

Maternal Mental Health, Parenting Attributes and Family Support in a Rural Early Head Start Sample

Amanda L. Moen, Susan M. Sheridan & Sonya A. Bhatia



NEBRASKA CENTER FOR RESEARCH
CHILDREN, YOUTH, FAMILIES & SCHOOLS

Introduction

- Children's development is influenced by many embedded systems (i.e., microsystem, mesosystem, exosystem, macrosystem, and chronosystem) (Bronfenbrenner, 1979).
- Stress and a lack of social support contribute to parents feeling less competent in their parenting practices (Raikes & Thompson, 2005).
- Parents in rural communities report experiencing stress and isolation from support systems (Gardner & Cutrona, 2004).
- Furthermore, rural families are prone to poverty (Barton et al., 2013), compounding the impact of isolation and stress and is related to maternal depression (Knitzer, 2001) and negative parent-child relationships (Ryan et al., 2006).
- Stressed and depressed mothers tend to be more negative toward their children (Lovejoy et al., 2000; Crnic, Gaze, & Hoffman, 2005), which is often associated with problem behaviors in children (Dodge et al., 1994).
- Parents who perceive high levels of social support engage in more positive parenting behaviors and fewer negative parenting behaviors (Ensor & Hughes, 2010).

Study Purpose

- To examine the presence of protective factors (i.e., parent-caregiver relationships, parental sense of competence, and the presence of social support) that may ameliorate rural mothers' stress and depression.

Method

Participants

- Part of a larger, randomized study examining the effectiveness of Getting Ready with at-risk children aged birth to five years.
- Approximately 224 rural Early Head Start mothers and their children under age 3 living in highly impoverished rural areas.

Measures

- Parenting Stress Index (Abidin, 1995)
 - 36 questions that assess parent stress
- Center for Epidemiologic Studies Depression Scale (Radloff, 1985)
 - 20 questions that measure level of depression
- Parenting Sense of Competence (Johnston & Mash, 1989)
 - 17 questions that estimate parenting self-esteem (i.e., parents' beliefs on their own parenting practice)
- Parent Caregiver Relationship Scale (Elicker, Noppe, & Noppe, 1997)
 - 35 questions that measure the quality of the relationship between parents and caregivers
- Family Support
 - 8 questions that assess the presence of individuals and/or resources that have supported the caregiver in raising the child

Table 1. Demographic Characteristics of Mothers and Children
n = 224

	Mothers	Children
Age	<i>M</i> = 24.46 years (<i>SD</i> = 4.88) Mode = 23.00 years Range = 12 - 39 years	<i>M</i> = 10.25 months (<i>SD</i> = 7.12) Range = 1 - 32 months
Gender		
Male	0%	52.9%
Female	100%	47.1%
Ethnicity		
Hispanic	39%	35%
Non-Hispanic	61%	42.6%
Unknown	0%	22.4%

Table 2. Demographic Characteristics of Families

Annual Household Income	
Under \$14,000	51.2%
\$14,001 to \$22,000	15.6%
\$22,001 or more	33.2%
Other Support Received	
Women, Infants, and Children (WIC)	93.5%
Temporary Assistance for Needy Families (TANF)	27.4%
Medicaid	90.7%
Food Stamps	61.7%
Education Level	
Through 12 th Grade or less	42.1%
High School Diploma or GED	31%
Some training beyond High School, but no degree	23.1%
Vocational Certificate or College Degree	5.4%

Table 3. Demographic Characteristics of EHS Home Visitors
n = 52

Age	<i>M</i> = 31.9 years (<i>SD</i> = 9.44) Range = 19 - 57 years
Education Level	
High School Diploma	3.8%
Some training beyond High School, but no degree	32.7%
Vocational Certificate	7.7%
Two Year College Degree	36.5%
Four Year College Degree or more	19.3%
Relevant Experience	
Early Childhood Setting	<i>M</i> = 62.13 months (<i>SD</i> = 58.82) Range = 0 - 228 months
Home Visiting Services	<i>M</i> = 26.68 months (<i>SD</i> = 33.99) Range = 0 - 192 months
Home Visiting Services with Early Childhood Focus	<i>M</i> = 27.2 months (<i>SD</i> = 38.47) Range = 0 - 192 months

Results

- Support from the child's grandparents, friends, and co-workers were negatively related to stress (*r*'s = -.218, -.253, and -.219, respectively; all *p*'s < .05), indicating that **as support increased, stress tended to decrease**.
- Support from the child's father, friends, and coworkers were all negatively related to maternal depression (*r*'s = -.157, -.186, -.375, respectively; all *p*'s < .05). **As mothers felt more support, they reported lower levels of depression**.
- Religious group support was positively related to parent sense of competence (*r* = .231, *p* = .04), meaning that **as support increased, mothers felt more competent in raising their child**.
- Parental sense of competence was also negatively related to stress (*r* = -.590, *p* < .001) and depression (*r* = -.479; *p* < .001). **As stress and depression decreased, parental competence tended to increase**.
- Parent-caregiver relationship was negatively related to parental stress (*r* = -.233, *p* = .001), such that **as the quality of the relationship improved, the level of stress decreased**.

Discussion

- Relationally based interventions are important in providing support for and building competence in rural parents of young children experiencing poverty so that they experience fewer mental health challenges.
- Social support appears to serve an important protective function for rural EHS families. Social support, especially from relatives, friends, and coworkers, decreases maternal stress and depression. Support from religious groups in the community can also improve a mother's sense of competence in raising her child.
- Maternal mental health is related to maternal sense of competence and the parent-caregiver relationship.
- Theoretically, increasing social support for mothers may help promote positive child outcomes, given that mothers who report higher social support engage in more positive parenting practices (Ensor & Hughes, 2010).
- Highlight the need for providing community support to rural parents of young children. For example, communities could have parent support groups where parents are likely to befriend one another and receive support.
- Early Head Start Home Visitors may take steps to identify sources of support with families and explore new avenues for support, such as coworkers and religious groups.
- Future research should examine whether social support moderates the effect of maternal stress and depression on children's academic and behavioral outcomes.



GettingReady

UNIVERSITY OF
Nebraska
Lincoln

This research is supported by a grant awarded to Drs. Susan Sheridan and Carolyn Pope Edwards by the National Institute of Child Health and Human Development (NICHD), Administration for Children and Families (ACF) and Office of the Assistant Secretary for Planning and Evaluation (ASPE); and the Department of Education (DOE) Office of Special Education and Rehabilitative Services. The opinions expressed herein are those of the investigators and do not reflect the funding agencies (Grant# 1R01H00436135).