late nineteenth century. However, Erving Goffman is responsible for bringing the term and theory of stigma into the main social theoretical fold. In his work, Goffman presented the fundamentals of stigma as a social theory, including his interpretation of "stigma" as a means of spoiling identity. By this, he referred to the stigmatized trait's ability to "spoil" recognition of the individual's adherence to social norms in other facets of self. The fact that scholars use Goffman's work so frequently in their quest for definitions of stigma is indicative of its influence. Although different definitions can be taken from Goffman, a very common one is that of an "attribute that is deeply discrediting" and that reduces the bearer "from a whole and usual person to a tainted, discounted one" (Goffman, 1963). Stigma is also seen as an attitude that often results in a discriminatory behaviour towards individuals that can disrupt their adherence to a society (Ahmad *et al.*, 2024).

Despite the growing body of research on workplace stigma, a significant knowledge gap remains with respect to evaluating the forms of stigma faced by women in the workplace and its subsequent effects on women's careers and also its dampening effect on their mental well-being and almost 'invisible' after effects that no one seemingly notice. Specifically, there is a need to explore the uncharted intersections of stigma, including how various forms of stigma such as sexism, ageism and homophobia affects women's experiences in the workplaces. Additionally, there is a lack of comprehensive understanding on industry and occupational differences, women in non-traditional occupations, women with disabilities and women from diverse racial and ethnic backgrounds. Addressing these research gaps can provide a more nuanced understanding of the complex and intersectional effects of stigma on women's careers in the workplace. Therefore, in this study also we aim to review, appraise and synthesise the present body of work on stigma faced by women in the workplace through the analysis of key themes found in the literature and examining the various forms of stigma and discriminatory practices in the workplace. Lastly, this study also aims to provide recommendations for policymakers, practitioners and provide directions for future research. Ultimately, this study has the potential to contribute to the development of a more robust understanding of the experiences of women in work environments across various backgrounds.

2. Materials and Methods

2.1 Sources of data and search method

Harzing's Publish or Perish software by Anne-Will Harzing (Harzing, 2007) was used to extract information from Google Scholar; retrieving 100 of the most cited papers in the last two decades, i.e, from 20004-2024. However, from the 100 published documents that were retrieved, we removed documents that did not meet the requirements of the study and only reviewed 56 documents for the final study. The search was conducted using keywords which include stigma, women and workplace using the following expressions: KEYWORDS: ***stigma* discrimination* women* workplace****.

2.2 Inclusion and exclusion criteria

The ***inclusion*** criteria include: studies in the English language, book chapters, journal articles and conference proceedings and studies that aligned with the theme of the study; i.e., the core theme included stigma and discriminatory practices in the workplace and where the study focused on women. The study also included articles that were published in the last two decades, from 2004-2024. The study ***excluded*** other grey literature which are research reports, theses, policy documents and dissertations, which can be one of the limitations of the study as excluding some grey literature can also imply leaving out potential useful information relevant to the study.

3. Results and Discussions

3.1 Types of stigmas

Following Erving Goffman's work on understanding stigma, many researchers in the past decades have decoded the mechanisms of stigma and the rationale behind it. Goffman classified stigma under three categories: individuals having physical deformities, individuals with character imperfections such as having mental health issues and stigma that is affiliated with a particular race or ethnicity (Goffman, 1963). Goffman's explanation of stigma has proven to be a useful idea for expanding public awareness of stigma, developing anti-stigma initiatives, and advancing research on social stigma and its impacts. Types of stigmas include public stigma (Ahmad *et al.*, 2024; Link *et al.*, 2004), where a particular group faces status loss and discrimination because of societal negative perception about them and subjected to negative treatment from them. Self-stigma is seen as an individual that faces opposing treatment from others on grounds of being 'devalued' as an individual. Structural stigma is often linking people who associates with individuals or a particular group that is deemed 'deviant to society'. These individuals by associating often subject themselves to experience discriminatory behaviour and aggressive behaviour from the society. Structural stigma refers to the practice that is often deeply rooted in institutions, policies, society and requires a collective action in order to reduce the practice and mindset.

Table 1: Distribution of studies across different workplace study settings and total number of studies encountered

Workplace stigma study setting	Number of studies encountered	Authors
Disability; differently abled; minority	2	(Ahmad *et al., 2024; Moloney et al.*, 2019)
Menstruation	1	(G and Ramesh, 2023)
Sociological aspect	5	(Beatty and Kirby, 2006; Clair *et al.*, 2005; Mondal and Mehra, 2022; Van Laar *et al.*, 2019; Vijay, 2024)
Chronic illness; chronic disorders; diseases	12	(Bam, 2025; Bashir, 2011; Carr and Gramling, 2004; Johnson and Joshi, 2016; Parfene *et al.*, 2009; Sangaramoorthy *et al.*, 2017; Shamos et al., 2009; Stergiou-Kita *et al.*, 2016; Thi *et al.*, 2008; Twinomugisha *et al.*, 2020; Vitturi *et al.*, 2022; Werth, n.d.)
Transgender; LGBTQ, gender identity	6	(Chakrapani *et al.*, 2021; Denissen and Saguy, 2014; Irshad *et al.*, 2024; Kumar *et al.*, 2022; Rose Ragins, 2004; Sawyer and Thoroughgood, 2017)
Occupational discrimination;	8	(Bornstein, 2013; Cech and Blair-Loy, 2014; Chung, 2020; Dozier, 2017;

Workplace stigma study setting	Number of studies encountered	Authors
stereotype		Peng *et al.*, 2024; Reilly *et al.*, 2019; Stone and Hernandez, 2013; Sumalatha *et al.*, 2021)
Gender stereotype	2	(Hou *et al.*, 2022; Leskinen *et al.*, 2015)
Weight; preconception, pregnant and postpartum	3	(Fox and Quinn, 2015; Hailu *et al.*, 2024; Puhl *et al.*, 2017)
Criminal history; fraudulent behaviour	2	(Agnihotri and Bhattacharya, 2020; Baur *et al.*, 2018)
Ageism; sexism	2	(Cecil *et al.*, 2023; Manuel *et al.*, 2017)
Body modifications	1	(Martin and Cairns, 2015)
Breastfeeding	2	(Bresnahan *et al.*, 2018; Zhuang, Bresnahan, Zhu, Yan, Bogdan-Lovis, *et al.*, 2018)
Alcohol or drug addiction	1	(Roche *et al.*, 2019)
Eating disorders	1	(Siegel and Sawyer, 2019)
Policy framing	1	(Southworth, 2014)
Working mothers	2	(Gonçalves, 2019; Sabat *et al.*, 2016)
Appearance, community	3	(Carter-Sowell and Zimmerman, 2015; Remedios and Snyder, 2015)
Association	2	(Mulder *et al.*, 2014; Phillips *et al.*, 2012)

(Source: Compiled by the authors)

3.2 Prevalence of stigma in the workplace

Women Employees with some forms of disabilities are considered one of the most vulnerable groups in a workplace setting. They are often seen as inferior and outcasts in an organisation limiting their growth and compelling them to pull out from society (Ahmad *et al.*, 2024; Moloney *et al.*, 2019). Women employees are also susceptible to experiencing stigma related to their body weight. Furthermore, it was found that pregnant and postpartum and women were also subjected to weight stigma in the workplace. For example, women are exposed to teasing due to their weight; colleagues isolating them, and even not getting promoted because of their appearance (Hailu *et al.*, 2024; Hou *et al.*, 2022). Breastfeeding mothers in a workplace were also found to be strictly frowned upon according to public opinions and co-workers' views undertaken in an online study conducted by Bresnahan *et al.*, (2018); and the latter from a study undertaken by Zhuang *et al.*, (2018). Menstruation leave is also a widely debated topic in an organisation, especially at the risk of attracting discrimination, productivity issues and costs related to paying overtime with to cover labour absenteeism costs or hiring replacement workers. Menstruation related problems such as cramps, pain and discomfort have a tendency to invite stigma in the workplace as it can perpetuate

employers and colleagues to view the female employees as less productive and less reliable and can eventually missed out on career growth opportunities as well (G and Ramesh, 2023). Female employees with certain chronic (for example, HIV, Lupus etc.) and mental health illnesses also tend to face stigma as revealing their illnesses becomes a complex process. For example, women employees with mental health issues such as eating disorders are often viewed as incompetent, unreliable, unpredictable and not worthy of trust. Some employees run the risk of getting retrenched for revealing the true nature and gravity of their illnesses. This leads to concealing the serious and true nature of their illnesses, thereby leading to a phenomenon known as 'invisibility stigma' (Bam, 2025; Siegel and Sawyer, 2019). Consistent with this, during the COVID-19 pandemic, there were reports of incivility and exclusion in the workplace because some employees contracted the virus. This often happens in the case of a pandemic because of limited information and awareness for a novel disease and as such there are no strategies or mechanisms to navigate such unprecedented situations (Sumalatha *et al.*, 2021). 'Intersectionality stigma' is also another form of stigma that is a term used for stigma faced by individuals because of multiple social identities. For example, transgender employees tend to face heightened levels of stigma in the workplace which include in the forms of harassment, bullying and discrimination. Transgender employees find it very challenging in getting access to lavatories, being constantly gazed upon and questioned for their appearance. Similarly, women with darker skin colour also continue to face discrimination in the workplace because of dominant beauty standards and an accepted hegemony of what is considered 'the beauty (Carter-Sowell and Zimmerman, 2015*;* Irshad *et al.*, 2024). Many women in 'glamorous' professions such as flight attendants, tend to face stigma as an occupation that is overlooked for their skills (Peng *et al.*, 2024). Following Goffman's observations, another form of stigma that is found affecting female executives in the workplace is 'stigma by association'. Female executives that are found to have committed fraudulent activities elevates the discrimination against other female executives who are affiliated with one another (Agnihotri and Bhattacharya, 2020). This form of stigma is also found to be associated with alcohol and drug use addicts (AOD) or having a history of AOD in the first instance in the workplace (Roche *et al.*, 2019). Similarly, women employees who have been convicted previously are also subjected to negative stereotyping because of their history (Baur *et al.*, 2018) Female employees are also subjected to ageism and sexism, which can question their competency in their work and be deemed as irrelevant. Women are subjected to remarks if they try to dress youthful or amp up their appearance as 'trying to hard' or 'letting themselves go' if they do not put any effort to smarten up at all (Cecil *et al.*, 2023). Women also tend to face what is known as 'flexibility stigma' more often than their male counterparts. It is found that women who often request flexible work schedule are subjected to being devalued and consistently stereotyped. Women employees such as working mothers and pregnant women are often subjected as 'uncommitted' and 'incompetent' and marked as deviants and 'invoke the notion of stigmata'; which is the mark of stigma (Bornstein, 2013).

3.3 Factors influencing the prevalence of stigma in the workplace

Social structures and cultural norms contribute how certain mental health issues are perceived. For example, certain workplaces promote high productivity rather

than endorsing the well-being of the employees (Cecil *et al.*, 2023; Vijay, 2024). In a workplace setting, the type of leaders managing the employees play a vital role in fostering an empathetic environment that is crucial for employees with disabilities, certain chronic illnesses and mental health issues (Ahmad *et al.*, 2024; Mondal and Mehra, 2022). Certain organisations also tend to have strict policies regarding the specific body weight required for the employees. Such practices tend to promote discrimination against women who are considered not having 'normal body weight' (Hailu *et al.*, 2024). Another important factor that determines an organisational environment is in the form of support policies or support that is provided to employees that facing certain elevated issues. For example, transgender employees face stigma more than their cisgender counterparts. However, management tend to overlook such issues as being trivial because of their lack of understanding; making them unable to empathise with the affected employees (Irshad *et al.*, 2024). Certain organisational practices and societal structure also tend to further promote stigma associated with certain women-dominated industries (Peng *et al.*, 2024).

3.4 Outcomes of stigma at the workplace for women employees

Discriminatory practices lead to low performance, status loss, alienation, limited upward mobility in career and moving away from setting career goals and responsibilities (Peng *et al.*, 2024; Twinomugisha *et al.*, 2020). Ignoring the well-being of employees often results in the creating a negative work environment in the form of deviant work behaviour such as incivility and exclusion, high turnover rate, workplace presenteeism and using the specific individuals for their own advantage in order to selfishly meet their goals, that can further degrade employees and leading in deviating away from the goals of the organisations (Baur *et al.*, 2018). Workplace sexism is also another reason resulting in presenteeism, negative job security and autonomy; women employees reportedly have poorer health outcomes and more negative discernment towards their jobs but rarely take leaves, which indicates work attendance even when not feeling well (Ahmad *et al.*, 2024; Manuel *et al.*, 2017). This can further push the employees to view mental health issues as being trivial and discourage seeking help when in extreme situations (Vijay, 2024). Employees who find it difficult to reveal the complex nature of their chronic illnesses, find concealing and isolation as the only solution to not being singled out as many times, employers tend to not understand the severity of the illness. Many a times employees also fear being labelled as 'disabled', therefore, do not confide about their conditions (Bam, 2025; Vitturi *et al.*, 2022; Werth, n.d.). The heightened levels of stigma faced by transgender people in the workplace lead to feelings of chronic stress, low self-esteem and alienation. Transgender employees also feel pressurised to constantly prove themselves of their abilities which can lead to exhaustion and thus demotivating their work engagement (Irshad *et al.*, 2024; Kumar *et al.*, 2022). Women employees are also constantly subjected to ageism and sexism for their appearance, reliability and competence in the workplace. This unfortunately make some women to fabricate their true identity with that of a non-stigmatised one; such as fabricating their age, choosing clothing items to appear youthful, consciousness towards appearing 'fat', having cosmetic procedures to look more youthful and consciously trying not stand out too much in the crowd (Cecil *et al.*, 2023). Additionally, women employees have been facing income parity, which can

also negatively impact their intention to continue with their jobs. Studies have found that income parity, another form of structured discrimination can increase the intent for women employees to leave their jobs (Reilly *et al.*, 2019). Women employees also often face the challenge of meaningfully juggling the balance between motherhood and professional life. Especially for working mothers and pregnant women, who sometimes request flexible scheduling. But the consequences for such requests often tend to be disastrous; in a study by (Bornstein, 2013), women reportedly faced decline in career growth and opportunities, decreased income and their jobs were considered unimportant, deskilled and considered as 'low-status'. As compared to their male counterparts, several forms of discrimination in the workplace appear to be targeted more towards women simply because of certain 'mark' and 'label' that are associated with women, especially as this study addresses, in the workplace which also results in decreasing longevity in the workplace and many other negative mental and psychological issues resulting from experiencing such behaviours.

4. Recommendations for stakeholders

Several mechanisms can be prepared accordingly in order to accommodate the needs of women employees and foster a cordial working environment. Organisations should have a sense of duty for supporting their employees. Instead of just advocating, organisations can establish policies on paper that can help overcome stigma surrounding women employees; especially working mothers and pregnant women who are at the receiving end of bias and discrimination; which can resolve the work and family conflict (Bornstein, 2013). Social support in the form of need-based aids, advisory support and counselling that can help them navigate through certain complications. Social support is shown to have lessen the toil on women's mental health in the workplace and have diminished the feeling of neglect and solitude because of their condition. Consulting various stakeholders for ensuring effective and clear implementation of certain guidelines in the workplace need to undertake. However, some actions in favour of female employees remain difficult to reach to a consensus; for example, it is also debated that providing menstrual leave can often be unfair to male employees. But studies have shown that it can also boost productivity, loyalty and morale of the employees (G and Ramesh, 2023). Proclaiming own rights, selectively choosing who to confide in with certain issues such as mental health problems, and setting boundaries can help ensure personal well-being of the employees. Anti-stigma campaigns; for example, weight stigma is often experienced by women who are obese in nature, organisations can introduce anti weight stigma campaigns as part of their organisational discrimination and harassment training module (Puhl *et al.*, 2017); employee resource groups and partnering up with certain organisations that promote mental health awareness, digital apps that provide mental health support and education can also further decrease stigma. Employers can also provide psychosocial skills training to their employees for the affected employees which can also further educate others to understand the underlying cause of certain 'flaws' or 'issues' in employees. This can in the form of providing motivational training, social skills training, coping strategies, goal setting and cognitive behaviour therapy. Furthermore, engaging the employees in a group setting or grouping the hobbies of the employees can also help reduce mental health problems (Mondal and Mehra, 2022; Vijay, 2024). Organisations

also need to reevaluate their work culture that is not degrading women employees and promote initiatives that can change the traditional views on gender in the society. Consistently, employers can also assure that certain ostracised groups or individuals in the organisations are valued which can protect and ensure the well-being of the employees (Peng *et al.*, 2024; Van Laar *et al.*, 2019). Therefore, both organisations and employers in this aspect can develop and implement inclusive policies and practices; further provide training on acknowledging and recognising unconscious bias, diversity and inclusion. Employers can also foster open communication channels for reporting stigma incidents and focus on promoting women's leadership development and mentorship programs.

5. Implications of the study

This study is a systematic mapping study based on the existing literature; where we focused on addressing stigma against women employees in the workplace. There are certain limitations that are not addressed in the study but this study addresses the prevalence of stigma and new forms of stigma that has been studied by other researchers. As this study brings evidence on the existing prevalence of such discriminatory practices against women, this study can help to advocate against such behaviour and promote gender equality and address systemic barriers to advancing women's careers. This study also further help in creating awareness on stigma, discrimination, bias and stereotypes aimed against women to foster a safe and productive working environment. This can help policymakers and researchers alike to further investigate the prevalence of such discriminatory practices in the workplace.

6. Limitations of the study and scope for further research

This study is based completely in findings from published literature from the Google Scholar database using Harzing's Publish or Perish. It leaves out other databases such as Scopus, CrossRef and Web of Science which are also important databases that are used in literature reviews. Further research can empirically investigate stigma's intersectional impacts on women from diverse backgrounds as this study is based completely on secondary data, there are methodological limitations associated with this study and may oversimplify the actual constructs of stigma. Stigma in the workplace can come in various forms and this study may not capture the full range of the experiences of the women. Also, this study may or may not be generalisable for other contexts or populations because of its specific focus on 'women' and 'workplace'; whereas, it is evident that stigma can take place beyond the workplace but nevertheless, the theoretical underpinnings lead to the same explanation. Lastly, this study may not fully inspect the power dynamics that contribute to stigma against women in the workplace and does not examine how power imbalances perpetuate stigma and limit career opportunities for women. Therefore, further studies can examine the complex constructs and develop measures that can capture the underlying complexities of stigma in the workplace.

7. Conclusion

From this mini review study, it can be established that workplace stigma significantly impacts women's job satisfaction, career advancement opportunities, and turnover intentions. Organisations must recognise and challenge harmful biases, stereotypes, and social norms which contribute to such behaviour. Targeted interventions, diversity and inclusion initiatives, and policy changes can mitigate stigma's effects. Workplace stigma remains a pervasive and insidious barrier to women's career growth and advancement, perpetuating gender inequality and organizational inefficiency. This study's findings underscore the urgent need for organisations to acknowledge and address workplace stigma, fostering inclusive environments that promote diversity, equity, and career growth. This study, therefore contributes to the growing body of evidence highlighting workplace stigma's consequences for women's career growth and advancement. Ultimately, creating a stigma-free workplace requires sustained commitment, intentional action, and collective responsibility.

Author contributions

All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by Justina Teronpi and Dr. Juthika Konwar. The first draft of the manuscript was written by Justina Teronpi and Dr. Juthika Konwar commented on the previous versions of the manuscript. Both the authors read and approved the final manuscript.

Competing interests

The authors have no competing interests to declare that are relevant to the content of this article.

References

1. Agnihotri, A., & Bhattacharya, S. (2020). Impact of female executives' fraudulent behaviour on other women employees. *International Journal of Organizational Analysis*, *28*(4), 793–815. https://doi.org/10.1108/IJOA-06-2019-1785
2. Ahmad, A., Saeed, B. Bin, Sheraz, F., & Khan, A. T. A. (2024). Perils Of Being Differently-Abled At Workplace : Conceptualizing Stigma For Perils Of Being Differently-Abled At Workplace. *Migration Letters*, *21*(S7), 505–518.
3. Bam, A. (2025). Invisibility, stigma and workplace support: Experiences of individuals with chronic disorders. *SA Journal of Human Resource Management*, *23*, 1–10. https://doi.org/https://doi.org/10.4102/sajhrm.v23i0.2859
4. Bashir, S. (2011). HIV/AIDS stigma at the workplace: exploratory findings from Pakistan. *SAHARA J : Journal of Social Aspects of HIV/AIDS Research Alliance*, *8*(3), 156–161. https://doi.org/10.1080/17290376.2011.9724998
5. Baur, J. E., Hall, A. V, Daniels, S. R., Buckley, M. R., & Anderson, H. J. (2018). Beyond banning the box: A conceptual model of the stigmatization of ex-offenders in the workplace. *Human Resource Management Review*, *28*(2), 204–219. https://doi.org/https://doi.org/10.1016/j.hrmr.2017.08.002
6. Beatty, J., & Kirby, S. (2006). Beyond the Legal Environment: How Stigma Influences Invisible Identity Groups in the Workplace. *Employee*

Responsibilities and Rights Journal, *18*. https://doi.org/10.1007/s10672-005-9003-6
7. Bornstein, S. (2013). The Legal and Policy Implications of the "Flexibility Stigma." *Journal of Social Issues*, *69*(2), 389–405. https://doi.org/https://doi.org/10.1111/josi.12020
8. Bresnahan, M., Zhuang, J., Anderson, J., Zhu, Y., Nelson, J., & Yan, X. (2018). The "pumpgate" incident: Stigma against lactating mothers in the U.S. workplace. *Women & Health*, *58*(4), 451–465. https://doi.org/10.1080/03630242.2017.1306608
9. Carr, R. L., & Gramling, L. F. (2004). Stigma: a health barrier for women with HIV/AIDS. *The Journal of the Association of Nurses in AIDS Care : JANAC*, *15*(5), 30–39. https://doi.org/10.1177/1055329003261981
10. Carter-Sowell, A. R., & Zimmerman, C. A. (2015). Hidden in Plain Sight: Locating, Validating, and Advocating the Stigma Experiences of Women of Color. *Sex Roles*, *73*(9), 399–407. https://doi.org/10.1007/s11199-015-0529-2
11. Cech, E. A., & Blair-Loy, M. (2014). Consequences of Flexibility Stigma Among Academic Scientists and Engineers. *Work and Occupations*, *41*(1), 86–110. https://doi.org/10.1177/0730888413515497
12. Cecil, V., Pendry, L. F., Ashbullby, K., Salvatore, J., Cecil, V., Pendry, L. F., Ashbullby, K., & Salvatore, J. (2023). Masquerading their way to authenticity : Does age stigma concealment benefit older women ? *Journal of Women & Aging*, *35*(5), 428–445. https://doi.org/10.1080/08952841.2022.2128245
13. Chakrapani, V., Scheim, A. I., Newman, P. A., Rawat, S., Baruah, D., Bhatter, A., Jaya, A., & Kaur, M. (2021). Affirming and negotiating gender in family and social spaces : Stigma , mental health and resilience among transmasculine people in India. *Culture, Health & Sexuality*, *0*(0), 1–17. https://doi.org/10.1080/13691058.2021.1901991
14. Chung, H. (2020). Gender , Flexibility Stigma and the Perceived Negative Consequences of Flexible Working in the UK. *Social Indicators Research*, *151*(2), 521–545. https://doi.org/10.1007/s11205-018-2036-7
15. Clair, J. A., Beatty, J. E., & MacLean, T. L. (2005). Out of Sight But Not Out of Mind: Managing Invisible Social Identities in the Workplace. *Academy of Management Review*, *30*, 78–95. https://api.semanticscholar.org/CorpusID:261911705
16. Denissen, A. M., & Saguy, A. C. (2014). Gendered Homophobia and the Contradictions of Workplace Discrimination for Women in the Building Trades. *Gender \& Society*, *28*(3), 381–403. https://doi.org/10.1177/0891243213510781
17. Dozier, R. (2017). Female Masculinity at Work: Managing Stigma on the Job. *Psychology of Women Quarterly*, *41*(2), 197–209. https://doi.org/10.1177/0361684316682956
18. Elliott, D. (2024). *More women are stepping into high-productivity service jobs, says the World Bank*. World Economic Forum. https://www.weforum.org/stories/2024/07/women-service-jobs-world-bank/
19. Fox, A. B., & Quinn, D. M. (2015). Pregnant Women at Work: The Role of Stigma in Predicting Women's Intended Exit From the Workforce. *Psychology of Women Quarterly*, *39*(2), 226–242.

https://doi.org/10.1177/0361684314552653
20. G, B., & Ramesh. (2023). Addressing Menstrual Stigma: The Case for Implementing Menstrual Leave as a Legal Provision in India. *Indian Journal of Law and Legal Research*, *5*(2).
21. Goffman, E. (1963). *Notes on the Management of Spoiled Identity*. Prentice Hall.
22. Gonçalves, K. (2019). 'What are you doing here, I thought you had a kid now?' The stigmatisation of working mothers in academia. *Gender and Language*, *13*(4), 469–487. https://doi.org/10.1558/genl.37573
23. Hailu, H., Skouteris, H., Incollingo Rodriguez, A. C., Galvin, E., & Hill, B. (2024). Drivers and facilitators of weight stigma among preconception, pregnant, and postpartum women: A systematic review. *Obesity Reviews*, *25*(5), e13710. https://doi.org/https://doi.org/10.1111/obr.13710
24. Harzing, A.-W. (2007). *Publish or Persih*. https://harzing.com/resources/publish-or-perish
25. Hou, W., Qin, Y., Wang, X., & Wang, Y. (2022). The Factors That Exacerbate Women'S Experience of Stigma in the Workplace Gender Discrimination and the Wage Gap in Developed Countries. *Proceedings of the 2021 International Conference on Public Art and Human Development (ICPAHD 2021)*. https://doi.org/10.2991/assehr.k.220110.037
26. Irshad, M., Chishty, B. A., & Shah, S. U. M. (2024). An Exploratory Analysis of Intersectional Stigma at Workplace and its Impact on Employee Performance. *Policy Research Journal*, *2*(4), 738–748.
27. Johnson, T. D., & Joshi, A. (2016). Dark clouds or silver linings? A stigma threat perspective on the implications of an autism diagnosis for workplace well-being. *The Journal of Applied Psychology*, *101*(3), 430–449. https://doi.org/10.1037/apl0000058
28. Krivkovich, A., Field, E., Yee, L., McConnell, M., & Smith, H. (2024). *Women in the Workplace 2024: The 10th-anniversary report*. McKinsey & Company. https://www.mckinsey.com/featured-insights/diversity-and-inclusion/women-in-the-workplace
29. Kumar, G., Suguna, A., Suryawanshi, D. M., Surekha, A., Rajaseharan, D., & Gunasekaran, K. (2022). Exploring the discrimination and stigma faced by transgender in Chennai city-A community-based qualitative study. *Journal of Family Medicine and Primary Care*, *11*(11), 7060–7063. https://doi.org/10.4103/jfmpc.jfmpc_1037_22
30. Leskinen, E. A., Rabelo, V. C., & Cortina, L. M. (2015). Gender stereotyping and harassment: A "catch-22" for women in the workplace. *Psychology, Public Policy and Law*, *21*, 192–204. https://api.semanticscholar.org/CorpusID:151503154
31. Link, B. Q., Yang, L. H., Phelan, J. C., & Collins, P. Y. (2004). Measuring Mental Illness Stigma. *Schizophrenia Bulletin*, *30*(3), 511–541.
32. Manuel, S. K., Howansky, K., Chaney, K. E., & Sanchez, D. T. (2017). No Rest for the Stigmatized: A Model of Organizational Health and Workplace Sexism (OHWS). *Sex Roles*, *77*(9), 697–708. https://doi.org/10.1007/s11199-017-0755-x
33. Martin, C. R., & Cairns, S. L. (2015). *Why Would You Get THAT Done ?! Stigma Experiences of Women with Piercings and Tattoos Attending Postsecondary Schools Pourquoi voudriez-vous vous faire CELA ? ! Expériences de stigmatisation de femmes au niveau postsecondaire qui ont des perçages et*

tatou. *49*(2), 139–162.
34. Moloney, M. E., Brown, R. L., Ciciurkaite, G., & Foley, S. M. (2019). “Going the Extra Mile”: Disclosure, Accommodation, and Stigma Management among Working Women with Disabilities. *Deviant Behavior*, *40*(8), 942–956. https://doi.org/10.1080/01639625.2018.1445445
35. Mondal, P., & Mehra, P. (2022).Mental Health at Corporate Workplace, from Stigma to Awareness and Technological Aid- An Unchecked Crisis. *Journal of Positive School Psychology*, *6*(4), 3227–3235.
36. Mulder, R., Pouwelse, M., Lodewijkx, H., & Bolman, C. (2014). Workplace mobbing and bystanders’ helping behaviour towards victims: The role of gender, perceived responsibility and anticipated stigma by association. *International Journal of Psychology*, *49*(4), 304–312. https://doi.org/https://doi.org/10.1002/ijop.12018
37. Parfene, C., Stewart, T. L., & King, T. Z. (2009). Epilepsy stigma and stigma by association in the workplace. *Epilepsy & Behavior : E&B*, *15*(4), 461–466. https://doi.org/10.1016/j.yebeh.2009.05.011
38. Peng, F., Zeng, X., & Li, Y. (2024). Female stereotype and occupational stigma. *Annals of Tourism Research*, *109*, 103837. https://doi.org/https://doi.org/10.1016/j.annals.2024.103837
39. Phillips, R., Benoit, C., Hallgrimsdottir, H., & Vallance, K. (2012). Courtesy stigma: a hidden health concern among front-line service providers to sex workers. *Sociology of Health \& Illness*, *34*(5), 681–696. https://doi.org/https://doi.org/10.1111/j.1467-9566.2011.01410.x
40. Puhl, R. M., Himmelstein, M. S., Gorin, A. A., & Suh, Y. J. (2017). Missing the target: including perspectives of women with overweight and obesity to inform stigma-reduction strategies. *Obesity Science & Practice*, *3*(1), 25–35. https://doi.org/10.1002/osp4.101
41. Reilly, E. D., Awad, G. H., Kelly, M. M., & Rochlen, A. B. (2019). The Relationship Among Stigma Consciousness, Perfectionism, and Mental Health in Engaging and Retaining STEM Women. *Journal of Career Development*, *46*(4), 440–454. https://doi.org/10.1177/0894845318784745
42. Remedios, J. D., & Snyder, S. H. (2015). How Women of Color Detect and Respond to Multiple Forms of Prejudice. *Sex Roles*. https://doi.org/10.1007/s11199-015-0453-5
43. Roche, A., Kostadinov, V., & Pidd, K. (2019). The Stigma of Addiction in the Workplace. In J. D. Avery & J. J. Avery (Eds.), *The Stigma of Addiction: An Essential Guide* (pp. 167–199). Springer International Publishing. https://doi.org/10.1007/978-3-030-02580-9_10
44. Rose Ragins, B. (2004). Sexual Orientation in the Workplace: The Unique Work and Career Experiences of Gay, Lesbian and Bisexual Workers. In *Research in Personnel and Human Resources Management* (Vol. 23, pp. 35–120). Emerald Group Publishing Limited. https://doi.org/10.1016/S0742-7301(04)23002-X
45. Sabat, I. E., Lindsey, A. P., King, E. B., & Jones, K. P. (2016). Understanding and Overcoming Challenges Faced by Working Mothers: A Theoretical and Empirical Review. In C. Spitzmueller & R. A. Matthews (Eds.), *Research Perspectives on Work and the Transition to Motherhood* (pp. 9–31). Springer International Publishing. https://doi.org/10.1007/978-3-319-41121-7_2
46. Sangaramoorthy, T., Jamison, A., & Dyer, T. (2017). Intersectional stigma among midlife and older Black women living with HIV Intersectional stigma

among midlife and older Black women. *Culture, Health & Sexuality*, *1058*(August), 1–15. https://doi.org/10.1080/13691058.2017.1312530

47. Sawyer, K., & Thoroughgood, C. (2017). Gender non-conformity and the modern workplace: New frontiers in understanding and promoting gender identity expression at work. *Organizational Dynamics*, *46*(1), 1–8. https://doi.org/https://doi.org/10.1016/j.orgdyn.2017.01.001
48. Shamos, S., Hartwig, K. A., & Zindela, N. (2009). Men's and Women's Experiences With HIV and Stigma in Swaziland. *Qualitative Health Research*, *19*(12), 1678–1689. https://doi.org/10.1177/1049732309353910
49. Siegel, J. A., & Sawyer, K. B. (2019). Eating Disorders in the Workplace: A Qualitative Investigation of Women's Experiences. *Psychology of Women Quarterly*, *43*(1), 37–58. https://doi.org/10.1177/0361684318812475
50. Southworth, E. M. (2014). Shedding gender stigmas: Work-life balance equity in the 21st century. *Business Horizons*, *57*(1), 97–106. https://doi.org/https://doi.org/10.1016/j.bushor.2013.10.003
51. Stergiou-Kita, M., Pritlove, C., & Kirsh, B. (2016). The "Big C"-stigma, cancer, and workplace discrimination. *Journal of Cancer Survivorship : Research and Practice*, *10*(6), 1035–1050. https://doi.org/10.1007/s11764-016-0547-2
52. Stone, P., & Hernandez, L. A. (2013). The All-or-Nothing Workplace: Flexibility Stigma and "Opting Out" Among Professional-Managerial Women. *Journal of Social Issues*, *69*(2), 235–256. https://doi.org/https://doi.org/10.1111/josi.12013
53. Sumalatha, B. S., Bhat, L. D., & Chitra, K. P. (2021). Impact of Covid-19 on Informal Sector: A Study of Women Domestic Workers in India. *The Indian Economic Journal*, *69*(3), 441–461. https://doi.org/10.1177/00194662211023845
54. Thi, M. D. A., Brickley, D. B., Vinh, D. T. N., Colby, D. J., Sohn, A. H., Trung, N. Q., Giang, L. T., & Mandel, J. S. (2008). A qualitative study of stigma and discrimination against people living with HIV in Ho Chi Minh City, Vietnam. *AIDS and Behavior*, *12*(4 Suppl), S63-70. https://doi.org/10.1007/s10461-008-9374-4
55. Twinomugisha, B., Ottemöller, F. G., & Daniel, M. (2020). Exploring HIV-Related Stigma and Discrimination at the Workplace in Southwestern Uganda: Challenges and Solutions. *Advances in Public Health*, *2020*(1), 8833166. https://doi.org/https://doi.org/10.1155/2020/8833166
56. Van Laar, C., Meeussen, L., Veldman, J., Van Grootel, S., Sterk, N., & Jacobs, C. (2019). Coping With Stigma in the Workplace: Understanding the Role of Threat Regulation, Supportive Factors, and Potential Hidden Costs. *Frontiers in Psychology*, *10*. https://doi.org/10.3389/fpsyg.2019.01879
57. Vijay, B. (2024). Analyzing the Sociological Aspects of Mental Health Stigma in the Workplace. *International Journal of All Research Education and Scientific Methods (IJARESM)*, *12*(5), 4870–4874.
58. Vitturi, B. K., Rahmani, A., Dini, G., Montecucco, A., Debarbieri, N., Bandiera, P., Ponzio, M., Battaglia, M. A., Persechino, B., Inglese, M., & Durando, P. (2022). Stigma, Discrimination and Disclosure of the Diagnosis of Multiple Sclerosis in the Workplace: A Systematic Review. *International Journal of Environmental Research and Public Health*, *19*(15). https://doi.org/10.3390/ijerph19159452
59. Werth, S. (n.d.). *Stigma , stress and emotional labour : experiences of women with chronic illness at work*.

60. Zhuang, J., Bresnahan, M., Zhu, Y., Yan, X., Bogdan-Lovis, E., Goldbort, J., & Haider, S. (2018). The impact of coworker support and stigma on breastfeeding after returning to work. *Journal of Applied Communication Research*, *46*(4), 491–508. https://doi.org/10.1080/00909882.2018.1498981