



The effects of maternal depression on child outcomes during the first years of formal schooling



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ABSTRACT

Depression among parents, particularly maternal depression, is an important factor in children's lives. Among mental health disorders, depression is one of the most common and can be a debilitating and chronic condition. Little research has examined the effect of maternal depression on children's school-related outcomes during the early years of formal schooling. Using a nationally representative sample of over 16,940 kindergarteners (ages 5–6); we examine the association between the timing and persistence of maternal depression, measured in kindergarten and third grade, and children's school behaviors, academic achievement, and school absences through fifth grade. Results indicate that persistent maternal depression predicts more negative behaviors, smaller achievement gains, and increased school absences. Implications for policy and practice are discussed.

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Introduction

Depression among parents, particularly maternal depression, is an important factor in children's lives. Among mental health disorders, depression is one of the most common and can be a debilitating and chronic condition. Depression is associated with many negative outcomes and difficulties throughout the life course (Miech & Shanahan, 2000; Teitler & Reichman, 2008).

Women are nearly two times more likely than men to experience depression (Kessler, 2003). Over 10 percent of women ages 18–39 suffer from depression at any given time, with lifetime prevalence of Major Depressive Disorder (MDD) for women estimated at over 20 percent (CDC, MMWR 2012; Curry et al., 2014). Nearly 75% of those who have experienced an episode of depression will have a subsequent episode (Keller & Boland, 1998; Kessler, Zhao, Blazer, & Swartz, 1997). Individuals with depression can have difficulty maintaining relationships and have increased negative interactions with others (Coyne, 1976; Segrin & Dillard, 1992). Mothers with depression can have difficulty parenting, have more negative interactions with their children, and have been found to

provide less cognitive stimulation compared to mothers without depression (Kiernan & Huerta, 2008; Turney, 2012).

Parental capacity to support children through elementary and middle school is influenced by many factors, including parents' mental health. Parents play an important role in students' engagement with and success in school. Students' perceptions of support from parents and family cohesion have been linked to student competence (Connell, Spencer, & Aber, 1994; Wentzel, 1998) and parental neglect or lack of support is linked to school failure (Glasgow, Dornbusch, Troyer, Steinberg, & Ritter 1997). School disengagement is an important predictor of subsequent academic failure (Crosnoe, 2002), and school attendance is one form of school disengagement. Disengagement from school can begin in the early elementary grades. When young children become disconnected from school early on, it may persist and have long-term consequences for academic motivation and achievement (Hamre & Pianta, 2001). Children's early success in school in terms of both achievement and behavior has been linked to subsequent success (Duncan et al., 2007; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Raver, 2003). Given the links between children's early achievement, behavior, and attendance for later school-related outcomes, it is important to understand the association between maternal depression and these outcomes across elementary school.

While a large body of research explores the association between maternal depression, often measured as depressive symptomology, and child development (Cummings & Davies, 1994; Goodman &

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Gotlib, 2002; Kiernan & Huerta, 2008; Turney, 2012), little research has examined the association between maternal depression and school-aged children's classroom behaviors, academic achievement, and school attendance. It is important to note that, like much of the related research (Augustine & Crosnoe, 2010; Goodman & Gotlib, 2002; Kiernan & Huerta, 2008; Turney, 2011, 2012), while we refer to maternal depression throughout this study, our measure is an indicator of depressive symptoms rather than an official diagnosis of depression. Among the few studies that have examined the relationship between maternal depression and children's developmental outcomes in elementary school (Ashman, Dawson, & Panagiotides, 2008; Augustine & Crosnoe, 2010; Bodovski & Youn, 2010; Essex, Klein, Miech, & Smider, 2001), little attention has been given to the importance of the timing, persistence, or severity of maternal depression. The current study aims to address this gap in the literature. Using a nationally representative longitudinal sample of kindergarteners, we examine the relationship between the timing, persistence, and severity of maternal depression and children's school behaviors, academic achievement, and attendance in third and fifth grades.

Maternal depression and child development

Theoretical perspective

Both life course and developmental theories posit that maternal depression—including its timing, persistence, and severity—is likely to influence children's school behavior, achievement, and attendance. Life course theory suggests that development is determined, in part, through responses to changes in the contexts in which development occurs. From this perspective, the association between a mother's depression and her child's school outcomes may vary depending on when in the child's life it occurs, whether the mother's depression is chronic or episodic in nature, and the severity of her depression (Elder & Shanahan, 2006).

Timing. Theory and research suggest that maternal depression that occurs earlier in a child's life will likely affect the child more than maternal depression experienced during later years (Elder & Shanahan, 2006; Shonkoff & Phillips, 2000). This is due, in part, to the fact that early experiences are particularly salient for children's developmental outcomes (Shonkoff & Phillips, 2000). Family is more influential for younger children than for older children and adolescents who spend more time in school and with their peers (Bronfenbrenner & Morris, 2006; Elder & Shanahan, 2006; Shonkoff & Phillips, 2000). Maternal depression is associated with negative interactions with children and less optimal parenting during early childhood (Kiernan & Huerta, 2008; Turney, 2012).

Young children may be more susceptible to the effects of maternal depression given that home and familial contexts are more salient for them. Thus, maternal depression early in elementary school, when children are still very young, might be more detrimental to their school outcomes and set them on a less positive trajectory than maternal depression experienced later in elementary school or high school, when peer relationships become particularly important (Magnusson & Stattin, 2006). However, the association between maternal depression and child outcomes has been documented from infancy through adolescence, with no specific age group appearing to be particularly vulnerable or resilient (Cummings & Davies, 1994; Rutter, 1990).

Persistence. While children of depressed mothers are more likely to encounter a variety of disadvantages than children of non-depressed mothers, those children whose mothers are chronically depressed—for whom maternal depression persists over time or occurs multiple times—may be more vulnerable than children whose mothers experience a single episode of depression

(Cummings & Davies, 1994). As we note above, the majority of people who become depressed will experience a subsequent episode or episodes of depression (Keller & Boland, 1998; Kessler et al., 1997). Thus, maternal depression measured once a child enters school might be capturing depression that is persistent or reoccurring. However, a snapshot of maternal depression for school-age children may, instead, indicate a single or first episode of depression.

Children whose mothers experience a single episode of depression may experience few, if any, lasting negative impacts; but children whose mothers are persistently depressed may be more likely to accumulate disadvantage over this extended period and thus be more likely to experience lasting negative effects (Campbell, 2010). Mothers who experience a single episode of depression might be more capable of coping with the illness and, with a relatively brief duration and lack of reoccurrence, their children may only experience negative consequences of the mother's depression during the episode, if at all, rather than experiencing lasting negative effects (Campbell, 2010). Neither developmental nor life course theories suggest which might matter more for children's development, the timing of maternal depression or its persistence.

Severity. Along with the timing and persistence of depression, another potentially important factor related to the effect of maternal depression on children is its severity. Mothers with Major Depressive Disorder (MDD), a severe form of clinical depression that is debilitating and interferes with normal functioning, are likely less able to meet their children's day to day needs. MDD interferes with all aspects of a person's life including the quantity and quality of parenting (Goodman & Gotlib, 2002; Kiernan & Huerta, 2008). Thus, we might expect children whose mothers have MDD to experience more negative effects. Indeed, evidence indicates that both chronicity and severity of maternal depression predict more negative child outcomes at age 5 (Brennan et al., 2000). Studies have found that individuals with MDD are likely to have multiple episodes of severe depressive symptoms (Kessler, 2003), and MDD often co-occurs with other disorders such as anxiety, substance use, and impulse control (Kessler et al., 2003).

Maternal depression and context

The influence of maternal depression on child development might be more pronounced in certain family contexts. Maternal depression is more common among economically disadvantaged families (Belle, 1990), and some evidence suggests that maternal depression might have a larger negative effect on child well-being among families with low incomes (Goodman et al., 2011). Mothers living in poverty are more likely to have additional stressors that limit their ability to compensate for, cope with, or seek treatment for depression.

Depression is more common among ethnic minorities relative to white women (Bromberger, Harlow, Avis, Kravitz, & Cordal, 2004; Plant & Sachs-Ericsson, 2004), and people with lower levels of education and racial/ethnic minorities are much less likely to receive treatment for depression (Olsson et al., 2002). High levels of familial stress related to poverty may mediate the relationship between maternal depression and child well-being (Dawson et al., 2003). However, the existing literature is mixed with regard to whether higher levels of income or maternal education buffer children from the negative effects of maternal depression, as well as to whether the effects of maternal depression vary by race/ethnicity (Augustine & Crosnoe, 2010; Goodman et al., 2011; Turney, 2011, 2012). In addition to exploring whether the effects of maternal depression vary by its timing, persistence, and severity, we explore whether or not there are differential effects of maternal depression for

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