



## Editor's Choice

## Employment Transitions, Child Care Conflict, and the Mental Health of Low-Income Urban Women With Children



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Article history: Received 14 December 2015; Received in revised form 13 May 2016; Accepted 13 May 2016

### A B S T R A C T

**Objective:** Although studies suggest that employment promotes mental health, it is unclear whether this pattern extends to low-income urban women with children who are disproportionately employed in unstable jobs and often unable to obtain child care. In this paper, we consider whether becoming employed reduces symptoms of psychological distress among low-income women with children. We also assess whether having trouble securing adequate child care offsets these benefits.

**Study Design:** We use longitudinal data from the Welfare, Children, and Families project, a probability sample of low-income women with children living in Boston, Chicago, and San Antonio, to test whether becoming employed reduces symptoms of psychological distress over time and whether having trouble securing child care moderates this association.

**Results:** We find that employment is associated with lower levels of distress among women who have no trouble with child care and higher levels of distress among women who struggle with child care.

**Conclusion:** Taken together, our results suggest that valuing the benefits of paid work over unpaid work is an oversimplification and that the emphasis on placing poor women with children into paid work could be misguided. Policies that focus on moving low-income women off of government assistance and into paid work could be more effective if greater resources were devoted to increasing access to quality child care.

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For more than four decades, numerous studies have shown that being employed or becoming employed is associated with better mental health outcomes, including lower levels of nonspecific psychological distress, depression, anxiety, and somatization (Ali & Avison, 1997; Aneshensel, Frerichs, & Clark, 1981; Cleary & Mechanic, 1983; Dooley, Catalano, & Wilson, 1994; Dooley, Prause, & Ham-Rowbottom, 2000; Fenwick & Tausig, 2007; Gore & Mangione, 1983; Gove & Geerken, 1977; Horwitz, 1984; Kessler & McRae, 1982; Kessler, House, & Turner, 1987; Kessler, Turner, & House, 1987, 1989; Lennon, 1999; Lennon & Limonic, 2010; Linn, Sandifer, & Stein, 1985; Mirowsky & Ross, 2003; Mossakowski, 2009; Rosenfield, 1989; Ross, Mirowsky, & Huber, 1983; Simon, 1992; Tausig, 1999, 2013; Tausig, Michelle, & Subedi, 2004; Wethington & Kessler, 1989). According to

previous research, employment supports mental health by reducing chronic stress and by promoting financial security, caring coworker relationships, self-esteem, and a sense of personal control over one's life (Ali & Avison, 1997; Kessler, Turner, et al., 1987; Lennon, 1999; Lennon & Limonic, 2010; Linn et al., 1985; Mirowsky & Ross, 2003; Mossakowski, 2009; Pugliesi, 1995; Tausig, 1999, 2013).

Although employment has been shown to benefit the mental health of women and men, there is some evidence to suggest that employment is related less consistently to the mental health of women with children. Some researchers suggest that the association between employment and mental health is attenuated for women with children or by the mere presence of young children in the household (Ali & Avison, 1997; Aneshensel et al., 1981; Cleary & Mechanic, 1983; Gove & Geerken, 1977; Kessler & McRae, 1982). Others suggest that the association between employment and mental health is not attenuated by the presence of young children per se. The more precise and compelling

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argument is that the mental health benefits of employment are offset or even eliminated by the stress of work–family role conflict from inadequate child care or an unequal distribution of child care responsibilities within the household (Kessler & McRae, 1982; Ross & Mirowsky, 1988).

In this paper, we consider whether becoming employed reduces symptoms of psychological distress among low-income women with children. We also assess whether having trouble securing adequate child care offsets these benefits. To this point, previous studies of employment, child care, and mental health have employed cross-sectional data collected from general probability samples of the U.S. population (Kessler & McRae, 1982; Ross & Mirowsky, 1988). We extend this seminal work by using longitudinal data collected from a probability sample of low-income women with children living in Boston, Chicago, and San Antonio. Methodologically, our longitudinal design is important for addressing the possibility of health selection into or out of employment (Ali & Avison, 1997; Dooley et al., 1994; Dooley et al., 2000; Kessler, Turner, et al., 1989; Tolman et al., 2009; Wethington & Kessler, 1989). Theoretically, our focus on low-income urban women with children is important because this population is especially vulnerable to work–family conflict and inadequate child care (Allen et al., 2000; Cleary & Mechanic, 1983; Fuller & Liang, 1995; Morris & Levine Coley, 2004; Thornton & Hershey, 1990). When low-income women receive welfare benefits, they are legally required by the 1996 Personal Responsibility Work Opportunity Reconciliation Act (PRWORA) to be gainfully employed as a precondition for financial assistance. The cultural problem is an ideology of “wage-earning over child-rearing” for poor women (Lister, 2001, p. 100). The structural problem is that low-income women tend to live in resource-poor neighborhoods, are disproportionately employed in precarious jobs, and often have trouble securing child care (Allen et al., 2000; Danziger, Ananat, & Browning, 2004; Fuller & Liang, 1995; Kalleberg, 2011; Kisker & Ross, 1997; Morris & Levine Coley, 2004; Young, 2015). The question to be addressed empirically is whether conflicting child care arrangements condition the mental health benefits of becoming employed for low-income urban women.

## Background

Our central argument is that the mental health benefits of being employed or becoming employed should be attenuated for those low-income women who also have trouble securing child care. Following Ross and Mirowsky (1988, p. 129), we expect that “the meaning of employment to emotional well-being may depend on children and on child care.” This expectation primarily rests on the stress process model and previous studies of work–family conflict.

### *The Stress Process Model*

The stress process model provides a general framework for understanding how and under which conditions socially patterned stressors might undermine mental health (Pearlin, 1989; Pearlin et al., 2005). According to this model, role conflict is a special class of chronic strain that can undermine mental health (Pearlin, 1989). Role conflict is stressful because it involves “the incompatible demands of multiple roles, especially demands of work and family” (Pearlin, 1989, p. 245). Employment is a role that is never played in isolation from other roles. The problem is that “individuals cannot satisfy the demands and

expectations of one of these roles without forsaking those of the other” (Pearlin, 1989:245). When women with children transition into the worker role, they are often forced to make compromises between roles that unemployed women with children do not have to make. Perhaps the most common compromise for employed women is between work and child care arrangements. Ross and Mirowsky (1988, p. 136) explain that “it is the lack of readily available child care and the lack of shared responsibility for children within the couple that place stress on the mothers and on their families.”

### *Work–Family Conflict*

The many compromises that employed women make can be psychologically distressing. In fact, numerous studies show that work-to-family conflict and family-to-work conflict are associated with poorer mental health outcomes, including higher levels of nonspecific psychological distress, depression, anxiety, guilt, anger, somatization, and substance abuse (Allen et al., 2000; Amstad et al., 2011; Frone, 2000; Frone, Barnes, & Farrell, 1994; Frone, Russell, & Barnes, 1996; Frone, Russell, & Cooper, 1992, 1997; Grzywacz & Bass, 2003; Major, Klein, & Ehrhart, 2002; Ross & Mirowsky, 1988; Ross, Mirowsky, & Goldstein, 1990; Schieman, McBrier, & Van Gundy, 2003; Schieman & Glavin, 2011; Simon, 1995; Young & Schieman, 2012; Young, Schieman, & Milkie, 2014). According to previous research, the competing demands of work–family conflict undermine mental health by creating social conditions that are conducive to negative self-evaluations (“I am no good at parenting”), stress (“I can’t do this”), and dissatisfaction (“This isn’t what I want”) with work and family life (Allen et al., 2000; Amstad et al., 2011; Bolger, DeLongis, Kessler, & Wethington, 1989; Frone et al., 1992; Frone et al., 1994; Major et al., 2002; Ross & Mirowsky, 1988; Schieman & Glavin, 2011; Simon, 1995; Young et al., 2014).

Although work and family roles may conflict in many ways, problems associated with inadequate child care and the unequal distribution of child care responsibilities within the household may be especially detrimental to the mental health of employed women (Kessler & McRae, 1982; Ross & Mirowsky, 1988). Ross and Mirowsky (1988, p. 129) explain that, “Many women are faced with conflicts between their roles of mother and of employee; the institutional support necessary to fulfill both roles often does not exist. Possibly the major lack of institutional support is found in child care.”

Our review of the empirical literature resulted in two studies focused specifically on employment, child care, and mental health (Kessler & McRae, 1982; Ross & Mirowsky, 1988). Using data collected from a national sample of U.S. adults, Kessler and McRae (1982) show that employment is associated with lower levels of anxiety (but not lower levels of depression) among women whose husbands share in child care. Referring to women whose husbands do not share in child care, Kessler and McRae (1982, p. 220) note that, “there is, for all practical purposes, no mental health advantage of employment among these women.”

Also using data from a national sample of U.S. adults, Ross and Mirowsky (1988) find increased levels of depression among employed wives with young children who have 1) difficulty arranging child care and 2) husbands who do not share in child care. Interestingly, these authors also report that difficulty arranging child care and sharing in child care are unrelated to depression among husbands of employed wives with young children. Ross and Mirowsky (1988, p. 135) conclude that,

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