

WORK, FAMILY AND WOMEN'S WELL BEING: SELECTED RESEARCH FINDINGS

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Introduction

The last three decades have witnessed unprecedented changes in the lives of men and women. These changes can be seen in (i) societal gender-role prescriptions, where the traditional demarcation of labor is no longer strictly adhered to, and both men and women now occupy work and family roles simultaneously, (ii) the composition of the workforce, which is made up of dual-earner families, single parents, and a growing number of female workers, and (iii) the attitudes and values of men and women, where both are beginning to be more aware and concerned about other aspects of life, such as involvement in religion, leisure, and the general quality of life. Although these changes influence both men and women, women are more strongly affected because even in employment, they are still primarily responsible for the home and the family (children as well as sick or elderly parents/relatives).

The work and family literature encompasses several wide-ranging areas such as work stress (the extent to which work stressors such as overload, lack of autonomy, may lead to decrease well-being), interface between work and family (the extent to which work competes or facilitates family life, corresponding to work-family conflict and work-family balance, respectively), spillover (the extent to which demands of the workplace affect the family and vice versa, or the extent to which stress experienced by one spouse influence the other), workplace policies (the extent to which family-friendly workplace policies assist workers to balance their work and family roles more effectively), personality variables (the extent to

which variables like negative affectivity or locus of control influence the work family relationship), etc. This paper reports three studies on work, family and women's well-being within the Malaysian context after highlighting the relevant work-family literature.

The work-family literature has been approached on two fronts; (i) family researchers interested in the influence of work on family life with its focus on the affective and emotional aspects of women's health; and (ii) organizational psychologists examining the relationship between adverse work conditions and negative outcomes (mostly health outcomes at work).

The first approach has questioned the health effects on women of occupying work and family roles simultaneously. The multiple-roles perspective, based on the concept of human-energy limitation (see Coser, 1974, Marks, 1977), initially focused on the number of roles occupied by women. However, later research showed that what are more important to women in their experiences within the roles, not the number of roles *per se* (see review by Barnett & Hyde, 2001). This multiple-roles literature has also addressed the interactive nature of roles whereby a supportive marital relationship may buffer the negative effects of job stressors (Repetti, 1998). In a similar vein, when men's relationships with their wives, children or both were positive, poor experiences on the job did not have significant effects on distress, implying that the effect of job experiences on men's psychological distress was buffered by the quality of their family roles (Barnett, Marshall & Pleck, 1992). For women, rewarding experiences on the job offset the negative effects of childcare burdens on mental health especially for those associated with challenging work (Barnett, Marshall & Sayer, 1992).

The second approach is concerned with stressful experiences within the workplace and its relationship to workers' health. These studies showed that several features of the work environment such as quantitative workload or demand, the lack of autonomy or discretion at work, and the lack of support from colleagues or supervisors, are positively associated with strain outcomes (Broadbent, 1985; Karasek, 1979; Karasek & Theorell, 1990; Melamed, Kushnir & Meir, 1991; Parkes, 1989).

However, in the late 80s, it was recognized that these two areas, work and family, are interdependent and are both related to well-being. Studies by these researchers (e.g. Burke, 1988; Glowinkowski & Cooper, 1985, Greenhaus et al., 1989; Lewis and Cooper, 1988; Parasuraman et al., 1989) showed that pressures within the work and family domains are incompatible with one another and can affect individuals' personal and family well-being. Conflict between work and family were found to be correlated with negative consequences including increased health risks for employed parents, poorer performance in the parenting role, decreased productivity, tardiness, absenteeism, turnover, poor morale, reduced job and life satisfaction and burnout (e.g., Bacharach, Bamberger & Conley, 1991; Kinnunen & Mauno, 1998; Perrewe, Hochwarter & Kiewitz, 1999). Although this is the currently dominant perspective regarding the link between work and family, it is not the only connection. A number of recent studies have emphasized on the positive side of combining roles (see Aryee, Srivinas & Tan, 2005; Clark, 2000; Greenhouse, Collins & Shaw, 2002).

Recently, researchers have also considered the role of personality factors on women's well-being. For example, Carlson (1999) found that negative affectivity was directly related to greater work-interfering-with-family (WIF) conflict. Noor's (2003) study suggested that neuroticism and extraversion are implicated differentially in the complex pathways by which work and family variables influence outcomes. Whereas neuroticism had a direct positive effect on distress symptoms, it also influenced well-being indirectly via work-family conflict. Extraversion, however, had a direct effect on job satisfaction. These studies consider other variables besides role experiences; thus providing a more comprehensive picture regarding the predictors of women's well-being.

Women's changing role

The Malaysian population comprises a mixture of Malays (65.1%), Chinese (26.0%), Indians (7.7%) and others (5.9%) (Population and Housing Census, 2000). In all the three groups, socialization of males and females adheres strongly to traditional

cultural values, where males are trained to be independent and assertive with females being effeminate and polite. In addition, both are assigned different roles that fit their culturally defined moulds, with men being responsible for the 'outside' world and women the 'inside' world. There are, however, some differences in the three groups with regards to the position of the women. The traditional Malay women, as compared to the Chinese and Indians, are more independent (they can own land under the Customary or *adat* law) and enjoyed more economic autonomy (Reid, 1988; Winstedt, 1961).

Malaysia's Independence in 1957 paved the way for women to gain access to education and consequently to their participation in the labor market. Currently 48% of 11.4 million women are in the working age population of 15-64 years where they represent a third of the overall labor force participation in Malaysia (Eighth Malaysian Plan, 2001-2005). The majority of women work in traditionally female jobs such as nursing, midwifery and teaching or are employed in the service and manufacturing sectors. The number of those who entered male-dominated professions (medicine, architecture, accounting, and engineering) is still small, though growing rapidly. Most women remain clustered in the middle or lower ranks of their profession and are usually alienated from administrative and managerial positions, which are more demanding, requiring more mobility and physical prowess (Mamat, 1991). Despite the obstacle in gaining high positions in the workforce, the number of women employed has increased significantly since Independence and many are also active in the wider socio-political area.

Although currently many women are employed, this does not necessarily mean that their household responsibilities and duties have declined. The contemporary Malaysian women have to juggle a complex constellation of roles: managing the household, caring and rearing the children, working outside the home, taking care of elderly parents/relatives, etc. Demands arising from the many responsibilities inside and outside the home create tension and to some extent, may be stressful for women, as they may no longer be able to rely on the usual source of family support (such as the extended family).

Roles, however, are not static. For example, a 30-year old woman may have to constantly juggle between her work and her children. But, as she gets older her role experiences are bound to change, with children being more independent and work getting more established. In addition, other roles may become more dominant in later life, such as having to care for an elderly parent. Thus what is important is not any one particular role, but the entries and exits of these roles over the adult years, and their timing in relation to a woman's age and other roles she may occupy. These entries and exits of roles may affect her health and psychological well-being (Moen, 1998). This life-course perspective may provide a better picture regarding the links between woman's life history and the contexts that shape, and are shaped by her (Elder, 1996; Moen, 1998).

The life-course perspective considers the relationship between multiple roles and well-being by focusing on continuity and change across the life span (Moen, 1998). It integrates the role-strain and role-enhancement perspectives of multiple roles and considers number of roles involvements, their nature, circumstances and patterning over the life course. Thus, whether multiple roles have deleterious or beneficial effects on women's health depends on their timing and the contexts in which they occur. The challenge then, is to delineate the many life patterns of women and to ascertain which of these are the most adaptive. At the same time, it should be recognized that what may promote health at one life phase may or may not be able to do so at a later time.

Work and family roles in relation to women's well-being: Findings from Malaysia

Due to the dearth of information on the psychological outcomes of combining work and family in Malaysia, three studies were carried out and the main findings are reported here. The complete studies can be found in several articles/reports (Noor, 1999a, 1999b, 2001a, 2001b, 2004, 2005, 2006a). While the first two studies were funded by the Ministry of Science, Technology and the Environment (now known as the Ministry of

Science, Technology and Innovation), under the IRPA scheme, the third was sponsored by Unilever Malaysia (2006b).

Study 1

The aim of the study was two-fold: to examine the relationship between women's roles (work, spouse and parent) and their well-being (happiness and symptoms of psychological distress): and to examine the extent to which social support (work and non-work sources of support) and personality (neuroticism and extraversion) act as moderators of relations between roles and well-being.

In a sample of 380 full-time employed women (Malays, $N = 288$; Chinese, $N = 92$), the author found that occupying work and family roles simultaneously affected women's well being. Experiences within the work and spouse roles predicted happiness and distress directly and indirectly via work and spouse satisfactions, respectively. These role experiences also led to conflict between work and family demands; women reporting overload and marital problems, lack of spouse support and low scores on positive mother experienced more conflict between their work and family. This conflict, however, did not influence their general level of well-being, suggesting the presence of some factors that may help them. Furthermore, negative mother-role experience was associated with lower happiness scores and higher distress scores. However, when prior mental health was taken into account, only the work-role experience of autonomy predicted distress.

Second, the relationship between roles and well-being may be modified by certain personality and environmental variables. For example, the effect of low job autonomy on happiness was moderated by extraversion and high non-work sources of support (from spouses, friends and relatives).

Interestingly, when the two races were examined in more detail, differences and similarities were found with respect to women's preference to work, their husbands' preference for them to work, reasons for working, importance of work and family, etc. Chinese women's preference to work was significantly higher than the Malays. They also reported that their husbands preferred them to work as opposed to not working, markedly more than the Malays. In terms of reasons for working, while the Malays ranked economic needs as being more

important (with 42.4%) followed by interest (26.5%), there was not much discrimination between these two factors in the Chinese (35.1% choose economic needs and 34.1% opted for interest). Both, however, choose the family over work, if forced to make a choice between the two.

Although the predictors used in the study did not explain for high variances in the well-being measures, they were comparable to the ones obtained by Lu (1995) in a Taiwanese sample. At the same time, there may be other aspects of life that were not considered by the study which may be better predictors of these women's well-being. As observed in the women's subjective responses, many of them may be 'protected' from adverse role experiences by certain elements within their culture. For example, many of the women reported that religion played an important role in their lives, and this factor (as well as other unidentified ones in their culture) acting as moderators in the relationship between roles and well-being, may partly explain the small variance observed in the well-being measures. However, it should also be noted that as a country becomes more industrialized and 'Western', traditional and cultural expectations may to some extent be eroded and the once protective environment may no longer be able to shield individuals from the pathology within their own culture.

In another write-up, using only Malay women with children, the author (Noor, 1999b) considered the relationship between number of children, marital quality and women's distress. Because children are still valued in the Malay culture, in contrast to the West, number of children did not predict women's distress. However, having children was associated with more overload and conflict due to increase demands. The results also showed that support from spouses moderated the relationship between number of children and women's distress, such that those with low spouse support reported higher distress symptoms. The number of children, in contrast, did not affect those with high spouse support.

These findings reinforced the results of Western studies in that the relationship between roles and well-being is complex. Combining work and family increases demands in terms of workload, conflict, less control, marital and parental problems leading to decreased well-being, but there may be factors within the

environment that may assist women in dealing with the stressful role situations. One example that has been mentioned by the women is their religious beliefs. Religion is part and parcel of Malaysian women's lives and this is reflected in their responses. Religion may help women to cope with adverse life situations and it has also been shown to have both direct and moderator effects on health (see Ellison et al. 2001). Another factor is the personal resources that women bring with them into the roles; personality factors like locus of control of control, neuroticism or negative affectivity may directly or indirectly influence the way they perceive and deal with their roles. Other factors also need to be taken into account because women's roles do not occur in isolation of their other relationships such as with work colleagues, friends, and family. Figure 1 tries to tie all these factors together to explain for the relationship between roles and well-being. This model was tested in an English sample and the findings do support the predictions made (see Figures 2 & 3, Noor, 2003).

Figure 1: The relationship between roles, personality, social factors and well-being

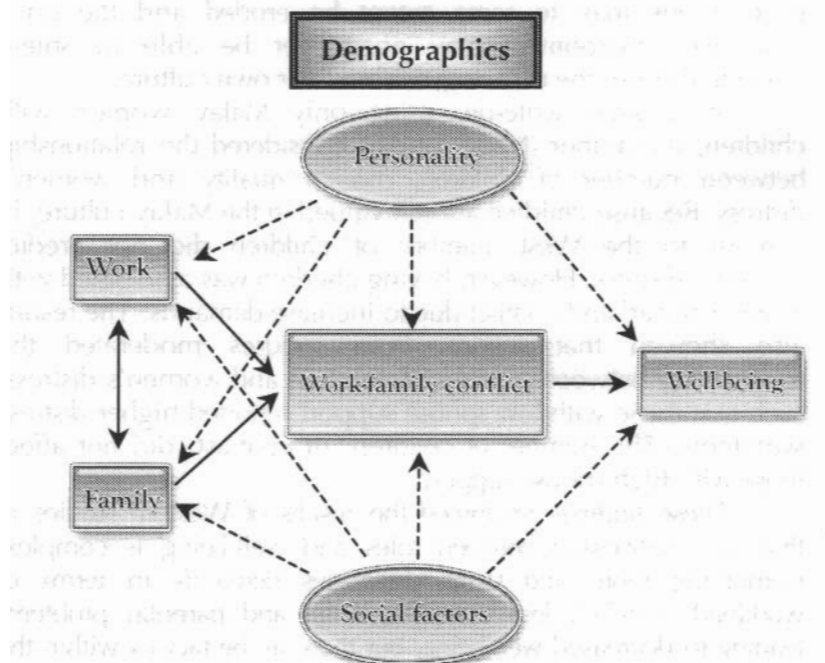
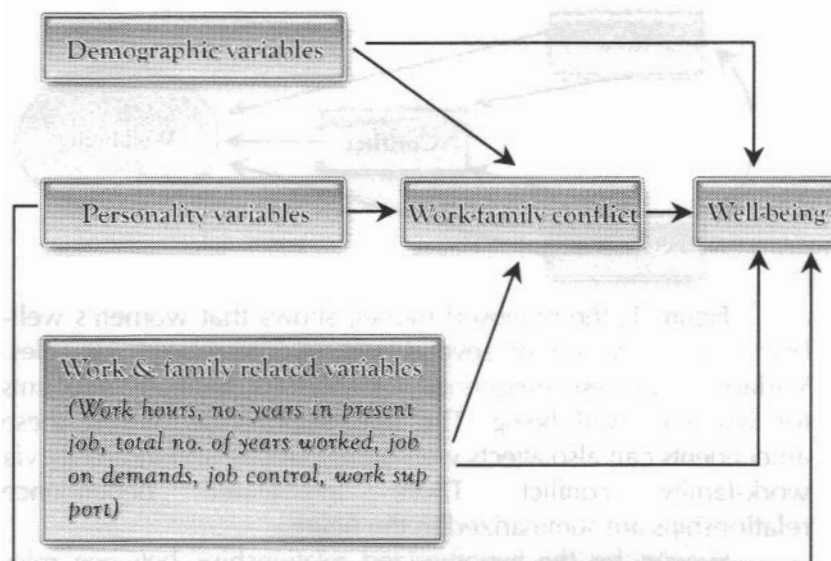


Figure 2: A model of the hypothesized relationship



Study 2

Study 2 extended the findings of the Study 1 in examining the determinants of Malaysian women's well-being. Specifically, the author statistically validated a theoretical model of women's roles and well-being; examined this model using a life-course approach to roles and well-being.

Using a similar model as the one in the 2003 study on English women, structural equation modeling (SEM) was used on a sample of employed Malaysian women to validate the proposed model (the 2003 study used only path analysis).

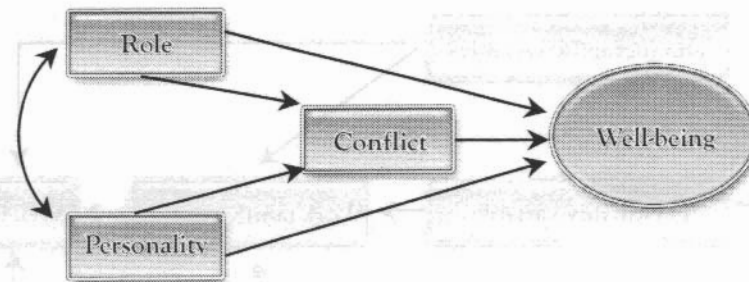
Figure 1: Theoretical model of reported well-being

Figure 1, the proposed model, shows that women's well-being is a function of several sets of interrelated variables. Variability in these exogenous variables substantially accounts for women's well being. The interrelationships among these antecedents can also affects well-being directly and indirectly via work-family conflict. These interrelated dependence relationships are summarized in the figure.

Support for the hypothesized relationships between roles and well-being comes from studies of multiple role experiences in relation to well-being (e.g., see review by Barnett & Hyde, 2001,). The role of personality factors on women's well-being, on the other hand, is less well documented. Carlson (1999) found negative affectivity to be directly related to greater WIF conflict. Noor's (2003) study suggested that neuroticism and extraversion are implicated differentially in the complex pathways by which work and family variables influence outcomes.

Many studies have viewed work-family conflict as a mediator between work and family variables and well-being (e.g., Aryee et al., 1999; Frone, Russell & Cooper, 1992; Noor, 2003). In addition, other studies have shown that work and family conditions alone do not account for much variance in overall well-being (e.g.. Amatea & Fong, 1991; Noor, 1996) suggesting that there may be other processes at work, and one that has been examined is this intervening role of work-family conflict. Therefore, the proposed model assumes conflict to act as an intervening variable between both personality and role variables and well-being.

The sample of 389 employed Malaysian women was distributed as follows; 30.1% were between 20 and 29 years (Group 1), 37.5% between 30 and 39 years (Group 2), 26.3% between 40 and 49 years and 6.1% between 50-59 years (Group 3). While the majority was made up of Malays (92.5%), the remaining consisted of Indians (4.6%) and Chinese (2.9%).

Three models were identified *a priori*: Model 1 (a *path model* containing the nine manifest variables; distress symptoms [GHQ], physical health [PH], life satisfaction [LIFE], roles [WE, EM, EC], conflicts [WIF and FIW], and personality [NA]); Model 2 (a *latent variables model* where three measurement models, each of which attempted to extract a latent variable, were established in the specification. The first measurement model, labeled as *health*, explaining the variability in GHQ, PH and LIFE was hypothesized to represent participants' reported well-being. The second latent variable, *conflict* represented the underlying factor for WIF and FIW. The third latent variable, *role* accounted for the variability in WE, EM, and EC); and Model 3 (manifest wellbeing, where this model is similar to Model 2, except for the use of manifest variables GHQ, PH, and LIFE to represent participants' well-being).

The three hypothesized models were estimated using the data collected from the total sample (N= 389 respondents). Table 1 contains the indices for the assessment of the goodness of fit of the models.

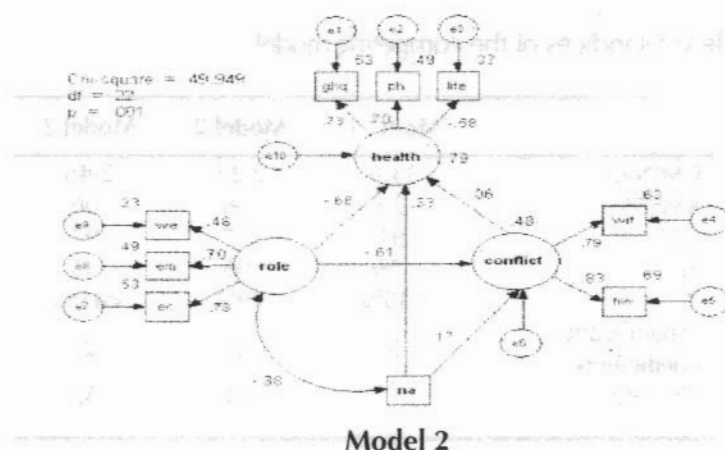
Table 1: Fit indices of the competing model

	Model 1	Model 2	Model 3
CMIN/df	33.6	2.27	2.45
RMSEA	.29	.06	.06
GFI	.91	.97	.97
TLI	-.09	.96	.95
R ²	<35%	79%	<45%
Insignificant coefficients	5	1	2
PRATIO	.17	.61	.52

Model 1 is a path model containing only manifest variables; Model 2 includes three underlying constructs i.e., well-being (health), roles and conflicts; Model 3 contain only underlying constructs i.e., roles and conflicts.

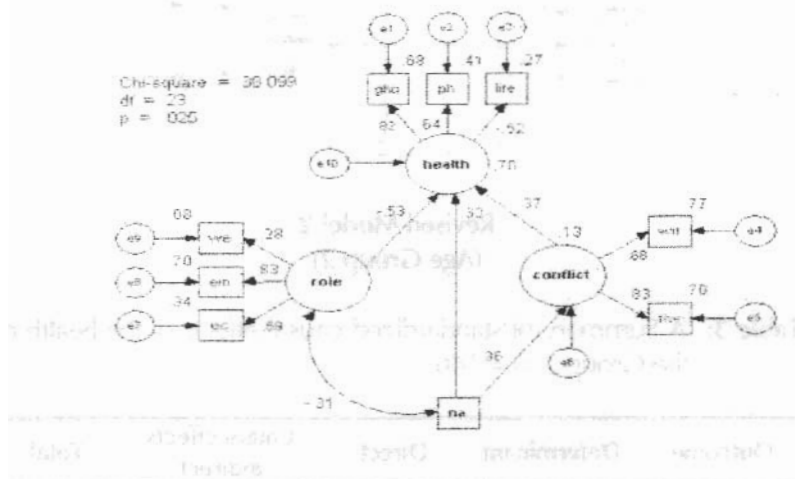
The results showed that of the three models, the model with latent variables best fitted the data. Therefore, in terms of women's well-being, both roles and negative affectivity influenced women's health directly and indirectly via conflict (see Figure 2). This finding extended Noor's (2003) study by showing that when all the variables are considered simultaneously, the latent variables model (where health was explained by the variability in distress, physical health and life satisfaction; conflict by WIF and FIW; and role by work, marital and mother-child experiences) was superior to the path model with the nine manifest variables (Model 1) or the combination of manifest and latent variables (Model 3). Thus, when considering women's well-being, it makes more sense to consider roles as accounting for the variability in the three most important areas of their life (work, marital and parental domains), rather than to consider only experience in one specific domain. Similarly, well-being or health refers to variability in symptoms of psychological distress and physical health, as well as life satisfaction.

Figure 2: Estimated model 2 (N = 389)



Once the proposed model was supported by the data (Figure 2), it was then tested on each of the three groups of women to estimate the likelihood of the theoretical model of perceived well-being in these three age groups.

Figure 3: Revised model ($n = 117$)

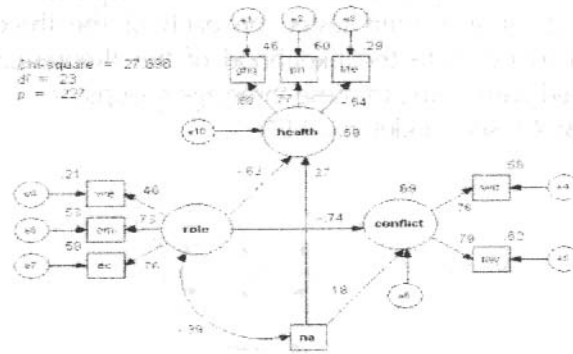


**Revised Model 2
 (Age Group 1)**

Table 2: A Summary of standardized causal effects of the health of the Group 1 ($n = 117$)

Outcome	Determinant	Direct	Causal effects indirect	Total
Health	Negative Affectivity	.325	.132	.457
	Role	-.529	-	-.529
	Conflict	.367	-	.367

Figure 4: Revised Model 3 (n = 146)

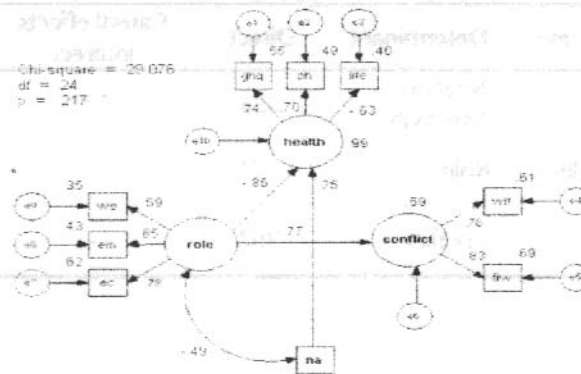


Revised Model 2 (Age Group 2)

Table 3: A Summary of standardized causal effects of the health of the Group 2 (n = 146)

Outcome	Determinant	Direct	Causal effects indirect	Total
Health	Negative Affectivity	.269	-	.269
	Role	-.622	-	-.622

Figure 5: Revised Model (n = 126)



Revised Model 2 (Age Group 3)

Table 4: A Summary of standardized causal effects of the health of the Group 3 ($n = 146$)

Outcome	Determinant	Direct	Causal effects indirect	Total
Health	Negative Affectivity	.245	-	.245
	Role	-.850	-	-.850

The study showed that a life-course approach in considering women's roles and well-being is more meaningful because the determinants of women's well-being are not the same for the three different age groups. As can be seen from Table 2 and Figure 3, for women in the 20-29 age group, the direct predictors of health were roles, conflict and NA. NA also showed an indirect effect on health via conflict. No direct effect of roles on conflict was observed; implying that for this group of women, their role experiences did not influence their conflict levels. This is not surprising considering that many women in this age group are either single or just married (with an average of one child) where conflict between work and family is still minimal. These determinants accounted for 76% of the variability in women's perceived well-being.

For women in Group 2 (aged between 30-39 years), both roles and NA had direct effects on well-being. Although roles and NA also directly determined conflict, conflict was not predictive of women's health (Table 3, Figure 4). In contrast to Group 1, women in this group are raising children while at the same time being involved in their jobs; therefore conflict between work and family is inevitable. However, although women in this group reported experiencing conflict, it did not implicate upon their health. These women may have developed certain coping strategies to handle their current situation. These two determinants (roles and NA) explained for 59% of the variance in well-being.

In Group 3, while roles directly predicted conflict and health, NA only had direct effect on health (Table 4, Figure 5). Similar to Group 2, although roles had direct effect on conflict,

conflict was not predictive of health. Conflict between work and family roles may change over time and women too may become better at dealing with these changes. Therefore, for women above 40 years, health was influenced by role and negative affectivity. These two determinants accounted for 99% of the variance in perceived wellbeing.

As expected, roles accounted for the largest amount of variance in the well-being or health of the three different groups of women. During the age groups considered in the present study, work, marriage and parenting are the three most important social role domains. Although women differ in the exact timing of when they take on work responsibilities, form committed partnerships, and nurture children, there are normative age ranges for these roles. Usually, most women enter new jobs in their early 20s and begin advancing in their careers thereafter, marry in their mid to late 20s and raise children in their 30s. In the 40s and beyond, children are more independent, work more established and women also have more time to themselves. What is important is not any one particular role, but the entries and exits of these roles over the adult years, which may impact upon her health and psychological well-being (Moen, 1998). As found in the present study, there are indeed differences in the determinants of women's well-being in the three age groups.

In all the three age groups, NA seems to be pervasive, influencing conflict and health. NA, a relatively stable personality trait that leads people to emphasize the negative side of their experiences (Watson & Clark, 1984), has been shown to influence the stressor-strain relationship in several ways; as a confound, a moderator, or simply having direct effects (see Burke, Brief & George, 1993; Moyle, 1995). Among these effects, the direct effect of NA on strain symptoms is the strongest (Moyle, 1995). This can also be observed in the present study, where in all the three groups, the direct effects of NA on health were observed. The indirect effect of NA on health was only seen in Group 1. As a personality trait, NA is a personal resource that women brings with them into their environment and it should be included in models of women's roles and wellbeing because it colors their perceptions of their reported role experiences and health outcomes.

Study 3

The objective of this study was to examine Malay women's perception of progress via considering their achievements and aspirations (perception and extent of achievement, changes in aspiration over time), progress (definition, factors that facilitate and hinder progress), priorities in life, empowerment, role models, etc.

One thousand Malay female respondents from all the states in Malaysia and the two federal territories (Kuala Lumpur and Putrajaya) were selected. As respondents ranged from 15 to 67 years old, they were categorized into four age groups; 15-19 years (13%), 20-30 years (34%), 31-45 (34%), and 46 years and above (19%). While 55% of women were married, 40% were single and the rest either divorced or widowed. Both quantitative and qualitative methods were employed in the study.

With respect to perceptions of achievement, the results showed that even with employment, Malay women were still perceived to be primarily responsible for the home and children. In reality then, they had two jobs; inside and outside the home. This may be one reason why many are quite satisfied to remain where they are in their present work situation although they could do and achieve more; they just do not have the time nor the energy to do both equally well and this coupled with traditional expectations (such as however high a woman's education is, her place is still in the kitchen) stop them from progressing in their career. Thus, though these women mentioned success and a happy family as their main aspirations in life, these to an extent were constrained by their multiple role demands.

The results also showed that women's aspirations changed over time. Women aged 15-19 years highlighted education as their main aspiration. Those in the 20-30 age group identified education, work and family; this is the time when they start their first job, get married and have a family. For those who were not employed, they would also be considering marriage and family. Most women in the 31-45 age group was either combining work or family roles or staying home taking care of the children. The

results showed that this group of women was overwhelmed with their current situation and was the least happy and optimistic compared to the other groups. This is probably due to the high demands made on them during this period such as taking care of young children, the home, husband, as well as requirements of the workplace, exposing them to experience overload and conflict. The oldest group of women (46 years and above) were positive, hopeful and satisfied; family, work, self and economic situation were highlighted as important. Many of these women mentioned that they had achieved what they aspired for in life; children were grown-up and financially independent and contributing money to them, they had more time to spend on religion and were generally happy.

The results also indicated that the majority (65%) mentioned they had yet to achieve their aspirations and cited family, work/career, economic woes, opportunity, and self as factors preventing them from doing so. In addition, as most respondents were aged less than 46 years, it is to be expected that they are yet to achieve their aspirations. For the 15-30 age groups, they still have a long way to go before they can achieve their life goals while those in the 31-45 age group are overwhelmed with getting through the daily juggling between work and family commitments. However, these women still have ample time to achieve what they want given the opportunities.

Results showed that the three main indicators of progress identified by these women were successful children, academic achievement and income. These indicators were in line with the responses given for their aspirations. To succeed, academic achievement is required and money/income can make this possible. As mentioned earlier, success for women includes not only them having successful jobs, but also to have successful children. Thus, for Malay women, progress and aspirations seemed to go hand in hand.

Family members, especially parents, husbands and children provided the much needed support (both financial and emotional) to help women in their progress. This may also be a reason why many women chose family members as their role models.

In contrast, the factors mentioned as hindering them from progress were lack of opportunities, money and qualification (low education). Money, it seems picture in many situations. Without money, education and opportunities are indeed limited and women recognized this. Women overcome these hurdles to progress by using strategies that enable them to manage their demands well; i.e., 63% indicated that they overcome their obstacle by proper self-time management. This is important for women because they need to balance their time and energy well in their multiple roles as employee, wife, mother, daughter, caretaker, etc. This multitasking has been shown to be integral to women's survival especially in the present time where they need to play many roles. The other strategy used was to talk/discuss their difficulties with others.

For women, support from husbands is important, more so when they are employed. In Malay families as shown by the study, although men are no longer the sole bread-winner, they are still regarded as head of the family. In this situation where patriarchy still prevails, having an employed wife can be seen to undermine the man's authority and masculinity. This situation is more profound in rural women where they are still expected to follow traditions and once married to be subservient to husbands.

A woman's employment also may alter the relationship with her husband. As she now contributes financially to the family, she expects a larger share in the family's economic decisions. Either spouse may welcome or fear this increased 'power'. Her additional role also leads her to expect her spouse to assist with the household tasks and care of the children, but husbands may not want to do so to assert their position in the family. Having said this, Malay men nowadays are participating more at home compared to their forefathers.

The results also showed that Malay men were generally perceived as supportive by Malay women, both at home and at work, implying that they are receptive to women's progress. With respect to women leaders, respondents were mostly favorable to them as lady bosses were perceived to be meticulous, concerned, open-minded and protective of their

subordinates; with the exception of one attribute, fussiness ("cerewet").

A major challenge facing employed women is the lack of fit between the supports offered by social institutions (e.g., workplace, community) and demands of the family. In Malaysia, although 48% of women are in the working age population of 15-64 years, they only accounted for a third of the labor force (Eighth Malaysia Plan, 2001-2005). Despite calls by the government, this number has not increased much in the last decade.

One of the reasons for this is due to the fact that workplaces and government are not seen to be doing enough to help employed women. For example, to encourage women with families to work, the government introduced flexible working hours under the Employment Act of 1955 (amended in 1998) with benefits to be paid to part-time workers proportionate to that of full-time employees. In reality, however, many workplaces do not recognize part-time work. Those employed part time are usually disadvantaged (e.g., benefits are usually not recognized, no opportunity for advancement or promotion, tasks given are usually routine and unchallenging) and as a result, they would rather not be employed. Furthermore, many workplaces are not seen to be "familyfriendly" (e.g., workplaces that provide for flexible work arrangements, provision of child/elder care referrals and centers, etc.).

Education has given women access to jobs outside the home, and consequently to economic independence. With these come empowerment and progress and as found in the study, education was the one of the most important factors identified by women for making this possible. With respect to what they want in life, Malay women took a holistic approach in considering the family rather than themselves. However, they are still constrained by their traditions in their lives and these may not necessarily be positive.

Implications of the findings from the studies

The findings from Study 1 indicated that there are similarities and differences between the Malaysian and western samples. For

example, of all the role variables, only work autonomy was found to influence both positive and negative affect, after taking into account of prior mental health. The importance of this factor in this group of women is consistent with a growing body of literature that has shown this job characteristic to be central to individuals' psychological well-being (e.g., Karasek & Theorell, 1990). In contrast to many western studies, the findings in Study 1 did not find overload to be related to women's distress. However, in Study 3, using open-ended question overload was found to be reported mostly by women in the 31-45 years age group. By considering women together as done in Study 1, the effect of overload may have been cancelled out by the younger and the older women. There may also be cultural differences between the Malaysian and western samples. In reality, combining work and family roles would pose just as much difficulties and challenges to Malaysian women as western women. However, due to their upbringing and socialization, the Malaysian women are more tolerant and accepting of their situation than their western counterparts. Duties and responsibilities must come before one's satisfaction and fulfillment. In contrast, western women are more open and will not tolerate doing more than what they perceive they should do.

As shown also by the results of Study 1, non-work sources of support (spouse, family and friends) moderated the work autonomy-happiness relation. Study 3 also found support to be extremely crucial for women to progress. For young unmarried women, parents were the most important source of support. For those who were married, husbands provided the much needed support. For those who were divorced or separated and the older group of women, support was provided by their children. These findings are similar to that reported by Billing and Moos (1982) and seem to reflect the importance of support by spouses and family members of employed women. This is more so in the Malaysian setting where cultural norms are ambiguous about allowing married women with children to work outside the home.

Study 3 indicated lack of opportunity as the most significant factor in preventing women from progress. However, it should be pointed out that there are a lot of opportunities

available, and that women must be aware of happenings around them and be resourceful in terms of finding, optimizing and making use of options. Women will inevitably experience overload and work-family conflict when they occupy these roles simultaneously, but whether they will be stressed out depends to a large extent on how they cope and handle the role demands. Being resourceful and having the proper skills like time management and assertiveness would help but these need to be learned and inculcated. Thus, women should not sit on their laurels but to avail themselves to education (both formal and informal) and training.

Although the model for Study 2 was drawn up on the basis of research carried out in the West, it is also applicable to women in Malaysia. Of course there are differences between these societies in terms of culture, religion, beliefs, etc, but the impact of occupying work and family roles on health is similar (see the study by Noor, 1999a). The study showed that a life-course approach in considering women's roles and well-being is more meaningful because the determinants of women's well-being are not the same for the three different age groups, where the concerns of women depend on their different life stages. Thus, when considering roles and women's well-being, one needs to consider multiple sets of variables (demographic, personality, role experiences, timing in women's lives, etc.) and how all these variables may impinge on well-being. Cultural factors would also be implicated when considering Malaysian women. And, as shown by these two studies, both similarities and differences are found when these results are compared to western ones.

In conclusion, the number of employed women (and dual-earner families) will keep on increasing. However, for many of these women, the extended family network and support are slowly being eroded. Reports of work-family conflict, childcare problems, overload, are also on the increase. Although the present studies showed that these women's well-being are still reasonably good, this may not continue for long given the changes taking place in society. As noted by Yapko (1997), cross-cultural data showed that as Asian countries westernized, their rates of depression also increased.

Thus, support from spouses, family and the community is very much needed to help women balance their roles.

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