Motherhood in Newfoundland & Labrador

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Overview

- Why is it important to study motherhood?
- Profiling motherhood: results of the first “Newfoundland and Labrador Motherhood Survey”
- What contributes to mothers’ parenting sense of competence?
- Profiling mothers’ health service utilization and needs
- Important findings/key takeaways
RATIONALE
Motherhood by the Numbers

- 9.8 million mothers in Canada
- 164,000 mothers in Newfoundland
- The institution of family has evolved
  - 537,000 Canadians have adopted children
  - 464,335 stepfamilies with children under 24 in Canada
  - 1,527,840 lone parent families in Canada (12%)
  - 79% of these are female lone-parent families

(Statistics Canada, 2011)
Motherhood Scholarship

- Deficit approach
  - Focus on mothers’ relationship to child
  - Study of “unfit” mothers
- Little is known about the experience of average Canadian mothers as parents, women, and partners and the ways in which they navigate these unique roles and responsibilities

(Urquia, O’Campo, & Ray, 2013)
Newfoundland and Labrador Motherhood

- Sparse literature focusing on motherhood and maternal well-being (particularly in rural areas)
- NL serves as a perfect case-study for motherhood due to it’s unique characteristics
  - Close familial ties
  - “Traditional” family structure
  - Presence of mobile work
    - Highest population (7.9%) percentage of interprovincial employees

(Alderdice & Newham, 2016; Newhook et al., 2011; Vital Signs, 2016; Long, 2016)
Mommy Mystique (Hays, 1996; Arendell, 2000; Henderson, Harmon, Newman, 2016)

- Need to consider gender ideologies when evaluating mother’s experiences
- Hegemonic ideology of motherhood based on “feminine mystique”
  - Women’s roles = wife and mother
  - Womanhood and motherhood treated as synonymous identities and categories of experience
- **Intensive mothering** = child-centered, expert guided, emotionally absorbing, and labor intensive
- Expectation of mothers:
  - Primarily responsible for their children’s health & development
  - Prioritize their children’s well-being and needs over their own individual needs and convenience
Mother Blame (Jackson & Mannix, 2004; Henderson, Harmon, Newman, 2016)

- Mothers responsible for children’s wellbeing and development
  - Monitoring children’s health and behaviour
  - Accessing healthcare services for their children
  - Decision making regarding children’s healthcare
- **Mother Blame** = Mothers held responsible for the health and well-being of their children
  - Mothers disproportionately blamed for children’s mental illness, physical illness, and ‘deviant’ behaviour
- Often experienced in formal healthcare settings
  - Mothers frequently interact with and are subject to the scrutiny of healthcare providers
The Maternal Experience

- Maternal practice involves intimate relationships, feelings, dynamic connections, and skills (Arendell, 2000).

- The present study includes:
  - Relationship scales
  - Mental health measure
  - Parenting sense of competence measure
Purpose of the Study

- What is the socio-demographic profile of mothers in Newfoundland and Labrador?
- What are the predictors of their parenting sense of competence?
- What is the experience of maternal mental health, and what are the healthcare service utilization and needs in NL?
Survey

● 75 Questions, approx. 30 minutes to complete
  ○ Multiple scales

● No exclusion criteria for mothers

● Aimed to be representative of entire province

● Completion options: online or over the phone*

● February 1, 2017 – October 6, 2017 (8 months)
Demographics

- Survey based on
  - National Survey *(Gosselin & Gosselin, 2016)*
  - Australian Institute of Family *(2016)*
- 8 personal health/experience questions
- 28 child specific questions
  - Skip logic
Questionnaires

- Child Parent Relationship Scale
  - 15-items, conflict and closeness subscale
- Quality of Co-Parental Communication Scale
  - 10-items, conflict and closeness subscales
- Parenting Sense of Competence Scale
  - 17-items, satisfaction and efficacy subscales
- Outcome Questionnaire (OQ-45)
  - 45-items, symptoms of anxiety/depression, interpersonal relationships, and social functioning
Analyses

● Demographic Profile:
  ○ Descriptive Statistics (distribution, dispersion)
  ○ T-tests (independent sample)

● Service Utilization/Need:
  ○ Frequency data
  ○ Correlation

● Parenting Sense of Competence:
  ○ Correlations
  ○ Hierarchical Multiple Regression
Demographic Portrait of Motherhood in NL
Participants

- Women from the province of Newfoundland and Labrador with at least one biological, adopted, and/or step child completed an online survey
- Mothers of any marital status, sexual orientation, age, and gender orientation
- A total of 1450 participants responded to the survey
- Excluded any participants who did not fill out at least 50% of the questionnaire
- This resulted in a final sample size of 1082 mothers
  - Retention rate of 74.6%
Profile

- Most of the mothers were:
  - Caucasian (95.1%)
  - Living in the Avalon region (63%)
  - From an urban setting (75.5%)
  - Married for the first time (63.7%)
  - Heterosexual (94.9%)
  - Had only biological children (88.4%)
  - Mean Age: 34.66 (SD = 8.06)
Relationship with a Mobile Worker

- No: 59
- Yes: 41
Location

- Urban: 75
- Rural: 25
Demographic Profile

- Homogenous sample
- Highly educated, Caucasian, middle/high income, traditional family structure
- Few differences between urban/rural, or mobile/not-mobile
  - Dominant discourse of NL
  - Family resilience
Mobile Work: Relationships and Family

- Significant distance between the place where one works and lives, often resulting in absence from the home for an extended period of time (Feldhaus & Schlegel, 2013)

- Long history in the province of NL (Botting, 2000)

- Having a spouse who is a mobile worker has been linked to relationship strain. Long absences and non-standard work hours can cause stress on the marital relationship (Newhook et al., 2011)

- Job mobility only a detrimental factor to relationship satisfaction when both partners viewed the mobility as negative (Viry, Wildmer, & Kaufmann 2010)
Differences Between Mobile/Non-Mobile

Mothers in a mobile relationship:

- Significantly lower household income
- Significantly shorter relationship duration
- Significantly higher level of education
- Significantly less satisfaction with social support
- More likely to live in rural (4.93x)
- Less likely to be working (1.41x)
- No difference on scales (OQ, QCPC, PSOC)
Differences between mobile/non-mobile

- No significant difference on family life satisfaction and mental health
- Similar scores between groups on the OQ
  - Resilience of mothers in mobile relationships
  - Normalized nature of this arrangement in NL.
    - Observation of successful mobile relationships through peers
- Mothers in mobile relationship significantly less satisfied with social support
  - Stereotyped conditions faced by single mothers without access to the support and additional services (DePaulo & Morris, 2005).
Parenting Sense of Competence
Parenting Sense of Competence

- Parenting Sense of Competence relates to:
  - A parent’s perceived abilities and self-efficacy
  - Parenting stress, role satisfaction, maternal mental health, and quality of co-parental relationships
  - Well-being of children and families

(Berryhill, 2016; Arendell, 2008; Coleman & Karraker, 2003)
Correlates with PSC

- Maternal stress and depression
- Mother’s self-reported marital satisfaction
- Self-report collaboration within partner-relationship
- Child characteristics not related to PSC

(Schrodt, 2010; Sevigny & Loutzenhiser 2010)
Predictors of Parenting Sense of Competence

**Efficacy**
- Maternal Age
  - Younger mothers
- Mental Health/Wellbeing
  - Low score on OQ-45
- Co-parental Communication
  - High closeness
- Child-Parent Relationship
  - Low conflict + high closeness

**Satisfaction**
- Child Health
  - Ranked high (good health)
- Mental Health/Wellbeing
  - Low score on OQ-45
- Child-Parent Relationship
  - Low conflict + high closeness
PSCS and OQ

- Mental Health (OQ-45) significant predictor
- Robust relationship between mental health and parental efficacy and satisfaction
- Maternal mental health is an important focus for maternal sense of competence, wellness, and family resilience
PSCS and Relationships

- Low conflict, high closeness with child suggests positive relationships predicts parenting satisfaction and efficacy
- Co-parental closeness is associated with efficacy
  - Consistent with the intensive motherhood ideology
PSCS and Relationships

- Mothers base their self-evaluation on social comparisons, or estimates of their own ability to handle child problems

(Johnston & Mash, 1989; Ohan, Leung, & Johnston, 2000)
Clinical Implications for Parenting Sense of Competence

- Parenting sense of competence and self-efficacy is one of the biggest predictors of family wellbeing and child outcomes.
- Maternal mental health and family relationships predict parenting sense of competence.
- Services need to focus on providing care to mothers, and fostering positive family relationships to improve sense of competence and overall wellbeing.
Maternal Mental Health & Services
Maternal Mental Health

- Becoming a parent is the of the most demanding social changes and role transition a person can experience, and establishing a healthy maternal identity can contribute to a women’s psychological well-being (Arendell, 2000).
- Majority of American adults who meet criteria for mental illness during the course of their lifetime are parents ¹, ²
- Maternal mental health illness impacts the family above and beyond the impact of paternal mental health illness on the family³
- Maternal mental health in Canada ⁴:
  - Maternal depression: ~20%
  - Anxiety: 24%
  - Psychosis: 0.1-0.2%

¹.Nicholson et al., 2009
².Hinden et al., 2006
³.Kahn, Brandt, & Whitaker, 2004
⁴.Bruce, Beland, & Bowen, 2012
Maternal Mental Health & Healthcare Services


- Availability of healthcare services for mothers within developed countries is variable
  - Low SES areas (Alderdice & Newham, 2016; Skinner & Slifkin, 2007)
  - Rural areas (Alderdice & Newham, 2016; Orengo-Aguayo, R. E., et al., 2016)
Mothers’ Health and Sense of Support

OUTCOME QUESTIONNAIRE

Scores ≥ 63: 30.2%

Scores ≤ 62: 69.8%

SOCIAL SUPPORT SATISFACTION

- Completely satisfied: 24%
- Somewhat satisfied: 33%
- Moderately satisfied: 27%
- Somewhat dissatisfied: 11%
- Completely dissatisfied: 5%
Child Services: Utilization & Need
Family Service: Utilization & Need

- Services Accessed
- Services Needed

[Bar chart showing percentages of services accessed and needed for various categories such as Parenting Education, Relationship, Parent Counselling, Parent Information, Parenting Support, Drug/Alcohol, Gambling Services, Adult Mental Health, Migrant/Ethnic, Housing, Disability, Financial, Charities, Emergency Relief, Church/Religious, Other Family Support, and None Listed.]
<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>R</th>
<th>P</th>
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<tbody>
<tr>
<td>Overall OQ score &amp; Total number of services accessed for children</td>
<td>1009</td>
<td>.130</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>OQ scores above clinical cut-off (63) &amp; Total number of services accessed for children</td>
<td>292</td>
<td>.129</td>
<td>&lt;.05</td>
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<tr>
<td>Overall OQ score &amp; Total number of adult services Accessed</td>
<td>1003</td>
<td>.280</td>
<td>&lt;.001</td>
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<tr>
<td>OQ scores below clinical cut-off (63) &amp; Total number of adult services accessed</td>
<td>698</td>
<td>.166</td>
<td>&lt;.001</td>
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</tbody>
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Service Utilization

● Hypothesis 1: Mothers coping with mental illness mask their needs
  ○ Mental illness incompatible with requirements of a ‘good mother’\(^1, 2, 3\)
  ○ Women fall short of the idealized standards of the ‘good mother’ when they ask
    for assistance in parenting role and prioritizing their own health needs

● Hypothesis 2: Childcare a barrier to accessing services
  ○ 40% of mothers in sample in a mobile relationship
  ○ Possible they experience difficulty finding childcare so that they can attend
    appointments

1. Davies & Allen, 2007
2. Edwards & Timmons, 2005
3. Blegen, Hummelvoll, Sverinsson, 2010
Service Utilization

- **Hypothesis 3:** Mothers accessing care through child health care
  - Possible that mothers are projecting their own needs on their kids
  - Child health care providers may be a safer or more accessible avenue to ask for help

- **Hypothesis 4:** Mother’s mental health adversely impacting children
  - Maternal health and wellness has important implications for child development and wellbeing\(^1\),\(^2\)
  - Maternal mental health illness impacts the family above and beyond the impact of paternal mental health illness on the family\(^3\)

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2. Leschied, Chiodo, Whitehead, & Hurley, 2005
3. Kahn, Brandt, & Whitaker, 2004
KEY TAKEAWAYS
Limitations

- Oversights at survey development stage:
  - Number of children omitted/child age, mother’s age at birth
  - Omission of some NL nuances (i.e., breastfeeding)
- Possible recruitment bias / differences compared to NL census
- Foster children/families not included
- Participants are allowed to skip questions if they choose
Demographic Profile

- Uniqueness of NL (mobility, homogenous family structure)
- Emphasis on the importance of understanding the populations being studied in research
- Importance of studying mothers independent of children
Importance of Sense of Competence

- Maternal mental health predicts parenting sense of competence
- Parenting sense of competence predicts outcome of children/families
- Important to study/understand motherhood in the context of NL and the intensive motherhood ideology (study mothers for their own sake)
Maternal Mental Health & Service Utilization

- Moms in NL are experiencing mental health concerns
- Moms experiencing mental health struggles may be more likely to access health care services for their children than themselves
- Biggest gap in services reported: mental health services for children and adults
Next steps

- Sample of NL outside the dominant discourse and further investigation of mobility
- Consider current availability of services in rural and urban NL
- Examine population characteristics in relation to service access
- Examine gender induced barriers to access to healthcare
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