



## Maternal mental health, child care quality, and children's behavior



Hillel Goelman<sup>a,\*</sup>, Bozena Zdaniuk<sup>a</sup>, W. Thomas Boyce<sup>a</sup>, Jeffrey M. Armstrong<sup>b</sup>, Marilyn J. Essex<sup>b</sup>

<sup>a</sup> The University of British Columbia, Canada

<sup>b</sup> The University of Wisconsin, United States

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### ABSTRACT

Moderating effects of non-parental preschool child care quality on the impact of maternal mental health risks on children's behavioral and mental health outcomes were examined. The paper presents data both on the concurrent buffering effects on children at the age of 4 ½ while they are in child care as well as on the longitudinal effects on the children two years later in the first grade. Study participants included 294 mothers, fathers, their children, their children's non-parental caregivers in preschool child care programs and their children's first grade teachers from the Wisconsin Study of Families and Work. Using regression models to examine moderation, we found that in low quality child care, children exposed to elevated maternal depressive symptoms and anger showed more behavioral problems and worse prosocial functioning. In contrast, children in high quality child care did not present higher symptoms in relation to elevated mother mental health risks. Significant moderating effects were found in both concurrent and longitudinal analyses. Results point to potential buffering effects of high quality care for children faced with adverse family factors.

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The consistent association between parental mental health and behavior problems in their children has been well documented. Similarly, the consistent association between the quality of non-parental child care programs and behavior problems in children has also been widely reported in the child care literature. Few studies, however, have examined the potential three-way relations of parental mental health, child care quality and child (internalizing and externalizing) behaviors. This paper utilizes secondary data analyses in order to test the hypothesis that high child care quality has a buffering effect on the relation between maternal risk factors and child behavioral outcomes. In doing so, we also attempt to broaden the respective research literatures in two specific ways. First, whereas most studies have focused only on maternal depression, this paper also explores the effects of maternal anger. Second, the paper presents data on both the concurrent buffering effects on children at the age of 4 1/2 while they are in child care as well as on the longitudinal effects on the children two years later in the first grade.

The link between maternal depression, the most widely researched area of maternal mental health, and child behavior problems has been well established through meta-analyses (Beck, 1999), integrative reviews (Center on the Developing Child at Harvard University, 2009; Downey & Coyne, 1990), national surveys (Civic & Holt, 2000), and international comparative research (Wachs, Black, & Engle, 2009).

Cicchetti, Rogosch, and Toth (1998) have pointed to maternal depression as part of a constellation of contextual risk factors that contribute to both attachment insecurity and negative behavior outcomes in children whereas Field (1994) established that maternal unavailability, due in part to depression, plays a major role in children's emotional dis-regulation. Elgar, McGrath, Waschbusch, Stewart, and Curtis (2004) argued that the effects of maternal depression on child behavior were likely bidirectional and involved a complex interaction of biological factors (e.g., the in-utero environment and genetics) and psychosocial factors (e.g., family functioning, attachment, and discipline).

Links between parental anger and child behavior problems have also been well documented in the literature. Parents' predisposition to anger may lead to more marital/family conflict and the association of marital conflict with child negative outcomes has been studied extensively for the last twenty years (e.g., Cummings & Davies, 2010; Fosco & Grych, 2007; McDonald & Grych, 2006). Parents' anger may also affect the child negatively by leading to harsher or less sensitive parenting behaviors (Burrous, Crockenberg, & Leerkes, 2009; Rueger, Katz, Risser, & Lovejoy, 2011) that may lead to problematic child behaviors. Denham et al. (2000) found that although positive parenting practices predicted fewer behavior problems in young children, higher levels of parental anger contributed to increased levels of child behavior problems. They point out that even when anger is not directed to the child, the exposure to parental anger can have negative impacts on children's emotional development. Taken together, the research literature indicates that parental depression and anger can have significant negative effects on children's behavioral outcomes.

Parallel to but distinct from the literature on maternal mental health and child mental health is the research literature on the effects of the

\* Corresponding author at: Interdisciplinary Studies Graduate Program, 6201 Cecil Green Park Road, Green College, Green Commons, Vancouver, BC V6T 1Z1, Canada. Tel.: +1 604 822 9903, +1 604 822 0954(Reception); fax: +1 604 822 0479.

E-mail address: hillel.goelman@ubc.ca (H. Goelman).

URL: <http://www.ubc.isgp.ca> (H. Goelman).

quality of non-parental child care programs on child mental health in general and on externalizing behaviors in specific. “Quality” of child care is usually defined in one of two ways. “Process quality” refers to the quantity and nature of adult–child interactions in the child care setting. “Structural quality” reflects regulatable criteria such as staff training, group size, adult:child ratio, and staff salaries. There is a robust body of research that demonstrates the ways in which both process and structural quality in child care programs can positively impact on child development outcomes and that although distinct in their foci, process and structural quality are to some degree correlated (Cryer, Tietze, Burchinal, Leal, & Palacios, 1999; Goelman, Doherty, Lero, LaGrange, & Tougas, 2000; Goelman et al., 2006; Pessanha, Aguiar, & Bairrao, 2007; Phillippsen, Burchinal, Howes, & Cryer, 1997; most of the reported correlation coefficients ranged from .10 to .45). In their review of the effects of quality child care, Bradley and Vandell (2007) concluded that children in higher quality child care settings performed well on measures of cognitive and social–emotional development.

The question that we address in this paper is whether high quality child care can buffer the effects of parental mental health symptoms on children’s behavior. The research literature has reported mixed results on this question. One of the publications by the National Institute of Child Health and Development Study of Early Child Care (NICHD Early Child Care Research Network, 2002) reported on a study of a sub-sample of the total NICHD sample. It was hypothesized that for this sub-sample of 504 children at 24 and 36 months high quality child care would serve as a buffering effect for a number of family risks, including maternal depression, but failed to find such an effect. That is, in this study the interaction of childcare quality and family risk factors did not significantly predict child outcomes, leading the researchers to conclude that their buffering hypothesis was not supported. However, some evidence of the buffering effect was reported in another NICHD SECC study with larger samples that examined mother–child positive engagement and interaction patterns at 36 months ( $N = 1148$  dyads), 54 months ( $N = 1027$  dyads) and in the first grade ( $N = 992$  dyads; NICHD Early Child Care Research Network, 2003). That study did find a buffering effect of higher quality care for effects of maternal depression on children’s positive engagement with mother. The authors point out, however, that these findings may be based largely on the results within various sub-samples of the larger NICHD sample and therefore called for more research into this phenomenon.

There were a number of differences between the sample in the NICHD Study of Early Child Care and the sample in the study reported in this paper. The NICHD Study of Early Child Care included *non-maternal* forms of child care that could have included paid and unpaid care by relatives and non-relatives, including unpaid care by fathers. In contrast, the current study examines the child’s growth and development only in *non-parental*, paid forms of child care that included care in a non-profit child care center, a for-profit child care center, a public half-day nursery school program, a private or parochial nursery school care and care with a family child care provider. Thus, our examination of the buffering hypothesis is performed on non-parental forms of child care.

The literature has documented that both maternal mental health and high quality child care can impact on child development in general and on the development of children’s behavior in particular. The two bodies of research literature have been conducted largely in isolation from one another and the few studies that have considered the interaction of maternal health and child care quality have generated mixed results. The current study was designed to focus on this interaction and to broaden both bodies of literature by drawing on child care data that were collected as part of the Wisconsin Study of Families and Work (WSFW; Hyde, Klein, Essex, & Clark, 1995). The current study asked two questions about the effects of high quality child care for pre-school aged children: Does high quality child care buffer the effects of maternal depression and anger? Do these buffering effects extend through kindergarten to first grade?

## Method

### Sample

This study uses data collected on participants of the Wisconsin Study of Families and Work (WSFW; Hyde et al., 1995). In the first assessment wave, the WSFW enrolled 570 families from the Madison and Milwaukee areas during women’s second trimester of pregnancy through obstetrics clinics, private and university hospital clinics, and a large health maintenance organization. Out of those 560 had live births and were eligible to continue in the study. For the purpose of this paper, we have examined parental, child and child care data at two specific points of data collection: at 4.5 years of age and two years later in the first grade. At the 4.5 year assessment, detailed interviews were conducted with the child care providers for those children who were receiving at least 10 hours per week of care from someone other than their parents. Of the 467 families that provided responses at that round of data collection (83% of the original 560 families), 130 reported not using any child care arrangements on regular basis. Out of 337 that reported using regular child care at least 10 h a week, 294 providers were interviewed. The interviews collected information on provider professional experience, child care job characteristics, child care setting, and provider’s report on measures of child’s behavior.

Interviewed providers cared for the 294 study participants in five types of child care settings: Family childcare provided at either the child’s or the provider’s home by someone other than the parent ( $n = 72$ ); Center-based for Profit child care was provided by a private, commercial operation ( $n = 79$ ); Center-based Non-profit child care was provided by a non-profit or municipal organization ( $n = 80$ ); Public School child care was provided by public schools as a part-time pre-kindergarten program ( $n = 31$ ); and Private/Parochial – childcare provided in privately run church affiliated or Montessori type institutions ( $n = 32$ ). Children in child care were compared to children who did not attend child care on all variables included in the analyses. Children not attending child care differed from those in child care on a few family characteristics: their mothers were younger when giving birth,  $M = 26.1$  versus 27.4, respectively;  $t(465) = -2.8$ ,  $p = .006$ ; their family SES standardized measure was lower,  $M = -0.2$  versus 0.1, respectively;  $t(445) = -2.9$ ,  $p = .004$ ; and their household had more members,  $M = 4.8$  versus 4.3, respectively;  $t(445) = 4.4$ ,  $p < .001$ . There were no significant differences between the two groups of children on any of the child behavioral outcomes or family risks.

### Measures

#### Quality of childcare

In order to develop a composite measure of child care quality in this study, a number of available structural quality predictors (child-to-adult ratio, caregiver salary, caregiver general and child development specific education, caregiver years of child care experience, level of job satisfaction, and caregiver professional memberships) were subjected to a series of factor analyses. The emerging factor pattern was analyzed separately for all five types of child care included in the study. The three items that loaded consistently on the same factor and accounted for over 50% of the variance across all five types of child care arrangements were caregiver salary, years of education and amount of child care related training. In order to create a composite measure of child care quality, these three variables were combined using Principal Components Analysis (PCA), where the first component represented what the three measures shared in common. The first component accounted for more than 50% of the variance and the factor loadings of each variable were greater than .50. Because of missing data on caregiver salary, the child care quality measure was computed for 249 out of 294 cases with available child care data. The missing cases ( $n = 45$ ) were compared to those included in the analyses on all child care related and

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