Familism and Psychological Well-being of Women Working in Pakistani Academia

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Abstract

Purpose: The goal of this work was to investigate the impact of familism on mental health among working women, and to find the differences of familistic trends among working women on the basis of demographics. **Methods:** Research design for the present study was cross-sectional survey Design. The sample comprised of 384 (N=384) females working in several educational institutions in twin cities of Pakistan, i.e., Islamabad and Rawalpindi. Participants ' age range was from 25 to 45. The sample used was the purposeful technique. The data gathered was analyzed using the Statistical Package of Social Sciences (SPSS) v. 22. Instruments used for the present study were Familism scale (FS) and Mental Health Inventory (MHI). **Results:** Results showed the prevalence of familistic attitudes and behaviors among women working in educational institutes. Moreover, Significant mean differences were found on the basis of demographic variables i.e. middle aged, middle class, married and less educated women exhibited familistic trends. **Implications:** The study would benefit the developmentalists, family counsellors and therapists to study how an individual develops the attitudes regarding the loyalty, solidarity and reciprocity by imitating their elders, as children are socialized to prioritize families.

Introduction

Family is an elementary structure of each society as it provides a sense of membership, nurturance, happiness, economic support, education, and means of socialization (Arias & Punyanunt-Carter, 2017). The major bio psychosocial needs of an individual are acquired and met within family. As a consequence, the strut of its social role consists of operating as a system in a manner that would benefit all members of a family while achieving what is considered best, where decisions tend to be coherent, at least according to the norms and roles assumed by family members within the system (Galvin, Bylund, & Brommel, 2004).

The family unit is considered the foundation of a stable and equilibrated society. It is the most major social unit under the same roof that comes together through bloodline or marriage. The constitution of the family is mandatory for the better health and happiness in the society (Dhami, 2000). Bonding with family members, maintaining family cohesion and

emphasizing family honour leads to familistic approach that influences mental health enhancement (Alvarez, 2007; Edwards & Lopez, 2006). Highly familistic individuals favour the family and value family honour, close family relations, shared responsibilities and the provision of emotional and instrumental support (Perez & Cruess, 2011).

Familism is a cultural belief where family remains as central and priority in an individual's life. It can be characterized by a strong sense of family identification and loyalty among family members (Steidel & Contreras, 2003). Familism is a multidimensional construct that focuses on familial support (having a sense of providing support to immediate or extended families), familial interconnectedness (belief of being physical and emotionally close to family members), familial honour (belief of keeping the honour of family) and subjugation of self for family (belief of being submissive and respectful towards family rules) (Steidel & Contreras 2003). It includes behaviours and attitudes that highlight the family's central role as a unit and main source of assistance and supervision (Morcillo, et al., 2011), and indicates the establishment of loyalty and cooperation links with family group along with support and dependency upon that group (Garzón, 1970). The attitudinal domain of the familism measures the thought and feelings of individuals via: supportive familism (perception of closeness and support from one's family), obligatory familism (belief of having sense of obligation to provide support to family members), and referent familism (maintaining behaviours consistent with family values and expectations) (Marsiglia, Parsai, & Kulis, 2009; Sabogal, Marín, Otero-Sabogal, Marín, & Perez-Stable, 1987). The behavioural factor of the familistic approach centres on family emotions and behaviours (Sabogal et al., 19).

Familism emphasises the importance of considering family for support, warmth and services, and placing importance on family rather than personal interests. On the other hand, when people have less regular interaction with the environment and less geographical proximity to their social network, the scope of family values is assumed to be less important for their well-being, since family interaction is less likely to be part of their everyday lives.

Generally defined as prioritizing familial needs over self, familism is considered as central to Latino Hispanic culture (Schwartz, 2007) and is also relevant to other culture groups (Campos et. al., 2014; Schwartz, 2007). As a cultural construct, familism has been studied consistently across various cultures (Valdivieso-Mora, Peet, Garnier-Villarreal, Salazar-Villanea, & Johnson, 2016; Campos, et al., 2008 & Mendez-Luck, Applewhite, Lara, & Toyokawa, 2016), and has recently received some research attention due to its predictable

effects on psychological adjustment, particularly among members of ethnic minority groups (Steidel & Contreras 2003; Schwartz, 2007).

Family studies have been linking familism to psychological and physical health (Losada, et al., 2010; Campos, Ullman, Aguilera, & Schetter, 2014; Corona, Campos, & Chen, 2016; Perez & Cruess, 2011) along with behaviour issues of adolescents (Morcillo, et al., 2011; Garza & Pettit, 2010). Familism can influence one's life negatively or positively. As it is a multidimensional concept, it can serve as a protective factor (Valdivieso-Mora, Peet, Garnier-Villarreal, Salazar-Villanea, & Johnson, 2016; Garza & Pettit, 2010) and can be a cause of psychological distress in many cases (Campos, et al., 2008;' Schwartz, et al., 2010)

Familism can be seen as a protective factor against problematic behaviours among adolescents (Perez & Cruess, 2011; Marsiglia, Parsai, & Kulis, 2009; Jibeen, 2015). Individuals belonging to families having strong familistic values are inclined to respect the family rules and values and have a strong sense of allegiance and duty towards their families, which help them stay away from the problem behaviours such as aggression, breaking rules behaviours and conduct problems (Marsiglia, Parsai, & Kulis, 2009). Families providing low levels of support to their members trigger the poor psychological and health related outcomes among Pakistani adolescents (Jibeen, 2015).

Purpose of the present study is to examine the impact of Familism on Mental Health among Working women. As reviewed in literature, familism has been extensively studied in latino/Hispanic cultures because they have strong family bonding and cohesion and is regarded a distinctive element of these societies (Romero et al. 2004). The emerging literature demonstrates that familism construct is also applicable to other cultures (Mucchi-Faina, Pacilli & Verma, 2010). A few studies have compared US latinos and US east Asians who are also based on collectivistic culture and have a major focus on prioritizing the family needs, values and relationships before addressing their own need and self (Schwartz, et al., 2010). As Pakistan is more collectivistic culture and emphasizes on familial support, negative perceptions regarding the family support is strongly linked to mental health problems (Jibeen, 2015).

In Asian culture, a lot of emphasis is laid on family orientation (Schwartz 2004). But the literature is deficient in Asian researches with reference to familism. A research indicates that Familism contributes to psychological health (Campos, Ullman, Aguilera & Schetter, 2014). In Pakistan there exists a social pattern in families where individual's interests, decisions

and activities are accustomed and conditioned by a network of members of family and which are often taken over by prioritizing the overall family interests, decisions and activities.

Support of family indicates family functioning as positive and it serves as a protection against traumatic life experiences in infancy, adolescence and in adulthood (Tubman & Windle, 1995). A sense of feeling that one can look up to others in their need of time is relieving for an individual. But on contrary familism is about putting oneself and one's needs before the family members' needs. Therefore, it is significant to examine the construct of Familism as a protective factor. The sample of the present study intends to examine it in the working women. There are contrasting findings indicate that women work to support families financially to provide a better living to children (Bijaoui, 2002) and other also indicate that women have a desire to lead and develop their own careers (Rainwater, 1959). Women are much more ambitious and career oriented that they are committed to families. There are more and more flexible working arrangements and opportunities (Seema, Arif, Aqsa, Ejaaz & Neelum yousaf. 2013). Women perceive flexible work arrangements positively and it relates to higher career satisfaction. However, they face workload and stress and part time jobs are not credited seriously as a job experience. In Pakistan, high level of supportiveness protects against stress and mental breakdown during the time of trauma crises and mental distress (Umaña-Taylor, Updegraff, & Gonzales-Backen, 2010).

Therefore, the present study is aiming to examine the relationship of the Familism and mental health among working women. Mental health has a strong connectivity with family and family related variable (Edwards & Lopez, 2006; Halgunseth, Ispa, & Rudy, 2006; Steidel & Contreras, 2003).

Currently, providing assistance, affection, and attention is considered to be much more relevant than the laws of learning, and females are considered as primary providers of assistance within the family (Mucchi-Faina, Pacilli, & Verma, 2010). However, carrying out the traditional female position has become particularly challenging now that many females are working outside the home. As supported by the literature Females are considered in prioritizing their families and maintaining family cohesion, work to support their families financially.

Familism is a protective factor of psychological health (Calzada, Barajas-Gonzalez, Huang, & Brotman, 2015) and it may play a vital role in the fostering the growth and development of family members. The applicability of Familistic approach has been better-

documented in Latino/hispanic culture but not in Asian societies. The present study will address to fill the research gap.

The objectives of the present study are:

- To examine the impact of Familism on Mental health among working women.
- To investigate differences between academic and non-academic staff on familism and Mental Health.
- To examine the differences in Familism and Mental health on the basis of demographic variables.

METHOD

Research design for the present study was cross-sectional survey Design. The sample comprised of 384 (N=384) females working in several educational institutions in twin cities of Pakistan i.e. Islamabad and Rawalpindi. Participants ' age range was from 25 to 45. All the participants were approached personally and questionnaires in paper pencil format were administered on them. Before administration, brief introduction, awareness of aim and guidelines was provided to the subjects. All the questionnaires were self-explanatory, but the guidelines were given to participants. In order to gather information, purposive sampling technique was used. Following are the instruments for the present study:

Demographic Sheet

The demographic sheet included: Age, education, family system, marital status and institute type (academic, non-academic).

Familism scale

Familism was measured by using Familism scale (Sabogal et al. 1987). This scale, consisting of 15 items, was developed to evaluate the cultural significance of Hispanics, highlighting the significant function of family and fidelity and family accountability. Familism scale is a 5-point Likert scale indicating agreement or disagreement (1 = strongly agree; 5 = strongly disagree); structured into three subscales: (1) Family Obligations (six items) indexes perceived obligation to assist the family (e.g., "A person should share her home with uncles, aunts or first cousins if they are in need"), (2) Family Support (three items) measures beliefs

that the family should be a source of social support (e.g., "One can count on help from her relatives to solve most problems"), and (3) Family as Referent (six items) measures the belief that relatives should be used as behavioural and attitudinal referents (e.g., "One should be embarrassed by the bad things done by members of his family"). Cronbach's alphas for the overall scale, Cronbach's alpha is .78.

Mental Health Inventory-18 (MHI-18)

The MHI is a questionnaire of 18 items developed by Veit and Ware as part of the National Health Insurance Study in 1983 and was extensively studied in a variety of populations. MHI has two variables: psychological distress (which explains adverse mental health status) and psychological well-being (which shows favourable mental health). This tool also offers an evaluation of several mental health domains including anxiety, depression, behavioural control, beneficial effect, and overall distress. The scale items are answered based on a 6- point Likert scale ranging from "all the time" to "none of the time". The scale alpha of the Cronbach is 0.82.

RESULTS

Table 1

Frequencies and percentages of demographic variables of Study (*N* = 384)

Variables	category	*f*	%
Age			
	Young age (18-34)	155	40
	Middle age (35-50)	224	58
Education			
	Bachelors	43	11.2
	Masters	192	50
	MPhil/MS	110	28.6
	PhD	38	9.9
Family system			
	Nuclear	166	43.2
	Joint/extended	218	56.8
Marital status			
	Single	134	34.9

	Married	250	65.1
Institute type			
	Academic	192	50
	Non-academic	192	50

The above table shows the frequencies and percentage levels of the demographic variables. Findings revealed that greater number of middle aged women participated in the study (*n* = 224, 58%) than those of young age females (*n* = 155, 40%). 11. Women holding the degree of masters were greater (*n* = 192,50%), as compared to the MPhil (*n* =110, 28.6%), graduates (*n* = 43, 11.2%), and doctoral (*n* = 38, 9.9%). Majority of the sample was from Joint/extended families (*n* = 218,56.8%) while significantly less from nuclear families (*n* = 166, 43.2%). Data on marital status was greater on married women (*n* = 250, 65.1%) while lesser on single women (*n* = 134, 34.9%). Academic and non-academic females were equal (*n* = 192, 50%), (*n* = 192, 50%).

Table 2

Alpha reliability coefficient of familism and mental health (N=384)

Variables	*k*	*A*	*M (SD)*	Range		Skew	Kurt
				Potential	Actual		
Familism Scale	15	.80	50.14 (7.98)	15-75	14-89	-1.1	1.87
Mental Health Inventory	18	.46	64.91 (7.57)	18-108	30-89	-.3	1.01

Table 2 shows psychometric properties of the scales used in the present study. The Cronbach's α value for Familism scale is .80 which shows good internal consistency. The Cronbach's α value of mental health was very low on .46.

Table 3

Regression analysis showing familism as predictor of mental health among working women (N=384)

Variables	*B*	SE	*t*	*p*	95% CI

Constant	60.04	2.4	24.51	.000	[55.23, 64.86]
Familism	.09	.04	2.01	.003	[.01, .19]

Note: CI= Confidence Interval

The of R^2 value of .15 revealed that familism predicts 15% variance in mental health with F(1, 382)= 4.05, $p< .01$ .the finding revealed that familism positively predicted mental health ($\beta= .15$, $p< .01$) of working women.

Table 4

Mean, standard Deviation and T- value of academic and non-academic staff on familism and mental health (N=384)

Variables	Academic (n=192) M(SD)	Non-academic (n=192) M(SD)	*t*(382)	*P*	95% CI LL	95% CI UL	Cohen's d
Familism	48.35(9.17)	51.9(6.11)	4.5	.000	5.14	2.01	.46
Mental health	64.21(7.87)	65.62(7.20)	1.83	0.06	2.92	1.32	0.22

Table 4 revealed significant difference on familism with t (382) = 4.5, $p <$. 001.findings showed that females of non-academic staff were more familistic (M =48.35, SD = 9.17) that of academic ones(M =51.9,SD = 6.1). The value of Cohen's d was 0.46 which indicated small effect size. Results were in-significant on mental health of academic and non-academic staff on t(382)= 1.83, $p > .05$ and cohen's d was .22.

Table 5

Mean, standard Deviation and T- value of Young age and Middle age working women on familism and mental health (N=384)

	Young age (n=155)	Middle age (n=224)	95% CI

Variables	M(SD)	M(SD)	*t*(383)	*p*	LL	UL	Cohen's d
Familism	49.13(8.11)	50.84(7.85)	2.05	0.04	3.35	.07	0.21
Mental health	65.01(7.81)	65.01(7.31)	.001	1	-1.56	1.56	0.07

The age of working women was grouped according to the Erik Erikson's theory of developmental stages; young adults ranging from 18-35, middle adults, 36-55. Table 5 revealed significant difference on familism with t (383) = -2.00, p< .05. Findings showed that middle age females were more familistic (M =50.84, SD = 7.85) that of young age females (M =49.13, SD = 8.1). The value of Cohen's d was 0.20 which indicated small effect size. Results were also non-significant on mental health of young and middle age women on t (383)= .001, p > .05 and cohen's d was 0.07.

Table 6

Mean, Standard Deviation and One-Way Analysis of Variance in Familism and mental health (384)

	Bachelors		Masters		MPhil		PhD				
Variables	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F* (3,379)	η^2	Post-Hoc
Familism	51.79	6.26	51.27	6.81	48.24	9.37	48.28	9.57	4.7**	0.03	1>2>3<4
Mental health	64.20	7.98	65.23	8.12	65.28	6.63	63	6.70	1.1	0.01	

**p < .01.

Table 6 shows mean, standard deviation and F- values for Familism across educational status of working women. Results indicated significant mean differences across graduates on F (3,379) = 4.7, p <.01. Findings revealed that familism is more evident among graduates. The value of η^2 was 0.03 that indicates small effect size. The mean differences on mental health with F (3,379) = 1.1, p >.05 revealed non-significant effects.

Table 7

Mean, standard Deviation and T- value of joint and Nuclear Families on familism and mental health (N=384)

Variables	Nuclear (n=166) M(SD)	Joint/extended (n=218) M(SD)	*t*(382)	*P*	95% CI LL	95% CI UL	Cohen's d
Familism	4.04(9.88)	47.94(9.36)	2.54	.012	2.01	1.21	0.41
Mental health	64.97(7.58)	64.87(7.57)	.12	.77	-1.43	1.63	0.02

Table 7 revealed significant difference on familism with *t* (382) = -2,5, *p*< .05. Findings showed that females of joint families were more familistic (*M* =47.9, *SD* = 9.36) than those of nuclear families (*M* =44.04, *SD* = 9.88). The value of Cohen's *d* was 0.41 which indicated small effect size. Results were in-significant on mental health of nuclear and joint/extended families on *t* (383) = .12, *p* > .05 and Cohen's *d* was 0.02.

Table 8

Mean, standard Deviation and T- value of marital status of working women on familism and mental health (N=384)

Variables	Single (n=134) M(SD)	Married (n=250) M(SD)	*t*(382)	*P*	95% CI LL	95% CI UL	Cohen's d
Familism	48.37(8.78)	51.09(7.37)	3.23	.002	4.47	.96	0.33
Mental health	64.44(7.39)	65.17(7.63)	.91	.36	2.31	.85	0.1

Table 8 shows that mean, standard deviation and *F- values for Familism* across marital status of working women. Results indicated significant mean differences across single and married women on familism with *t* (382) = 3.23, *p*< .01. Findings showed that married women

were more familistic (M =48.37, SD = 8.78) than those of single women (M = 51.09, SD = 7.37). The value of Cohen's d was 0.33 which indicated small effect size.

Discussion

The present study was conducted to investigate the impact of familism on mental health among working women. The findings of the study are discussed below:

The present study aimed to examine familism as predictor of mental health. The findings revealed that familism was a positive predictor of mental health among working women. The observed findings are supported by a study conducted by Valdivieso-Mora and colleagues in 2016, which showed that familism has impact on the mental health outcomes. The sense of providing and receiving adequate amount of support from family members significantly enhances the mental health (Valdivieso-Mora, Peet, Garnier-Villarreal, Salazar-Villanea, & Johnson, 2016). Conducting a qualitative and quantitative research on female employees, Ruderman and colleagues found that involvement of females in family roles help them in being more efficient at work. And provision of support from family enhances their psychological wellbeing (Ruderman, Ohlott, Panzer, & King, 2002).

As supported by the literature, high familism is linked to enhanced wellbeing which in turn promotes the family relationships (Campos, Ullman, Aguilera & Schetter, 2014; Hernández & Bámaca-Colbert, 2016). The findings indicate the fact that familism is evident among the Pakistani society where collective needs are prioritized over individual needs and where family members rely upon each other for support in the time of crises and decision making.

Significant differences were found across the demographic variables and the study variables. Considering the difference between academic and non-academic staff on familism, family communication patterns and mental health, it was found that non-academic staff was more familistic than the academic ones.

A study exploring the challenges of women of the administrative staff of the educational institutes, concluded that women working in the administration have increased number of duties inside and outside the home and maintaining balance between two make them happy and satisfied with the job (Kumuthavalli, 2016). Crissman (1989) explored the familistic attitudes among Appalachian residents and found that women who were less educated and are

employed, are more familistic than those who are more educated and employed. In the light of above finding it can be well understood that as the women from non-academic are less qualified than those of the academic staff and have to work outside the home to feed their families and provide financial support to their families have greater familism. It may be said that those who are more qualified and earn more are more independent and are not responsible to support families financially or are more individualistic. Therefore, the academic staff may be more independent and individualistic making them have lesser familism.

A study conducted to explore the issue of work life balance among the non-academic staff of the private educational institutes, discovered that married women had more difficulties in balancing work and family life, as they had their children to look after. To maintain the balance between work and life, the dual-earner couples divided the household chores (cooking, cleaning, washing etc.) and shared parenting responsibilities in order to keep their households running effortlessly (Wilk, 2013). In contrast women from academic staff have more educational opportunities, more opportunities to switch to other jobs, have more sources of mobility and have more exposure to the outside world by taking part in several workshops, meetings, social gatherings, conferences, seminars etc. They socialize more and spend more time outside the home, which makes them less concerned about the familial obligations, become less attached with their families/children, and become less sacrificial.

Considering the age of the working women, middle age women had more familistic beliefs than those of young age working women, and scored more on conversation orientation. As reviewed in literature, as the age of women increases the familism increases (Fuller-Iglesias & Antonucci, 2016; Crissman, 1989). One reason of this prevalence of familistic beliefs maybe because of the shifting of family values among young age individuals and replacing with modern and individualistic family ties, while middle and older adults holding onto traditional family values (Gallo, Penedo, Espinosa & Arguelles, 2009). Thus, the current findings suggest that familism increases with age.

The current study revealed that Lower levels of education had significant differences on the study variables. Graduates were more familistic than those of post graduates i.e Masters, MPhil, PhD. Study conducted by Antonucci (2016) support the findings that the lower level of education limits the contact with the outer world and thus bounds the women to family life. As education level increases the more an individual is exposed to the individualized world views,

providing the opportunity to increase the world contact and hence loses the bond from family (Almeida, Molnar, Kawachi & Subramanian, 2009; Fuller-Iglesias & Antonucci, 2016).

Results revealed that familism was more evident among women belonging to joint/extended families. As the behavioural aspect of familism demonstrates the proximity with members of the family; family members living nearby or under one roof, women living in here have more frequent contact with one another, engage with activities and spend more time with one another, so the family values and the feelings of reciprocity and loyalty become more strong (Gallo, Penedo, Espinosa & Arguelles, 2009; Mendez-Luck, Applewhite, Lara, & Toyokawa, 2016).

With regards to the marital status, the current findings explored the presence of familistic behavioural patterns among the married women. Women have strong family ties and are forced to stay at home to maintain the families ties stronger (Maral & Kumar, 2017). As married women are seen as the care takers of the family, they can also be the bread earners for the family. Females in this context has two jobs, working outside the home and working inside the home as she has to look after her family members (cooking, cleaning, washing etc.) (Maral & Kumar, 2017). A cross cultural study was carried out between the Italy and India and found that wives work to support their families, provide leisure to their families, and most importantly, they do so to meet the educational standards of their children (Mucchi-Faina, Pacilli & Verma, 2010). Such studies indicate that married women are more familistic in nature than unmarried females.

Limitations

The study is not without limitations. The sample only consisted of the women working in the educational institutes. The results were however not generalizable to the women working in other institutes and organizations across the country.

Secondly the study was not gender based i.e. males have been seen as having more familistic attitudes than females in some studies (Crissman, 1989; Ovink, 2020) as they have more pressure to get settled in their carriers soon after graduation so as to support their families which affects their mental wellbeing.

The sample included only the working women. Non-working females and house wives working inside the home also inhere familistic beliefs (consider family needs over self, have

strong sense of responsibility) (Maral & Kumar, 2017). They often desire to work outside the home but not allowed by their husband/or parents which affects their mental wellbeing.

Suggestions and Recommendations

To overcome the above limitations, the sample population should be expanded. Women working in the private and public sectors other than educational institutes can be included in the sample for in-depth study of the variables.

Gender based study should be carried to investigate the gender differences on familism, and patterns of family communication.

Non-working females should be included in the sample because women working inside the homes serve their families and sometimes their work and sacrifices are not counted, such females face psychological problems.

The cultural construct, familism, can be studied among variety of population such as adolescents and elderly, along with other variables of family primacy values such as filial piety and communalism career orientation, etc., to understand the comprehensive meaning of the term familism and its impact on everday living of the individuals. The basic mechanisms by which familism is linked to psychological well-being and physical health should be explored in future surveys.

Implications

Based on the findings it has concluded that familism protects mental health and can be used by psychotherapists to find the cultural values that impede mental health. Mental health experts can use this information for making guidelines to better equip women to deal with family/career stress. Also women must be provided with effective interventions by intentionally accounting for the cultural contexts and cultural values relevant to clients' well-being (Trimble & Fisher, 2006).

The study would also benefit the developmentalists to study how an individual develops the attitudes regarding the loyalty, solidarity and reciprocity by imitating their elders, as children are socialized to prioritize families (Umaña-Taylor, Updegraff, & Gonzales-Backen, 2010).

Conclusion

The present study aimed to investigate the impact of familism on mental health among working women. The current findings provided evidence for the familial attitudes identified in the literature and indicated some of the behavioural indices of the familism. Familism was significantly predicting mental health. Notably, there was some clear variation of familistic attitudes among the females across socio-demographic variables such as age, education, SES, family system, marital status, and academic and non-academic staff. Familism as a cultural core value enhances mental wellbeing and may help lower the levels of stress faced by women in the workplace, which can be a risk factor for further psychological issues such as anxiety, depression and general distress. Considering such risk factors, investigators should continue to explore familism and relevant factors that can improve the benefits that family relationship values can offer for psychological and physical well-being to people from all cultural backgrounds.

References

Almeida, J., Molnar, B. E., Kawachi, I., & Subramanian, S. V. (2009). Ethnicity and nativity status as determinants of perceived social support: testing the concept of familism.

Social Science & Medicine, 68(10), 1852–1858. doi:10.1016/j.socscimed.2009.02.029

Arias, V. S., & Punyanunt-Carter, N. M. (2017). Family, Culture, and Communication. *Oxford Research Encyclopedia of Communication.* doi:10.1093/acrefore/9780190228613.013.504

Bean, F. D., Curtis, R. L., & Marcum, J. P. (1977). Familism and Marital Satisfaction among Mexican Americans: The Effects of Family Size, Wifes Labor Force Participation, and Conjugal Power. *Journal of Marriage and the Family*, 39(4), 759. doi: 10.2307/350480

Bijaoui, Sylvie. (2002). Familism, postmodernity and the state: The case of Israel. *The Journal of Israeli History*. 21. 38-62. 10.1080/13531040212331295852.

Boris, E., & Garey, A. I. (2001). Weaving Work and Motherhood. *Industrial and Labor Relations Review, 54*(3), 718. doi:10.2307/2696000

Burk, M. E., Wieser, P. C., & Keegan, L. (1995). Cultural beliefs and health behaviors of pregnant Mexican-American women: Implications for primary care. *Advances in Nursing Science,*17(4), 37-52. doi:10.1097/00012272-199506000-00005

Calzada, E. J., Tamis-LeMonda, C. S., & Yoshikawa, H. (2013). Familismo in Mexican and 83 Dominican families from low-income, urban communities. *Journal of Family Issues*, 34(12), 1696–1724.

Calzada, E., Barajas-Gonzalez, R. G., Huang, K., & Brotman, L. (2015). Early Childhood Internalizing Problems in Mexican- and Dominican-Origin Children: The Role of Cultural Socialization and Parenting Practices. *Journal of Clinical Child & Adolescent Psychology, 46*(4), 551-562. doi:10.1080/15374416.2015.1041593

Campos, Belinda & Rojas Perez, Oscar & Guardino, Christine. (2014). Familism. *Journal of Social and Personal Relationships*. 10.1177/0265407514562564.

Cauce, A. M., & Domenech-Rodríguez, M. (2002). *Latino families: Myths and realities.*

Campos, B., Schetter, C. D., Abdou, C. M., Hobel, C. J., Glynn, L. M., & Sandman, C. A. (2008). Familialism, social support, and stress: Positive implications for pregnant Latinas. *Cultural Diversity and Ethnic Minority Psychology, 14*(2), 155–162. doi: 10.1037/1099-9809.14.2.155

Campos, B., Perez, O. F. R., & Guardino, C. (2014). Familism. *Journal of Social and Personal Relationships*, *33*(1), 81–100. doi: 10.1177/0265407514562564

Campos, B., Ullman, J. B., Aguilera, A., & Schetter, C. D. (2014). Familism and psychological health: The intervening role of closeness and social support. *Cultural Diversity and Ethnic Minority Psychology*, *20*(2), 191–201. doi: 10.1037/a0034094

Corona, K., Campos, B., & Chen, C. (2016). Familism Is Associated With Psychological Well-Being and Physical Health. *Hispanic Journal of Behavioral Sciences*, *39*(1), 46–65. doi: 10.1177/0739986316671297

Crissman, J. K. 1989. Family type and familism in Appalachia. *Southern Rural Sociology.*, 6: 29–44.

Dhami, S. (2000). The Muslim family: Predicament and promise. *Western Journal of Medicine*, 173(5), 352-356. doi:10.1136/ewjm.173.5.352

Edwards, L. M., & Lopez, S. J. (2006). Perceived family support, acculturation, and life satisfaction in mexican american youth: A mixed-methods exploration. *Journal of Counseling Psychology*, *53*(3), 279–287. https://doi.org/10.1037/0022-0167.53.3.279

Faridi, Zahir, M., Chaudhry, Sharif, I., Anwar, & Mumtaz. (2009, July 01). *The Socio Economic and Demographic Determinants of Women Work Participation in Pakistan: Evidence from Bahawalpur District*. Retrieved from https://mpra.ub.unimuenchen.de/22831/

Fuller-Iglesias, Heather R., and Toni C. Antonucci. Familism, Social Network Characteristics, and Well-Being among Older Adults in Mexico. *Journal of Cross-Cultural Gerontology*, vol. 31, no. 1, 2016, pp. 1–17., doi:10.1007/s10823-015-9278-5.

Gallo, L. C., Penedo, F. J., Espinosa de los Monteros, K., & Arguelles, W. (2009). Resiliency in the face of disadvantage: do Hispanic cultural characteristics protect health outcomes? *Journal of Personality*, 77(6), 1707–1746. doi:10.1111/j.1467-6494.2009.00598.x

Galvin, Kathleen & Bylund, Carma & Brommel, Bernard. (2012). Family Communication: Cohesion and Change. 10.4324/9781315228846.

Garzón, D. A. (1970, January 1). Cultural change and familism. Retrieved from https://www.semanticscholar.org/paper/Cultural-change-and-familism-Garzón/b828826a23f33c4a05bccb87b4c63be2fbae1466

Garza, M. J., & Pettit, J. W. (2010). Perceived Burdensomeness, Familism, and Suicidal Ideation among Mexican Women: Enhancing Understanding of Risk and Protective Factors. *Suicide and Life-Threatening Behavior*, 40(6), 561-573. doi:10.1521/suli.2010.40.6.561

Gordon, T. (1994). Single Women and Familism. *European Journal of Womens Studies*, 1(2), 165–182. doi: 10.1177/135050689400100203

Halgunseth, L. C., Ispa, J. M., & Rudy, D. (2006). Parental Control in Latino Families: An Integrated Review of the Literature. *Child Development, 77*(5), 1282-1297. doi:10.1111/j.1467-8624.2006.00934.x

Hernández, M. M., & Bámaca-Colbert, M. Y. (2016). A Behavioral Process Model of Familism. *Journal of Family Theory & Review*, 463-483. doi:10.1111/jftr.12166

Jibeen, T. (2015). Perceived Social Support and Mental Health Problems Among Pakistani University Students. *Community Mental Health Journal*,52(8). doi:10.1007/s10597-015-9943-8

Kumuthavalli, T. (july 2016). CHALLENGES OF WOMEN ADMINISTRATORS FOR WORK- LIFE BALANCE. *International Education & Research Journal [IERJ], 2*(7), 61-63.

Losada, A., Márquez-González, M., Knight, B. G., Yanguas, J., Sayegh, P., & Romero-Moreno, R. (2010). Psychosocial factors and caregivers' distress: Effects of familism and dysfunctional thoughts. *Aging & Mental Health, 14*(2), 193–202. doi: 10.1080/13607860903167838

Maral, Priyaranjan & Kumar, Vipul. (2017). Family structure and decision making power among working and non-working women. *International Journal of Social Sciences* Review, 2017, 5(4), 574-580

Marsiglia, F. F., Parsai, M., & Kulis, S. (2009). Effects of Familism and Family Cohesion on Problem Behaviors Among Adolescents in Mexican Immigrant Families in the

Southwest United States. *Journal of Ethnic And Cultural Diversity in Social Work*, *18*(3), 203–220. doi: 10.1080/15313200903070965

Mendez-Luck, C. A., Applewhite, S. R., Lara, V. E., & Toyokawa, N. (2016). The Concept of Familism in the Lived Experiences of Mexican-Origin Caregivers. *Journal of Marriage and Family*, *78*(3), 813–829. doi: 10.1111/jomf.12300

Morcillo, C., Duarte, C. S., Shen, S., Blanco, C., Canino, G., & Bird, H. R. (2011). Parental Familism and Antisocial Behaviors: Development, Gender, and Potential Mechanisms. *Journal of the American Academy of Child & Adolescent Psychiatry*, *50*(5), 471–479. doi: 10.1016/j.jaac.2011.01.014

Mucchi-Faina, A., Pacilli, M. G., & Verma, J. (2010). The Two Faces of Familism: A Cross-Cultural Research in India and Italy. Psychological Studies. doi:10.1007/s12646-010-0042-1

Ovink, S. (2020). "They Always Call Me an Investment": Gendered Familism and Latino/a College Pathways. doi:10.31235/osf.io/wd23b

Perez, G. K., & Cruess, D. (2011). The impact of familism on physical and mental health among Hispanics in the United States. *Health Psychology Review*, *8*(1), 95–127. doi: 10.1080/17437199.2011.569936Poire, B. L. (n.d.). *Family Communication: Nurturing and Control in a Changing World*. SAGE Publications.

Rogers, E. M., & Sebald, H. (1962). A Distinction between Familism, Family Integration, and Kinship Orientation. *Marriage and Family Living*, 24(1), 25. doi: 10.2307/348221

Ruderman, Marian & Ohlott, Patricia & Panzer, Kate & King, Sara. (2002). Benefits of Multiple Roles for Managerial Women. Academy of Management Journal. 45. 369-386. 10.2307/3069352.

Seema & Ejaz, Arif, Aqsa & Yousaf, Neelam. (2017). Career Aspirations and Opportunity for FWAs: Perceptions of Pakistani Women. Journal of Management and Research. 4. 59-76. 10.29145/jmr/41/040105.

Sabogal, F., Marín, G., Otero-Sabogal, R., Marín, B. V., & Perez-Stable, E. J. (1987). Hispanic Familism and Acculturation: What Changes and What Doesnt? *Hispanic Journal of Behavioral Sciences*, *9*(4), 397–412. doi: 10.1177/07399863870094003

Saraceno, C. (1994). The Ambivalent Familism of the Italian Welfare State. Social Politics,

1(1), 60–82. doi: 10.1093/sp/1.1.60

Schwartz, S. J. (2007). The Applicability of Familism to Diverse Ethnic Groups: A Preliminary Study. *The Journal of Social Psychology*, *147*(2), 101–118. doi: 10.3200/socp.147.2.101-118

Schwartz, S. J., Weisskirch, R. S., Hurley, E. A., Zamboanga, B. L., Park, I. J. K., Kim, S. Y., … Greene, A. D. (2010). Communalism, familism, and filial piety: Are they birds of a collectivist feather? *Cultural Diversity and Ethnic Minority Psychology*, *16*(4), 548–560. doi: 10.1037/a0021370

Sylvie Fogiel-Bijaoui (2002) Familism, postmodernity and the state: the case of Israel, *Journal of Israeli History*. DOI: 10.1080/13531040212331295852

Steidel, Angel G. Lugo, and Josefina M. Contreras. "A New Familism Scale for Use with Latino Populations." *Hispanic Journal of Behavioral Sciences*, vol. 25, no. 3, 2003, pp. 312–330., doi:10.1177/0739986303256912

Smith-Morris, C., Morales-Campos, D., Alvarez, E. A. C., & Turner, M. (2013). An anthropology of familismo: on narratives and description of Mexican/immigrants. *Hispanic Journal of Behavioral Sciences*, 35(1), 35– 60. doi:10.1177/0739986312459508.

Tubman, J. G., & Windle, M. (1995). Continuity of difficult temperament in adolescence: Relations with depression, life events, family support, and substance use across a one-year period. *Journal of Youth and Adolescence*, *24*(2), 133–153. https://doi.org/10.1007/BF01537146

Umaña-Taylor, A. J., Updegraff, K. A., & Gonzales-Backen, M. A. (2010). Mexican-Origin Adolescent Mothers' Stressors and Psychosocial Functioning: Examining Ethnic Identity Affirmation and Familism as Moderators. *Journal of Youth and Adolescence.* doi:10.1007/s10964-010-9511-z

Valdivieso-Mora, E., Peet, C. L., Garnier-Villarreal, M., Salazar-Villanea, M., & Johnson, D. K. (2016). A Systematic Review of the Relationship between Familism and Mental Health Outcomes in Latino Population. *Frontiers in Psychology*, *7*. doi: 10.3389/fpsyg.2016.01632

Wilk, K. E. (2013). Work-Life Balance Also Challenges Administrators. *Women in Higher Education, 22*(10), 20-21. doi:10.1002/whe.10508

Zeiders, K. H., Updegraff, K. A., Umaña-Taylor, A. J., Mchale, S. M., & Padilla, J. (2015). Familism Values, Family Time, and Mexican-Origin Young Adults' Depressive Symptoms. *Journal of Marriage and Family, 78*(1), 91-106. doi:10.1111/jomf.12248