

Multiple Roles and Women's Psychosocial Well-Being

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Abstract: A descriptive survey design was utilized to examine the relationship between multiple roles and the psychosocial well-being among non-academic female staff of a public university in Ghana. Purposive and simple random sampling methods were employed to recruit one hundred married working mothers as participants for the study. Questionnaires were used to collect data, which was analyzed using descriptive and Pearson Correlation statistics. The findings indicated a statistically significant negative relationship between respondents' psychosocial well-being and some childcare and household responsibilities. While romantic activities were inversely correlated with the psychosocial well-being of the participants, the relationships were not statistically significant. The findings reinforce the need for healthcare and other professionals, such as social workers to deepen their understanding of the effects of multiple roles on the psychosocial well-being of women who combine employment with parenthood and marriage.

Keywords: Ghana, multiple roles, psychosocial, well-being, working mothers

INTRODUCTION

Increasingly, women's joint role as wives, mothers and paid employees is becoming a global phenomenon. As a result, over the past three decades, a rising stream of research on the relationship between women's multiple roles and their well-being has sustained the interest of researchers due to the fact that an increasing number of women are performing these roles simultaneously (Green and Russo, 1993; McBride, 1988; Tang and Tang, 2001; Lahelma *et al.*, 2002). While women have taken on more masculine work roles, they continue to bear much of the responsibilities in their homes (Hochschild, 1989; Tang and Tang, 2001). Some professionals, especially mental health professionals have therefore shown concern about women's health and raised questions about whether they can handle the demands of multiple roles without negative consequences (Barnett, 2004). Nonetheless, the effects of multiple roles on women's well-being remain controversial since it is not clear whether the effects are favorable or harmful (Arber, 1991, 1997; Avison, 1995; Waldron *et al.*, 1998; Maclean *et al.*, 2004).

Extant studies suggest that whether combining employment, marriage, and motherhood is good or bad for women's health and well-being, the real worry is less about the multiple roles and more about the stress that married women with children experience when they become paid employees (Rubery *et al.*, 1997;

Lahelma *et al.*, 2002; Barnett, 2004). The assumption is that while marriage and motherhood are natural and for that reason not stressful, the role of a paid working mother is perceived as unnatural and therefore very demanding (Barnett). Whereas every mother is a working mother, mothers who work outside their homes with laid down bureaucratic procedures are likely to face challenges as they combine work with child nurturing (Tetteh, 2005) and other domestic responsibilities that may affect their use of time and energy.

Despite the fact that there is mixed evidence regarding the effects of various role combinations on women's health, the ability to balance these roles depend on the (a) nature of the role, (b) specific combination of roles and (c) socio-economic context of women's lives (Barnett and Marshall, 1991; Maclean *et al.*, 2004). According to Repetti *et al.* (1989), paid employment may positively or negatively affect women's health depending on their marital status, husband's contribution to home labor, parental status, and attitude toward employment and job characteristics. Also, different employment arrangements, such as part-time and full-time employment, may contribute to women's health in different ways (Lahelma *et al.*, 2002). As the relative importance of each factor differs depending on the characteristics of a woman and her job, the effect of paid employment on women's health may vary for different women (Repetti *et al.*, 1989).

Most often, women shoulder the responsibilities of work and family mostly on their own (Reskin and Padavic, 1994). Echoing her concern, Peters (1997) concludes that society has failed to modernize motherhood, restructure family and change along with the changing character of women's lives. In as much as paid employment offers a myriad of benefits, including increased income, better access to health care, contact with people who may offer social support and opportunities for enhancing women's self-esteem and self-control (Repetti *et al.*, 1989), yet, the traditional perception of women as mothers and homemakers is still the norm in many countries, including Ghana.

The Ghanaian context: To better understand the situation of Ghanaian married working mothers, it is vital to provide some background information on the status of women in Ghana. According to the 2010 population and housing census provided by the Ghana Statistical Service (2012), women constitute 51.2% of the total Ghanaian population of 24,658,823. The 2008 demographic health survey indicated that most Ghanaian women were married at one time or another in their lives and 54% of women between ages 25 and 29 years were married at the time of the survey (Ghana Statistical Service, 2009). Moreover, the 2010 population census provided by the Ghana Statistical Service (2012) revealed that more than 49% were rural dwellers with the majority being women, and about 38% of these women worked in the agriculture sector. Women in Ghana are economically active, most especially in the informal sector (Ardayfio-Schandorf and Kwafo-Akoto, 1990; Akyeampong, 2000).

As Manuh (1995) suggests, most Ghanaian women engage in productive activities, such as farming, processing and marketing produce, and trading in local and imported goods. The trader role, mostly within the food crops and textile sectors in Ghana has been constructed as female through the interaction between global historical forces and local social relations (Grosz-Ngate', 1997; Overa, 2007). However, whether employed or unemployed, Ghanaian women are regarded as homemakers and therefore are socialized to care for the home and particularly children. Usually, in the home, girls are taught cooking and housekeeping. In most Ghanaian homes, husbands and wives do not share housework and childcare duties because women are responsible for domestic activities and child caring.

In recent times, there has been a paradigm shift with an increasing number of Ghanaian women entering formal employment mainly through wage employment in the public sector or formal self employment. Social change has brought with it the active participation of women in formal sector

employment, due to higher education and economic necessity to support their husbands (Ardayfio-Schandorf, 1994; Tetteh, 2005). Once engaged in formal employment, women's workload reduce the available time for childcare and other demanding obligations, such as care for the sick or elderly (Amu, 2005). As most married women with children in Ghana spend greater part of their time away from home, they are forced to juggle the roles of career women, homemakers and child minders. In order to perform these multiple roles perfectly, these women may feel strained. However, this is considered normal because the Ghanaian society perceives marriage and motherhood as societal roles that require women's total commitment. For this reason, activities that take women away from their domestic duties are usually frowned upon.

The constraints generated as women struggle to combine employment with parenthood and marriage may negatively affect their psychosocial well-being. Based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), in this study, psychosocial well-being is defined as the absence of confusion, worry, sadness, guilt and the ability to participate fully in social events (American Psychiatric Association, 1994). Even though struggling to play multiple roles may leave most Ghanaian married working mothers with feelings of guilt, confusion and worry, not much research studies have explored the effects of multiple roles on working mothers' psychosocial well-being. The scanty literature available has mostly concentrated on women's participation in economic activities. This study however goes beyond current literature by examining the relationship between multiple roles and the psychosocial well-being of working mothers among non-academic female staff of a public university in Ghana. This is essential because increasingly, Ghanaian women are facing a dual burden of performing their major responsibilities for the household whilst engaging in paid employment. The following hypotheses guided the study:

- H₁:** There will be no statistically significant relationship between childcare responsibilities and the psychosocial well-being of married working mothers.
- H₂:** There will be no statistically significant relationship between household chores and the psychosocial well-being of married working mothers.
- H₃:** There will be no statistically significant relationship between romantic activities and the psychosocial well-being of married working mothers.

METHODOLOGY

Research design: This study examined the relationship between multiple roles and the psychosocial well-being of working mothers in formal employment. A descriptive survey design was employed to examine the relationship between the psychosocial well-being of married working mothers and:

- Childcare responsibilities
- Household chores
- Romantic activities

Participants: One hundred non-academic female staff were recruited via purposive and simple random sampling methods from various departments within a public university in Ghana as participants for the study. The respondents represent most professional women in formal employment within the Ghanaian public sector. The participants were married with one or more children below 12 years old. The ages of the respondents ranged from 25 to 57 years with a mean age of 41.16 years. Majority (96%) of the respondents had university degrees, while 3.0% had secondary level education. With regard to the number of children below the age of 12 years, 35% of the respondents had one child, 32.0% had two children, 19.0% had three children, 12.0% had four children and 2.0% had five children.

Twenty-six percent were teachers from the university's elementary school, 35% were administrative assistants, 17% were nurses and doctors, 10% were secretaries and 12% were made up of clerks, caterers and accounting assistants. Although this study focused on non-academic female staff of a public university, teachers from the university's elementary

school were included because by the university's organizational structure, these teachers are categorized as non-academic staff. Academic staff of the university is made up of teaching and research faculty at the undergraduate and graduate levels. The respondents recruited from the various departments within the university, represent the various professions of most Ghanaian women in the public sector.

Instrumentation: A structured self-administered questionnaire was used to collect data for the study. The questionnaire included questions concerning demographic information (age, education, number of children, work position or title), child care responsibilities, household chores and romantic activities. The consent of respondents was sought before the questionnaires were distributed.

Data analysis: The data was analyzed using descriptive statistics. Additionally, the statistical analysis for significance was done using Pearson Correlation Coefficient test. The hypotheses were tested at 0.05 significance level.

RESULTS

The results obtained from the Pearson Correlation statistics are presented in Table 1 to 3.

H₁: There will be no statistically significant relationship between childcare responsibilities and the psychosocial well-being of married working mothers.

As indicated in Table 1, helping child with homework, preparing child for school, escorting child

Table 1: Correlation coefficients of childcare responsibilities and the psychosocial well-being of married working mothers

Childcare responsibilities	N	Pearson's r	p-value	Sig. level	Remark
Helping with homework	100	-0.226	0.02	0.05	Sig.
Preparing child for school	100	-0.220	0.03	0.05	Sig.
Escorting child to school	100	-0.292	0.05	0.05	Sig.
Picking child from school	100	-0.024	0.01	0.05	Sig.
Preparing food for child	100	-0.345	0.01	0.05	Sig.
Sending child to healthcare facility	100	-0.070	0.49	0.05	NS
Preparing child to sleep	100	-0.039	0.71	0.05	NS
Dressing child up for events	100	-0.112	0.27	0.05	NS
Administering prescription drugs for child	100	-0.169	0.10	0.05	NS

Significant at 0.05; *: NS: Non-significant

Table 2: Correlation coefficients of household chores and the psychosocial well-being of married working mothers

Household chores	N	Pearson's r	p-value	Sig. level	Remark
Going to market for food items	100	-0.209	0.04	0.05	Sig
Washing clothes	100	-0.218	0.03	0.05	Sig.
Cooking	100	-0.277	0.08	0.05	Sig.
Sweeping and mopping	100	-0.252	0.01	0.05	Sig.
Ironing clothes	100	-0.174	0.09	0.05	NS
Cleaning bathroom and lavatory	100	-0.150	0.15	0.05	NS
Washing dishes	100	-0.097	0.35	0.05	NS
Dumping of refuse	100	-0.176	0.08	0.05	NS

Significant at 0.05; *: NS: Non-significant

Table 3: Correlation coefficients of romantic activities and the psychosocial well-being of married working mothers

Romantic activities	N	Pearson's r	p-value	Sig. level	Remark
Being with husband and doing things together	100	-0.740	0.47	0.05	NS
Listening, understanding and caring for husband	100	-0.012	0.90	0.05	NS
Expressing love through touch and caressing	100	-0.066	0.52	0.05	NS
Having sexual intercourse with husband	100	-0.069	0.50	0.05	NS

Significant at 0.05; *: NS: Non-significant

to school, picking child from school, and preparing food for child had a statistically significant inverse relationship with the psychosocial well-being of working mothers in the study. The associated *p* values of these activities were less than the preselected significant level of 0.05. Activities that had negative relationship with the psychosocial well-being of respondents but were not statistically significant included sending child to health care facility, preparing child to sleep, dressing child up for events, and administering prescription drugs for child. The *p* values of these activities were greater than 0.05.

H₂: There will be no statistically significant relationship between household chores and the psychosocial well-being of married working mothers.

Table 2 shows the relationship between household chores and the psychosocial well-being of working mothers. Household chores that had a statistically significant negative relationship with the psychosocial well-being of working mothers were: going to the market for food items, washing clothes, cooking, sweeping and mopping. This finding notwithstanding, there were other household chores that did have an inverse relationship with the psychosocial well-being of respondents but were not statistically significant because their *p* values were greater than 0.05. These were ironing of clothes, cleaning bathroom and lavatory, washing dishes and dumping of refuse.

H₃: There will be no statistically significant relationship between romantic activities and the psychosocial well-being of married working mothers.

The correlation coefficient values of the relationship between romantic activities and the psychosocial well-being of working mothers are presented in Table 3. As indicated in the table, all the romantic activities correlated inversely with the psychosocial well-being of the respondents but the results were not statistically significant since the *p* values were greater than 0.05. The romantic activities included, being with husband and doing things together, listening, understanding and caring for husband, expressing love through touch and caressing and having sexual intercourse with husband.

DISCUSSION AND CONCLUSION

Despite the fact that it is not a new phenomenon, in modern-day Ghanaian society, there is increased formal participation of women in diverse paid jobs. Thus, the importance of women's work outside their homes cannot be over emphasized due to the numerous benefits it brings to the family. As found in this study, the respondents represented various professions (i.e., teachers, administrative assistants, nurses, doctors, secretaries, clerks, caterers and accounting assistants). While Ghanaian women have engaged in economic activities since historical times (Ardayfio-Schandorf and Kwafu-Akoto, 1990; Nagatey, 1991; Manuh, 1995; Akyeampong, 2000; Tetteh, 2005), in contemporary times the number of married mothers who work outside their homes in various professions has increased considerably.

In this study, it was found that women's careers conflicted with traditionally feminine roles, such as housework and childcare. Depending on the ages and number of children in a household, these roles can be very tedious. The younger or the more children in a household, the more difficult it might be for a working mother to juggle multiple roles. According to Opong and Adepoju (1994), the continuous burden of unpaid domestic work, child bearing and child care restrict the time and energy available for working mothers to earn income and engage in other activities. Peters (1997) argues that work itself is not the problem but the constraints that are generated as working mothers struggle to combine employment with parenthood and marriage is what may negatively affect their well-being.

Although all the childcare activities inversely correlated with the psychosocial well-being of working mothers, specific activities that yielded statistically significant results were:

- Assisting child with home work
- Preparing child for school
- Escorting child to school
- Picking child from school
- Preparing food for child

The inverse relationship suggests that as working mothers do these activities, their psychosocial well-being decreases. This finding is not surprising because in the child-centered world of today, mothers all over

the world, including Ghanaian mothers are very concerned about their children's education and are therefore willing to support them to the fullest. Most married mothers in Ghana perform childcare activities single-handedly because these are considered feminine activities.

When mothers are not able to help their children with school related activities they may get worried, feel guilty and are likely to conclude that they have failed their children. Peters (1997) asserted that mothers play active role in their children's education in every area that would directly impact academic success. Mothers' involvement in their children's academic performance in contemporary society, Peters suggested, is so intense to the extent that they grade themselves according to their children's academic performance. Since mothers employed outside their homes do not spend much time with their children, they are often blamed for everything that goes wrong with the children. Preparing child for school had a statistically significant inverse relationship with the psychosocial well-being of the respondents probably because mothers get children ready for school and prepare for work at the same time and these activities could be difficult for working mothers to manage simultaneously. Simon (1995) notes that employed wives are likely to experience role conflict and feel guilty as they combine work and family and may also assess themselves as less successful parents and spouses.

In addition, the results of the correlation statistics revealed an inverse statistically significant relationship between mothers' psychosocial well-being and childcare activities of escorting and picking children from school. This finding suggests that balancing these roles with the demands of formal employment are challenging for the participants of this study. Mothers might be late for work after sending children to school and may also have to leave work early to pick children from school. Furthermore, preparing food for children had an inverse statistically significant relationship with the psychosocial well-being of working mothers. It is likely that working mothers cook before they go to work or rush home from work to cook for their children in order to ensure that they eat and go to bed on time.

Another finding of this investigation is the inverse relationship between working mothers' psychosocial well-being and household chores. Household tasks that yielded statistically significant results included going to market for food items, washing clothes, cooking, as well as sweeping and mopping. In a related study on work and family roles among Chinese living in Urban China, Lai (1995) found that both work and family roles had a relationship with women's mental health status. The results of the present study suggest that as

working mothers engage in these household tasks, their psychosocial well-being is negatively affected. Studies on employment and women's health indicate that heavy job demands may have harmful effects on women's health, such as fatigue, greater risk of coronary heart disease (Jenkins, 1982) and vulnerability to other physical and mental health risks (Repetti *et al.*, 1989).

Even as women have taken on more paid work roles outside their homes, they continue to shoulder much of the responsibility inside the home (Hochschild, 1989). As expected, some household chores could have harmful effects on the psychosocial well-being of working mothers because they are chores that demand time and energy and as a result, could make them feel worn-out as they combine them with career duties. Strong *et al.* (2001) conclude that household responsibilities make employed women work long days and nights and add considerable burden to their paid work, which may affect their well-being. Cooking for example, can conflict with women's job-related activities because it is normally done on daily basis and requires a lot of planning. Complicating the issue is the fact that there may be times that employed mothers would have to stay longer on their jobs to ensure that assigned tasks are completed or deadlines met. The majority of women in Ghana consider the performance of household chores as normal because females are socialized to take care of household chores while men are considered the breadwinners.

The distinctive contribution of this study to the plethora of studies on multiple roles and women's well-being is the finding that although all the romantic activities were inversely correlated with the psychosocial well-being of the respondents, the results were not statistically significant. The romantic activities comprise of being with husband and doing things together; listening, understanding and caring for husband; expressing love through touch and caressing; and having sexual intercourse with husband. Besides, the fact that pressures from paid employment may limit the time working mothers spend with their husbands, the romantic activities did not yield significant results because they were not regarded as stressful by the respondents of this study.

The results suggest that because romantic activities possibly bring couples closer socially and emotionally they could deepen intimacy and provide companionship and emotional support for both husbands and wives. Romantic activities are often regarded by working mothers as natural and expected traditional roles in Ghana. Compared to household chores and childcare duties, most married women may not complain about romantic activities because they are considered normal traditional roles that should be performed by wives.

While people can be hired to assist with household chores and childcare activities, romantic activities, especially sexual intercourse must be performed by married women. In traditional Ghanaian society, married women are expected to satisfy the sexual needs of their husbands.

Certainly, this study on the effects of multiple roles on the psychosocial well-being of working mothers in Ghana is useful because it fosters a broader understanding of specific activities that are likely to be harmful to women's psychosocial well-being as they combine employment, marriage and motherhood. The findings revealed that respondents had varied demographic backgrounds. This is essential because effects of multiple roles on the well-being of women employed outside their homes depend on different factors, such as the number of children, ages of children, type and specific characteristics of the job and the level of social support at home and work.

Evidence from existing research indicates clearly that the effects of multiple roles on women's well-being remain divisive. There is general agreement that juggling multiple roles could have both beneficial and harmful effects on the well-being of working mothers. In this study, although the findings indicated an inverse relationship between working mothers' psychological well-being and childcare responsibilities, household chores and romantic activities, some activities did not have statistically significant effects on respondents' psychosocial well-being. These findings suggest not only the need for specific interventions, but also interventions that consider socio-economic backgrounds and cultural differences because some activities might be stressful for particular married working mothers. Given that societal perception of women's productive and reproductive roles influence their involvement in formal employment, understanding the experiences of married paid working mothers has the potential of providing vital insights into the challenges faced by this group.

Although juggling multiple roles often results in role conflict, women can be successful as wives, mothers and employees if social service professionals, such as social workers, counselors, psychiatrists, and psychologists, assist married working mothers to have an in-depth understanding of their responsibilities regarding career and other life choices. Additionally, considering that Ghana has not done much to (a) modify family roles to reflect the changing nature of women's lives and (b) reduce the challenges working mothers encounter as they juggle multiple roles, family friendly policies and structures would go a long way in enhancing working mothers' psychosocial well-being. As well, social support from spouses, extended family,

friends, governmental and non-governmental organizations would be useful. We therefore conclude that if working mothers are offered flexible work schedules, affordable childcare services and assistance with household chores, they will be healthy and can contribute effectively to the development of their families, communities and nations.

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