Research Report

# Multiple Roles of Thai Wives and their Perceptions of Depression

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【Abstract】

A descriptive cross-sectional correlation research study examining how Thai wives perceive their work roles, how they cope with multiple roles and depression using self-reported data was conducted on 300 working married Thai women, ages 25 to 55, living with husbands and working at least 20 hours／week living near Chiang Mai, Thailand. Relationships between work roles, coping strategies, and depression were examined using SPSS correlational analysis on the following four scales: Sex Role Orientation (ISRO) Scale, Coping with Role Conflict Scale, Division of Household Labor Scale, and Center for Epidemiological Study-Depression (CES-D).

Result showed no statistically significant relationships between education, number of children, and income with depression or between wife's work role, working role and coping strategies and depression. Sex roles and depression, however, showed significant factors. Women who perceive satisfaction from being a mother exercised housework as a priority. Similarly, when coping strategy was implemented as a priority, wives had lower levels of depression.

Thai wives who perceived motherhood and careers as incompatible tend to have higher levels of depression.

【Key words】  multiple roles, coping strategies, depression, work role, working married Thai women

## Literature Review

Many countries have exhibited patriarchal cultural patterns for centuries. Differences in gender are noticed as they are taught through education, employment, and other various social functions. Because many of these cultures have now switched from an agrarian to an industrial based society, more women are needed as workers in different areas of employment outside of agriculture. It is found that women aged 25-54 are found in about 2／3 of the current labor force[1]. Thailand is no different from other developing countries where women are now drawn to various types of work outside the home. Since women have higher levels of education, they are more valued for their careers[2]. A survey from

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ESCAP[3] found that 45% of Thai women are in the labor job market[4].

Even though women have more freedom and value their work outside the home, expectations of women taking on the role of wife, mother, and employee still remain unchanged[5]. Working wives must play the roles of housewives and work outside the home. Household work, including taking care children, has become considered to be a woman's responsibility while the responsibility of their careers is a further work role and an added responsibility. Because of the added responsibility of work outside the home, women now have to perform all obligations within a limited time frame with the final outcome being difficult to accomplish[6, 7]. Numerous responsibilities, both inside and outside the home, are an overwhelming burden for working wives. Research has also found the dual roles to be incompatible with each other[8]. This causes the feeling of role conflict and role strain[9, 10, 11]. The need for effectual coping strategies to help resolve their challenges is not withstanding. Unfortunately, the opposite is also true; ineffective coping causes role conflict. Women may appear as fatigued, discouraged, feeling of hopelessness, sleeplessness, and negative in their cognitive nature. These symptoms are called depression[12, 13, 14, 15].

There are a number of studies concerning gender and roles in Thailand. Depression is another area of interest that needs exploration. Currently, studies of depression tend to be conducted on research topics relating to women with health problems or pregnancy, relationships of depression in post delivery women, women and cancer, elderly women, etc. The focus on healthy women with multiple roles and depression, as of yet, has seen little in the way of meaningful research in Thailand.

Previous studies of this research's nature of depression have been conducted by using different depression instruments. For example, Depression of Zung, Richards, Short[16], the Beck Depression Scale[17], and the Center for Epidemiological Studies Depression Scale (CES-D)[18] have all been used to measure depression. Many studies found a relationship between multiple roles and depression[19]. Similarly, Cain[20] found that 59% of working women developed stress from insecure occupations. Studies in Korea also pointed to the conflicts between married women and their occupation/housework responsibilities [21, 22, 23, 24, 25, 26].

In complete contrast, some studies found that there was no difference in depression between employed or unemployed wives, nor could it be pointed out that the roles of motherhood affected depression[27, 28].

In short, depression in women is both refutable and inconclusive due to the shear difficulties of the subject matter and the complicated nature of working women and the overlapping multiple roles culture places upon them.

This research generated 4 specific questions to look at. These specific research questions are as follows:

1. What are the relationships among education, number of children, and income of Thai wives and depression?
2. What is the relationship between percep-

tion of the wife's work role and depression?

3. What is the relationship of perception of the wife's work role and coping strategies?

4. What are the relationships between coping strategies and depression?

## Method

### Design

A cross-sectional survey research in the form of a questionnaire was used to gather self-reported data from working, married Thai women regarding their perceptions of their work role, their strategies for coping with multiple roles, and their levels of depression. The sampling was conducted for the ease of the examiners as well as for gathering the data. The relationships between work role, coping strategies, and depression were then examined using a statistical analysis software called SPSS version 10.0 for multiple regression analysis. Power analysis revealed that a population of at least 258 participants would be adequate to detect relations among variables[29].

### Setting

The study was conducted in Chiang Mai, a major town in the northern part of Thailand. The data comes from people living in and around Chiang Mai.

### Population and Sample

The population consisted of married Thai women who resided in or around Chiang Mai, Thailand. The selection criteria was that the participants must be married, literate Thai women, ages 25 to 55, living with their husbands and working at least 20 hours a week at the time the questionnaire was completed. Two trained examiners who were given permission to enter a factory where women from many areas around Chiang Mai worked conducted the sampling. Letters for volunteering for this research where then handed out to all female employees. Volunteering for the research was evidence of the subjects' consent. Volunteers where then screened to see if they fit the research parameters. The first 300 participants who fit the parameters were then chosen for the project. Unanswered questions were given back to the participants and were further explained by the two examiners how to finish filling out the questionnaire.

### Instrument

A questionnaire produced by Um & Dancy[26] at Ewha Womans University, College of Nursing Science, Seoul, South Korea was used to measure wives appraisal of their work role, coping strategies, and depression. It was reconfigured for ease of usage and translated from English to Thai and back translated again to validate the instrument. Ethical issues were discussed with an expert panel of professionals and permission given by this governing board to proceed with the research was granted.

A pilot study was conducted with 30 prospective employed women with a reliability outcome of 0.87. A limit of 300 female participants was then set. The promise of anonymity of all participants for their information was guaranteed. Further privacy was assured by

the researcher not knowing who participated and did not take part in the sampling. Inclusion of participants in this study showed their consent. Data collection was completed within 5 months of the starting date that was from late 2003 to early 2004. The compiling of the data was done by the main researcher. Answers were in Likert type scales so no back translation was needed on any of the answers.

(See the Appendix A for the name and address if you wish a copy of either the English or translated Thai versions of the questionnaire, Appendix B for permission to use the four testing instruments and Appendix C for a brief explanation of the four testing instruments)

## Results

Data was gathered and used from all 300 interviewed participants in Chiang Mai, Thailand and was analyzed using SPSS version 10 for PC computers. Demographic variables were presented as numbers and percentages for the mean, standard deviation for age, number of children, and income. The other independent variables: perception of multiple roles, coping strategies, and the dependent variable as depression were analyzed by factor analysis and multiple regression.

It was found that 42% had high levels of education, 87%, were living in their own homes, 96% were Buddhists, 50.3% were employed at manufacturing companies with most of them earning over 15,000 Thai Baht/month (Table 1 & 2). The average age was 38 with 2 children, working 45 hours/week (Table 3).

Table 1   Frequency and percentage of demographic data (n=300)

| Variables | Number | Percent |
|---|---|---|
| Education | | |
| illiterate | 3 | 1.0 |
| primary | 49 | 16.3 |
| secondary | 34 | 11.3 |
| high school | 56 | 18.7 |
| college | 32 | 10.7 |
| university | 126 | 42.0 |
| City/Town | | |
| Muang, Chiang Mai | 141 | 47.0 |
| others | 159 | 53.0 |
| Residency | | |
| own home | 261 | 87.0 |
| own apartment | 21 | 7.0 |
| rent house/rent | 3 | 1.0 |
| apartment relative's house | 15 | 5.0 |
| Religion | | |
| Buddhist | 288 | 96.0 |
| Christian | 10 | 3.3 |
| Muslim | 2 | 0.7 |
| Career | | |
| professional | 51 | 17.0 |
| technical | 22 | 7.3 |
| business | 27 | 9.0 |
| company worker | 151 | 50.3 |
| labor | 18 | 6.0 |
| civil servant | 31 | 10.4 |

The other variables were examined as factors by varimax rotation and a minimum eigenvalue of 1.0. Items were required to have a factor loading of at least 0.40 for inclusion in a factor. If more than one item scored over 0.40, the higher value was used for factoring. Low factor loading items were deleted for internal consistency when measured against Cronbach's alpha. Multiple regression model, using multivariate analysis, was also used to determine the significance of the factors being analyzed.

*Index of Sex Role Orientation* (See appendix C for explanation of instrument)

Sex Role consisted of a 19 item 5 point Likert type scale. Frequency data revealed that

Table 2  Income in Thai Baht/mo.

| Variable | Frequency | Percent |
|---|---|---|
| Income  (Thai Baht/mo.) | | |
| Less than 1500 (¥4,500) | 1 | 0.3 |
| 1500- 2999 (¥ 4,500 - ¥ 9,000) | 8 | 2.7 |
| 3000- 4999 (¥ 4,500 - ¥15,000) | 24 | 8.0 |
| 5000- 5999 (¥15,000 - ¥18,000) | 20 | 6.7 |
| 6000- 7499 (¥18,000 - ¥22,500) | 16 | 5.3 |
| 7500- 8999 (¥22,500 - ¥27,000) | 22 | 7.3 |
| 9000-10499 (¥27,000 - ¥31,500) | 35 | 11.7 |
| 10500-11999 (¥31,500 - ¥36,000) | 16 | 5.3 |
| 12000-13499 (¥36,000 - ¥40,500) | 17 | 5.7 |
| 13500-14999 (¥40,500 - ¥45,000) | 20 | 6.7 |
| More than 15000 (¥45,000 - ) | 121 | 40.3 |

(Japanese Yen conversion rate in December of 2005)

As reference for income and quality of life, please see the following:

Quality of Life Index (QLI) for 2005

| Country | Quality of life | | GDP per person | | Difference in ranks |
|---|---|---|---|---|---|
| | Score | Rank | $ (at PPP) | Rank | |
| Ireland | 8.333 | 1 | 36,790 | 4 | 3 |
| Japan | 7.392 | 17 | 30,750 | 16 | -1 |
| Thailand | 6.436 | 42 | 8,140 | 62 | 20 |

The QLI is based on 4 factors: GDP, life expectancy, unemployment rate, and political stability. The salary difference is nearly 8 times, while the quality of life is only a bit more than doubled.

Table 3  Mean and standard deviation for age, number of children, and working hours/week

| Variables | Mean | Std. Deviation |
|---|---|---|
| Age | 37.97 | 7.95 |
| Number of children | 1.54 | 0.70 |
| Working hour/week | 45.01 | 8.95 |

most Thai wives agreed to their employment outside the home but tended to disagree to the exercising of solely household work. From the factor analysis, 5 factors were generated:

SFactor1: Satisfaction being a mother

SFactor2: Equal job opportunity

SFactor3: Okay to work outside the home

SFactor4: Incompatible motherhood and career

SFactor5: Financial need

Cronbach's alpha score was 0.6884

*Wife's Role in Household Tasks*

It was found that most Thai wives often and consistently perform the household work. A few other people also did housework, but for shorter periods of time.

Wife's Role sharing consisted of a 9 item 5 point Likert type scale. Factor analysis generated 3 factors:

WFactor1: Housework

WFactor2: Work management

WFactor3: Child care

## Selected Persons Role

Selected persons role consisted once again of a 9 item 5 point Likert type scale. It was composed of 2 sub-divisions: first was a question asking if anyone helped in the household besides the parents. If there was such a person, then the second part of the question asked what wife's roles in the household tasks they performed. Factor analysis generated only 1 factor and therefore the solution could not be rotated.

## Coping with Conflict A & B (See appendix C for explanation of instrument)

The coping strategy part consisted of 3 principal strategies: negotiation, hard work and priority. Negotiation was divided into 2 sub-divisions: A and B. Coping A (Did participant discuss topics with husband?) consisted of 9 item 4 point Likert type scale. Factor analysis generated one factor (TCOPING Factor). Coping B (Response of husband after discussion.) was unable to generate any factors as well. Considering hard work, data revealed that most wives did not use hard work for coping. Thus, it was not used for multiple regression analysis. Priority was seen as an extensive part of coping strategy. Priority therefore, was analyzed separately.

## Priority of Household Tasks (See Appendix C for explanation of instrument)

Priority, as mentioned above, was another type of coping strategy consisting of a 10 item 4 point Likert type scale. Factor analysis

revealed 3 factors:
PFactor1: Housework
PFactor2: Child care
PFactor3: Work management*

## Center for the Epidemiological Studies-Depression (CES-D) (See appendix C for explanation of instrument)

CES-D consisted of a 20 item 4 point Likert type scale. Factor analysis revealed 5 factors:
CES-DFactor1: Depressive effect
CES-DFactor2: Hopelessness
CES-DFactor3: Positive effect
CES-DFactor4: Instability
CES-DFactor5: Irritable emotion
Cronbach's alpha score was 0.8709
Total frequency mean score was 18.87
Standard deviation was 7.81

Multiple regression was then utilized to predict the effect of the demographic data, all factors of perception of multiple roles, and coping strategies for depression.

## Research Question 1

What are the relationships of Thai wife's education, number of children, income, and depression?

Multiple regression for education, number of children, income and depression did not meet the required 0.05 significant level (Table 4).

## Research Question 2

What is the relationship between perception of the wife's work role and depression?

Results showed that there were no significant factors between wife's work role and

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*Factor3 was composed of 3 items that did not relate to each other due to many answers being answered 'not applicable'. Thus, it could not be used for multiple regression.

Table 4  Thai multiple regression for education, number of children and income／depression control

| Variables | Unstandardized coefficients | | Standardized coefficients | t | Sig. |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| Constant | 24.930 | 1.740 | | 14.324 | .000 |
| Education | -.446 | .344 | -.089 | -1.296 | .196 |
| Number of children | -1.247 | .657 | -.112 | -1.900 | .058 |
| Income | -.264 | .181 | -.102 | -1.456 | .146 |

Dependent variable:      tscore
Independent variable:    education
                         number of children
                         income
R  = 0.207
$R^2$ = 0.043

depression (Table 5); sex roles and depression showed significant factors (Table 6, sig 0.023).

Research Question 3

What is the relationship of perception of the wife's work role and coping strategies?

Results showed that there were no significant factors between the wife's working role and coping strategies for depression (Table 7).

Research Question 4

What are the relationships between coping strategies and depression?

Women perceive satisfaction from being a mother (Sfactor1), and they exercised housework as a priority (Table 8 sig 0.037). Similarly, when coping strategy was implemented as a priority, wives had lower levels of depression (Table 9 sig 0.002). Both findings were statistically significant at p $<$ 0.05 Nevertheless, there was no significant relation-

Table 5  Thai multi regression for wife role (1-3 factors)／depression control

| Variables | Unstandardized coefficients | | Standardized coefficients | t | Sig. |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| Constant | 31.159 | 4.282 | | 7.276 | .000 |
| Education | -.408 | .361 | -.080 | -1.129 | .260 |
| Number of children | -1.256 | .725 | -.105 | -1.732 | .084 |
| Income | -.241 | .191 | -.092 | -1.260 | .209 |
| WFACTOR1 | -3.667E-02 | .214 | -.011 | -.171 | .864 |
| WFACTOR2 | -.487 | .255 | -.124 | -1.913 | .057 |
| WFACTOR3 | -.336 | .419 | .047 | .802 | .423 |

Dependent variable:      tscore
Independent variable:    education
                         number of children
                         income
                         WFACTOR1, WFACTOR2, WFACTOR3
R  = 0.280
$R^2$ = 0.078

## Table 6　Thai multi regression for sex role (1-5 factors)／depression control

| Variables | Unstandardized coefficients | | Standardized coefficients | t | Sig. |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| Constant | 31.076 | 4.780 | | 6.502 | .000 |
| Education | -.403 | .347 | -.080 | -1.161 | .247 |
| Number of children | -1.216 | .656 | -.109 | -1.853 | .065 |
| Income | -.278 | .181 | -.107 | -1.538 | .125 |
| SFACTOR1 | -4.868E-02 | .079 | -.616 | -.616 | .538 |
| SFACTOR2 | -.190 | .193 | -.061 | -.984 | .326 |
| SFACTOR3 | -.269 | .300 | -.056 | -.896 | .371 |
| SFACTOR4 | .350 | .154 | .141 | 2.280 | .023 |
| SFACTOR5 | -.388 | .284 | -.082 | -1.367 | .173 |

Dependent variable:　tscore
Independent variable:　education
　　　　　　　　　　　number of children
　　　　　　　　　　　income
　　　　　　　　　　　SFACTOR1, SFACTOR2, SFACTOR3,
　　　　　　　　　　　SFACTOR4,SFACTOR5

R　= 0.283
$R^2$ = 0.080


## Table 7　Thai multiple regression for coping／depression control

| Variables | Unstandardized coefficients | | Standardized coefficients | t | Sig. |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| Constant | 25.374 | 2.052 | | 12.363 | .000 |
| Education | -.476 | .361 | -.093 | -1.317 | .189 |
| Number of children | -1.067 | .789 | -.083 | -1.352 | .177 |
| Income | -.195 | .192 | -.074 | -1.015 | .311 |
| TCOPING | -5.662E-02 | .071 | -.048 | -.797 | .426 |

Dependent variable:　tscore
Independent variable:　education
　　　　　　　　　　　number of children
　　　　　　　　　　　income
　　　　　　　　　　　TCOPING

R　= 0.421
$R^2$ = 0.177

Table 8 Thai multi regression for sex role (1-5 factors)／ priority control

| Variables | Unstandardized coefficients | | Standardized coefficients | t | Sig. |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| Constant | 30.391 | 3.082 | | 9.862 | .000 |
| Education | -.116 | .224 | -.039 | -.518 | .605 |
| Number of children | -3.367E-02 | .451 | -.005 | -.075 | .941 |
| Income | -3.231E-02 | .117 | -.021 | -.277 | .782 |
| SFACTOR1 | .106 | .051 | .148 | 2.096 | .037 |
| SFACTOR2 | .180 | .120 | .100 | 1.497 | .136 |
| SFACTOR3 | .267 | .196 | .091 | 1.362 | .174 |
| SFACTOR4 | -.164 | .100 | -.108 | -1.634 | .103 |
| SFACTOR5 | -.146 | .178 | -.053 | -.821 | .412 |

Dependent variable:    tscore
Independent variable:    education
number of children
income
SFACTOR1, SFACTOR2, SFACTOR3,
SFACTOR4,SFACTOR5

R  = 0.239
$R^2$ = 0.057


Table 9 Thai multi regression for priority (1-2 factors)／depression control

| Variables | Unstandardized coefficients | | Standardized coefficients | t | Sig. |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| Constant | 32.341 | 4.035 | | 8.015 | .000 |
| Education | -.734 | .376 | -.143 | -1.952 | .052 |
| Number of children | -1.449 | .751 | -.117 | -1.928 | .055 |
| Income | -.218 | .193 | -.083 | -1.129 | .260 |
| PFACTOR1 | -.472 | .154 | -.200 | -3.056 | .002 |
| PFACTOR2 | .327 | .325 | .066 | 1.006 | .315 |

Dependent variable:    tscore
Independent variable:    education
number of children
income
PFACTOR1, PFACTOR2

R  = 0.323
$R^2$ = 0.104

ship between coping strategy (TCOPING) and depression.

## Discussion & Conclusion

Multiple regression was utilized to predict the effect of the demographic data, all factors of perception of multiple roles, and coping strategies for depression.

### Research Question 1

What are the relationships of Thai wife's education, number of children, income, and depression?

Education showed no statistical significance in all categories measured. However, one came close. Priority and depression (Table 9 sig 0.052) for education came very close. This may show that when Thai women prioritize their lives, with home coming first and job second, education begins to show some significant differences. Also, as part of the Thai culture, home is still a place for women. Women who believe in this gender role may also believe that education isn't worth its value if you only stay at home and work.

The research findings associated with previous findings that the number of children did not statistically correlate with the impact on the health of employed mothers[30]. Some areas came close, such as wife's role and depression (Table 5 sig 0.084), sex role and depression (Table 6 sig 0.065) and priority and depression (Table 9 sig 0.055). Motherhood is something cherished by most Thai women and children are greatly admired in the Thai culture (Table 8, sig 0.037). Therefore, it would seem reasonable that children would not raise too many

questions for women and depression.

Income showed no statistical significance on the health of mothers in any categories. With the strong belief in Buddhism, women may feel it is their lot in this life to be either rich or poor. Reincarnation may bring something different, so it is important to be happy in this life and practicing the giving of alms to better yourself in your reincarnated self. It would be interesting to further look into why income doesn't play a big part in the Thai culture.

### Research Question 2

What is the relationship between perception of the wife's work role and depression?

Results showed that there were no significant factors between wife's work role and depression. However, sex role and depression was found to be somewhat in contrast that Thai wives perceived motherhood and careers as incompatible roles with their results showing high levels of depression. This result confers with the earlier study by Walker & Best[31] that working wives felt they had no time to perform both mother and worker responsibilities. The feeling of role conflict often resulted from unavoidable work from the proliferation of those roles[32]. This finding is not different from studies in the United States and Korea that working women had higher levels of depression due to the amount of work and limited time[12, 26]. As to the study of Boontanon[33] on working wives in the universities, it was found that 81.5% of wives favored their academic work more than their wives roles. The wife's role, however, was observed by the participants as fair sequential work. This result implies that Thai wives accepted the wife's

work role even though they saw household work and their career as not compatible.

Research Question 3

What is the relationship of perception of the wife's work role and coping strategies?

The research findings unfortunately found no correlation with wife's work role and coping strategies for depression. The lack of negotiations with their husbands may point to the fact that there is no negotiating, or perhaps that negotiations prove fruitless. Culturally, hard work is also considered part of the wife's work role. Often times, cultural values and norms are not discussed within a given culture.

Furthermore, Thai wives perceive career and household tasks as unavoidable roles. They try to do both in the best way they can, but in the little time they are given to do these two things, they feel depressed to handle both of them. Again, if you look at the result of the Boontanon[33] study, Thai wives had professionally binded feelings at a high level of 81.5%, agreed to maintain the wife's role at a medium level, but also felt a similar conflict role in this medium level as well. This means that they see both the working role and wives role as important and tried very hard to respond to both roles but felt conflicted.

Research Question 4

What are the relationships between coping strategies and depression?

Women perceive satisfaction from being a mother (Sfactor1), and they exercised housework as a priority. Likewise, when coping strategy was implemented as a priority, wives had lower levels of depression. Both findings were statistically significant at $p < 0.05$ Nevertheless, there was no significant relationship between coping strategy (TCOPING) and depression (Table 7).

The results related to Thai culture on the value of gender in relation to the division of labor. Similar to that in Japan, women are taught to be 'ladylike' since they were very young[34]. This tradition conditions women to respond to household work, taking care of family members (particularly parents, husband and children), and includes the carrying out of other household work as well[35,36]. This seems to point to the fact that Thai women accompany gender tradition without feeling much pressure from it. Instead, they may feel proud of their role and respond to housework as Japanese women seem to do. A similar report on Mexican women revealed the responsibilities of motherhood and wife roles are highly valued by the women themselves[37].

Once again, after pulling all factors to be analyzed together to measure what extensive effect the working wives' depression showed, 3 themes were visible. First, it revealed that wives who classify housework as a priority had significantly lower levels of depression (statistical significance of 0.05 and a PFACTOR1 statistical significance of 0.009 when figured in with sex role, coping/depression control [Table not shown]) yet, secondly, wives who perceive household tasks as their role have higher levels of depression. These first two outcomes seem to be contradictory in nature but may be explained by the maintaining of gender roles. And thirdly, Thai wives who perceive motherhood and careers as

incompatible roles have higher levels of depressions. It is seemed that Thai women were satisfied being a mother leading a traditional wife's role even though they perceived motherhood and career to be incompatible, thus tending to have depression. Could this incompatibility of motherhood/career be due to the fact that Thai working women don't have enough time in a day to do both?

Also, would Thai women benefit from discussions of household tasks with their husbands? Research also implies that they dislike the comparison of both the roles they perform; yet they achieve both of these roles in an adequate manner. Multiple roles solely however, did not show any extensive effects to employed wives. This has an association to previous studies that women could adjust themselves to multiple roles better than men could[38, 39, 40], and showed no effects to either employed wives physical or mental health[41]. A similar study by Elliott[42] revealed that women and men did not have different levels of depression. There were, however, different causes to their depressions. This study is more likely to show that employed Thai women exhibit a traditional sense that places a high value on family and the role of motherhood.

Finally, CES-D, used for multiple regression, found 5 factors that helped explain Thai working wives demographic variables such as education, housing, occupation, income, age, number of children, and working hours a week with depression. Unfortunately, none of the 7 variables conclusively showed any statistical relationships with depression. What CES-D factor analysis did point towards was a level of depressive effects and a feeling of hopelessness among married Thai women (CES-D Factors 1 & 2). Unfortunately, CES-D alone did not statistically determine what may cause these two factors. It could be argued that SFACTOR4 (Incompatibility of motherhood and career) and PFACTOR1 (Housework) when looking at depression and SFACTOR1 (Satisfied being a mother) when looking at priority may help cause the depressive effects and feelings of hopelessness that CES-D pointed towards.

In conclusion, this study may have some limitations that need to be discussed. First, the research was conducted by using instruments from a previous study in South Korea. It was agreed that using the same instruments would be more applicable to insure uniform results for a comparative analysis for Asian women's depression. Second, the subjects were people living in the Chiang Mai area that does not truly represent all Thai women. Third, the sample subjects tended to be a homogeneous group: young age, high education, and high income of most subjects may result in less extensive information than what would be desirable in an ideal situation.

The results, therefore, may give a biased picture of Thai women. Even though this study found the perception of incompatibility of a traditional wife's role and their careers as workers outside the home, they proceeded to carry out their perceived household work, and exhibited low levels depression. This indicates a high degree of sustainable Thai culture based on the household work of Thai women.

Besides the above mentioned information,

further studies in this area may want to include the degree and length of economic development of developing Asian countries. It is hoped that a more in depth research which encompasses a broader population would lead to a better understanding of the nature of multiple roles of working women and depression.

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Appendix A

Due to space limitations, neither the English nor Thai questionnaire are shown in this paper but are available upon request from the author:

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Appendix B

Written approvals for the four instruments used are found below.
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Appendix C

Brief explanations of the four instruments used in this research are found below.

Wives appraisal of their work role was measured with a modified version if Index of Sex Role Orientation (ISRO) Scale by Dreyer, Woods, & James[43]. It was used to describe women whose behavior is dictated primarily by riles and rituals derived from past generations. The ISRO was developed from an original pool of 19 item attitude statements using a 5 point Like[44] type scale technique. Response options range from strongly disagree to strongly agree.

Coping strategies were measured with a modified version of Coping with Role Conflict Scale by Hall[45]. This scale measures coping style and satisfaction with role performance broken down into three general coping strategies: structural role redefinition, personal role definition, and reactive role behavior. A 5 point Likert type scale from dissatisfied to extremely satisfied was used.

Role sharing was measured with a modified version of Division of Household Labor Scale by Blair and Johnson[46] was used to measure the degree of support when a spouse shares the household responsibilities. The role sharing scale consisted of nine household activity areas. Respondents were asked to utilize a 5 point Likert type scale ranging from not applicable to always does. Person(s) who performed each task was also asked.

Depression was measured by the Center for Epidemiological Study-Depression Scale (CES-D) by Weiss, copyright date 1977. This 20-item, 4-point Likert type scale ranging from 0 to 3 (experience depressive symptom five to seven days a week) is a self-reporting scale designed to measure depressive symptomatology in the general population by assessing 6 major depressive symptom areas.

In addition to the above 4 scales, a demographic page with 9 questions was included in the self-administered instrument.

# タイ人主婦の多重な役割とうつ状態に対する受容

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【抄　録】

　タイの就労既婚女性が職業と家庭生活との両立における多重な役割にどう対処しているかについて、抑うつ状態との関わりを検討した。週20時間以上勤務している22〜55歳の主婦（夫と同居）300人を対象に、自己記述形式の調査を行い、性役割観尺度、対処方法の項目、家族役割分担尺度、疫学的抑うつ状態尺度の4つの指標について、SPSSによる統計学的解析を行った。

　教育のレベル、子どもの人数、収入と抑うつ状態との間、就労、対処方法と抑うつ状態との間には有意な関係は認められなかった。これに対して、性役割観と抑うつ状態との間の相関関係が有意であった。

　母親として満足感をもつ者は家事を優先しており、このような対処方法を講じている者では抑うつ状態がより低いレベルであった。一方、母親の役割と就労とが両立困難であると捉えている者では、より高いレベルの抑うつ状態を示す傾向が認められた。

キーワーズ：多重な役割、タイの働く既婚者、抑うつ状態、対処の方法、職業上の役割

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