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Predicting household residency among youth from vulnerable families

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ABSTRACT

This study examined the relationship between maternal social stability and household residency among youth in vulnerable families. Data on the household residency of biological children (under 18 years of age) was collected from 259 mothers in Baltimore, Maryland. Only half (50%) of the mothers lived with at least one of their biological children. Multivariate logistic regression analyses were conducted to determine which maternal characteristics and stability factors predicting the likelihood of a child not living with their biological mother. A history of mental health diagnoses as well as economic and housing instability were the strongest predictors of children not living with their biological mothers. Social stability factors such as incarceration history, and receipt of food stamps *were not* associated with an increased likelihood that children were not living with their biological mother. Maternal economic and housing instability may be the basis on which vulnerability begins for youth. These findings serve as the foundation for future researchers interested in identifying factors that may moderate or mediate the complex relationship between maternal stability and childhood outcomes.

1. Introduction

Children's living arrangements have diversified in the last few decades. This diversity is in part due to the changes in family formation and family stability (i.e. whether the parent(s) with whom a child lives changed over time). Only 5% of children in the US were born to unmarried parents in 1960; this rate rose to 18% by 1980 and to 40% by 2007. The rise of youth in foster and kinship care also suggests that the number of youth not living with a biological parent has increased over the years (Ventura, 2009). In addition to fewer children being born into two-parent households, researchers also estimate that nearly 20% of adolescents have experienced one family structure change, and an additional 20% have experienced two or more family structure transitions (Cavanagh and Huston, 2008). Acknowledging the presence and importance of diverse family structures can expand our understanding of resources among vulnerable families. Knowing *where* children live will aid in the early identification of youth who may be at greater risk for internalizing and externalizing behaviors (Barnard and McKeganey, 2004; Suchman et al., 2006). Also, knowing *with whom* children live permits researchers to identify a wider range of caring adults who may be willing to participate in research or allow young people to do so.

Maternal characteristics, such as drug abuse and mental health diagnoses, play an important role in where some children live. Several studies have found an association between these characteristics and parenting practices. Parental substance abuse is the most common predictor of a child not living with their biological parent (Suchman et al., 2006). Children who have a parent with problematic drug use experience family conflict, suffer from child maltreatment, and witness domestic violence (Barnard and McKeganey, 2004; Ronel and Levy-Cahana, 2011; Velleman and Templeton, 2016). Similarly, depression has been associated with a 2- to 3-fold increased risk of a parent perpetrating physical abuse, psychological aggression, and medical neglect (Thomas and Kalucy, 2003; Weissman et al., 2004; Windham et al., 2004). Thus, some parents may not live with their biological children due to concerns for child safety and well-being in the home.

The effects of maternal characteristics on children's living arrangements may be compounded by social instability. Social stability can be viewed as "a state of life structure and constancy that functions in a protective way against further hazards and helps to maintain one's connection with societal expectations" (German and Latkin, 2012). Social stability is a dimension of family structure that influences all members of a family and reflects both social integration and role

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fulfillment (Barnett, 2008). Housing, employment status, and partnership are the most common domains used to assess social stability. Incarceration history and receipt of public assistance (e.g., food stamps and welfare) have also been identified as social stability indicators among high-risk individuals (Bouhnik et al., 2002). Unsurprisingly, social stability and family structure stability are intricately linked. For example, family structural changes are associated with moving and moving often co-occurs with divorce or remarriage and can correspond with parental employment status (Fomby and Sennott, 2013; Foster, 2011; Hoffmann, 2006; Kan, 2002; Lin et al., 2004; Osgood et al., 2005).

Previous research suggests the interconnected domains of social stability affect both adult and child well-being (Min Park et al., 2011; Suglia et al., 2011). However, there is little empirical research that document the likelihood children live with their biological parents during times of social instability. The goal of this study was to examine the relationship between maternal social stability and household residency among biological children. We hypothesized maternal social instability would be related to an increased likelihood that children were not living with biological mother. Identifying and understanding the various factors that affect children's living arrangements will enhance our ability to locate and intervene with vulnerable families and improve health outcomes for youth and their parents.

2. Methods

The study was conducted in Baltimore, MD, USA. The data were collected through a baseline assessment of individuals enrolled an HIV prevention program for high risk heterosexual women and their social network members. Much of the research about this population is limited to sexual health and criminality. We sought to expand the conversation about this group by focusing on the social stability and parental roles of these women.

Women (referred to as index participants) were recruited through street outreach as well as at health clinics and other local community agencies. Study eligibility criteria for index participant included 1) female, 2) age 18–55 years old, 3) did not inject drugs in the past six months, 4) self-reported sex with at least 1 male partner in the past six months, and 5) had at least one sexual risk factor including any of the following: a) > 2 sex partners in the past 6 months, b) STI diagnosis in the past six months, and c) having a high risk sex partner in the past 90 days (i.e., injected heroin or cocaine, smoked crack, HIV seropositive, or man who has sex with men). Index participants also referred social network members to participate in the study. Eligibility for network participants included: 1) injecting heroin or cocaine in the past six months, 2) sex partners of the index participant, or 3) people the index participants felt comfortable talking to about HIV or STIs. The current study focused on the biological children of women who completed the baseline assessment.

2.1. Baseline data collection

The present study used baseline data collected from September 2005 through July 2007. The baseline visit consisted of written informed consent, and face-to-face survey administration by a trained interviewer. Sections of the survey on HIV risk behaviors were administered through Audio-Computer Assisted Self Interviewing (ACASI). The baseline survey included a personal social network inventory, which gathered information on their dependents and individuals that provided functional support to the participants. The network inventory utilized has been validated in previous studies (Davey-Rothwell et al., 2008; Latkin et al., 2010; Neblett et al., 2011). This analysis included the biological children that participants listed in their network inventory.

Participants received $35 for completion of the baseline interview. The study visits lasted approximately 2 ½ hours. Additional details on study procedures have been reported previously (Davey-Rothwell et al., 2011). The university's Institutional Review Board approved the study and all research protocols.

2.2. Measures

2.2.1. Social stability

We examined several factors as markers of the mothers' social stability. Participants were asked if they had been unemployed at any point in the last 6 months. In addition to employment status, participants were asked about their other sources of income in the past 30 days. Total personal income was defined as total amount of income, regardless of source and including wages in the past 30 days. This variable was dichotomized as less than $500 versus $500 or more. Homelessness was measured as a self-report of being homeless in the past six months. Current housing stability was defined as living in a home or apartment that is owned or rented. Additional markers of social stability examined include receipt of food stamps or welfare in the prior 30 days.

2.2.2. Mental health

Depressive symptoms were assessed through the Center for Epidemiological Studies Depression (CES-D) assessment tool (Radloff, 1977). A cut-point of 16 was used to indicate moderate to severe depressive symptoms. Participants also reported whether they had ever received a mental diagnosis from a health care professional (yes or no).

2.2.3. Drug use

Participants self-reported their use of heroin and cocaine. Dichotomous variables were created to measure lifetime and recent (past six months) use of these drugs (regardless of route of administration).

2.2.4. Demographic characteristics

Several demographic covariates were also examined including age, number of biological children, race (Black/African American vs. not Black/African American), educational attainment (less than high school vs. high school, GED and any college), and relationship status (married/cohabiting vs. not married/not cohabiting). Finally, participants reported the age and gender of their biological children.

2.3. Data analysis

Chi-square analyses were conducted to examine unadjusted relationships between a mother's social stability and high-risk behaviors and mothers not living in same household as their biological children under 18 years of age. Univariate and multivariate logistic regression models were used to investigate the unadjusted and adjusted relationships between a mother's social stability and high-risk behaviors and the location of the listed child. Statistically significant covariates ($p < .05$) in the univariate models and were not collinear with other covariates were included in the multivariate model. To account for the correlation that exists between children with the same biological mother, generalized estimating equations (GEE) were used to obtain odds ratios and confidence intervals, with the biological mother acting as the unit of cluster. All analyses were conducted in STATA version 13.

3. Results

Seven hundred and forty-six participants completed the baseline visit. Of these participants, 567 were women. Among women, 259 reported having biological children in their network, with women reporting an average of two biological children. There were 572 biological children listed within the network. Table 1 lists the sociodemographic characteristics, social stability indicators, and mental health indicators of participants (i.e., women who reported