



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

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 its unique characteristics
 - Close familial ties
 - “Traditional” family structure
 - Presence of mobile work
 - Highest population (7.9%) percentage of interprovincial employees

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 wellbeing 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

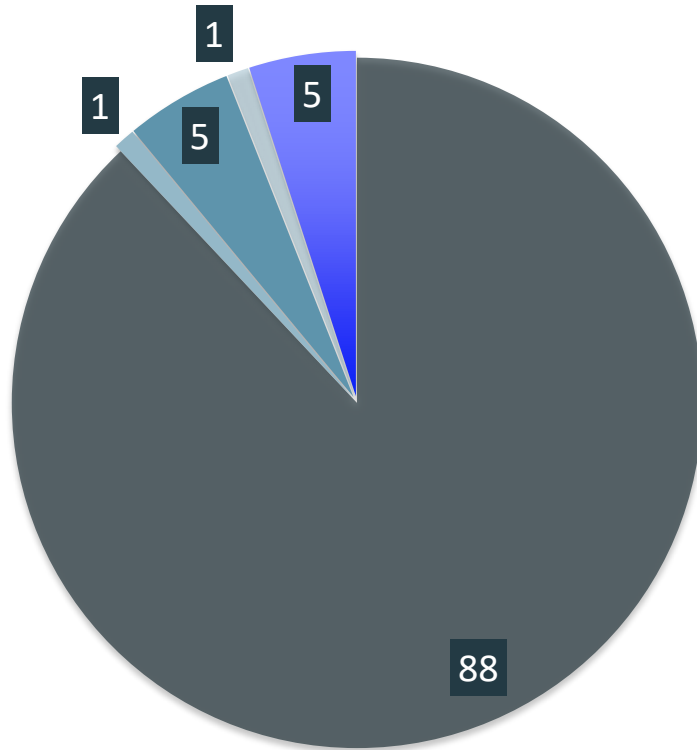
Participants

- 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

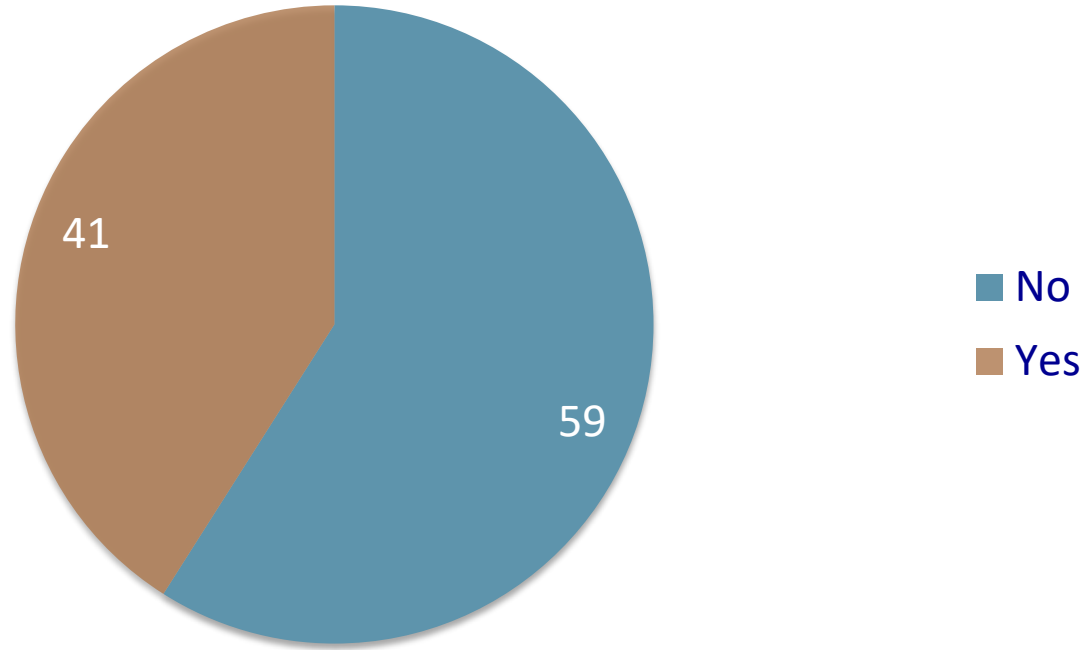
- Most of the mothers were:
 - Caucasian (95.1%)
 - Living in the Avalon region (63%)
 - From an urban setting (75.5%)
 - Married for the first time (63.7%)
 - Heterosexual (94.9%)
 - Had only biological children (88.4%)
 - Mean Age: 34.66 (SD = 8.06)

Parenting Situation

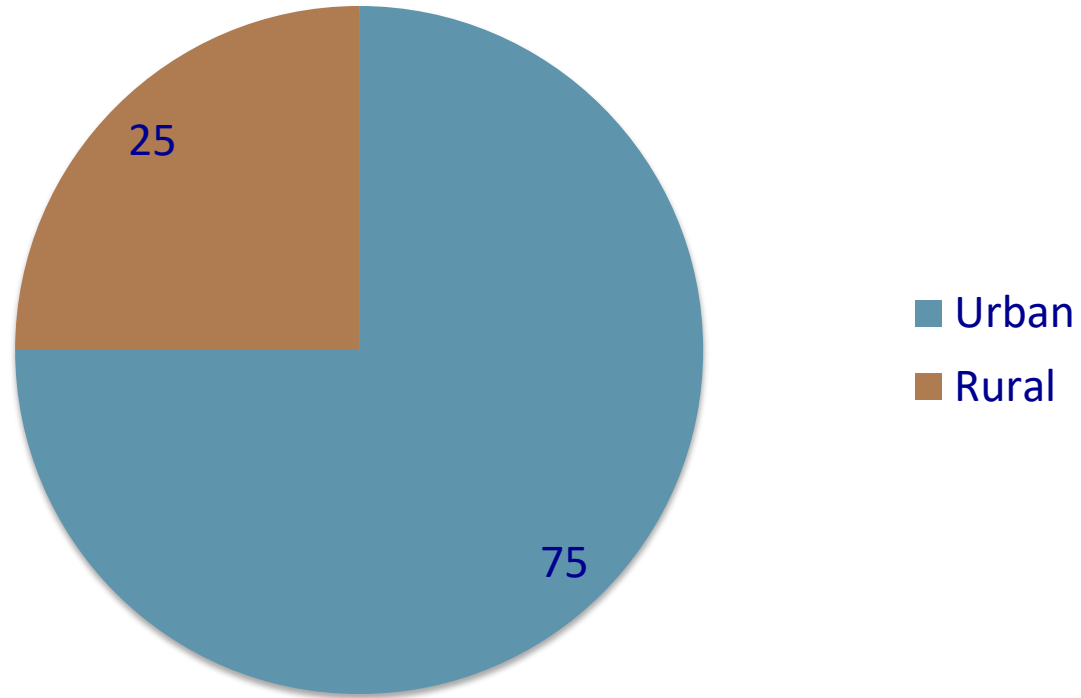


- Biological
- Biological & Adopted
- Biological & Step
- Adopted
- StepChild

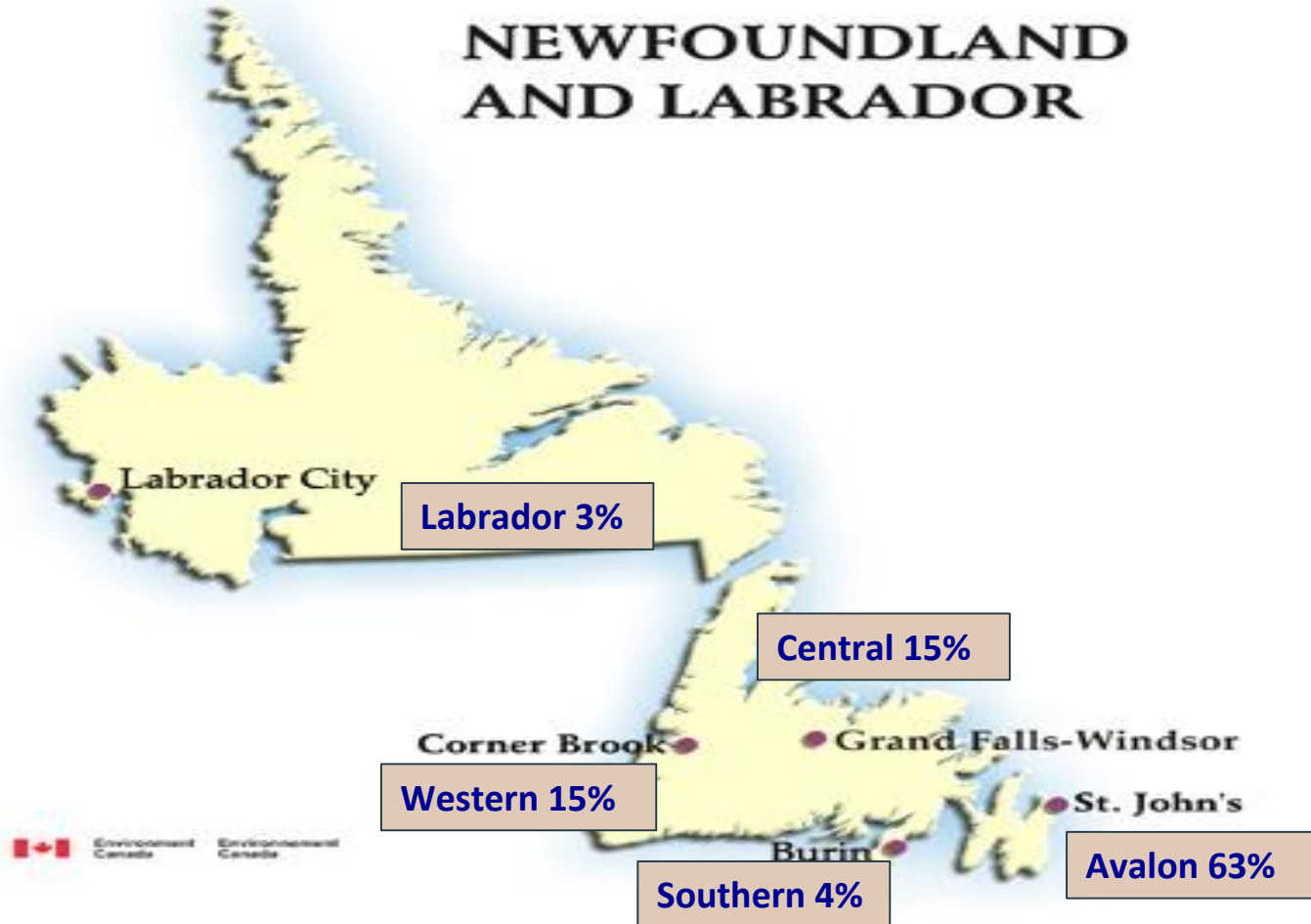
Relationship with a Mobile Worker



Location



NEWFOUNDLAND AND LABRADOR



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

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

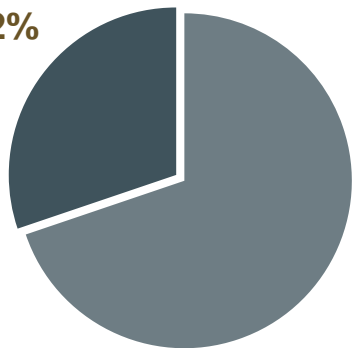
Maternal Mental Health & Healthcare Services

- Untreated maternal mental health problems related to emotional, physical and economic consequences for family
(Alhusen, Gross, Hayat, Woods, & Sharps, 2012; Berryhill, 2016; Leahy-Warren, McCarthy, & Corcoran, 2012; Leschied, Chiodo, Whitehead, & Hurley, 2005)
- 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

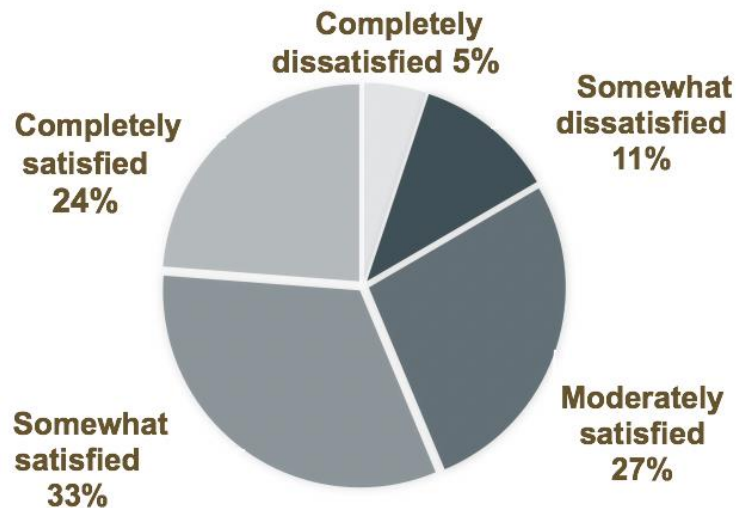
OUTCOME QUESTIONNAIRE

Scores ≥ 63 :
30.2%

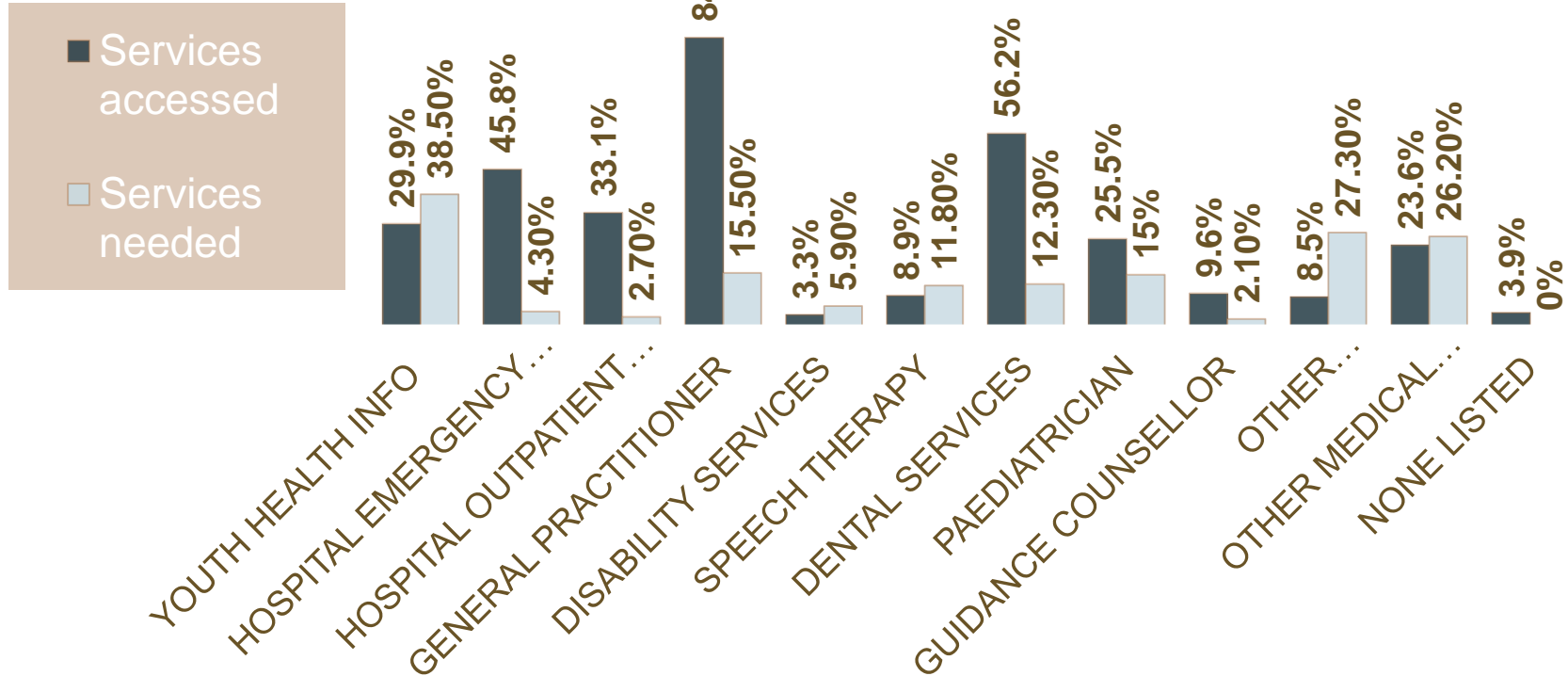


Scores ≤ 62 :
69.8%

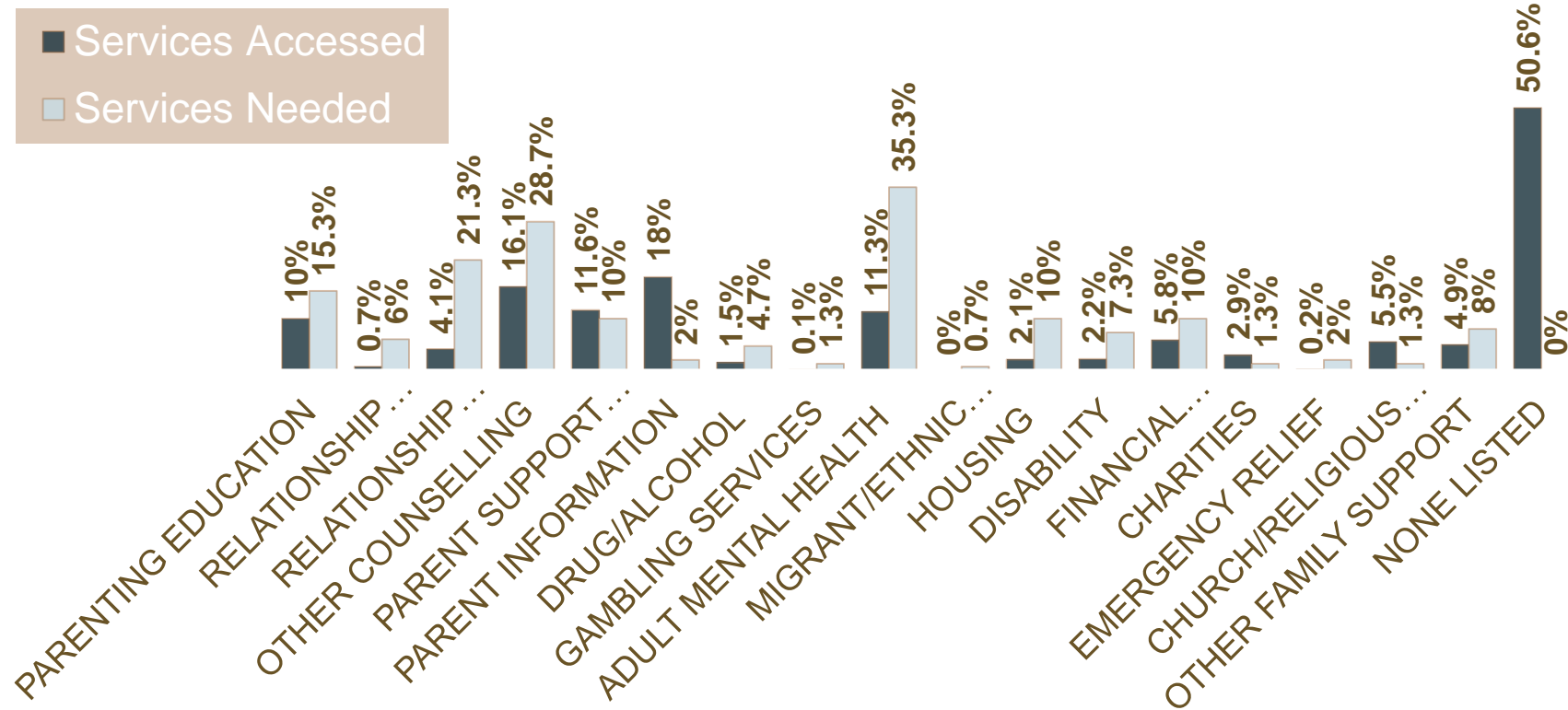
SOCIAL SUPPORT SATISFACTION



Child Services: Utilization & Need



Family Service: Utilization & Need



Mothers' Health Status & Service Utilization

Correlation			
Variables	N	R	P
Overall OQ score & Total number of services accessed for children	1009	.130	<.001
OQ scores above clinical cut-off (63) & Total number of services accessed for children	292	.129	<.05
Overall OQ score & Total number of adult services Accessed	1003	.280	<.001
OQ scores below clinical cut-off (63) & Total number of adult services accessed	698	.166	<.001

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 family³

1. Leahy-Warren, McCarthy, & Corcoran, 2012

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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