

ABSTRACT

PIONTAK, JOY RAYANNE. Household Composition and Maternal Wellbeing: Examining the Effect of Multigenerational Households. (Under the direction of Dr. Theodore N. Greenstein).

The context in which women raise their children has changed significantly over the past fifty years. However, research on families has often neglected to account for the great diversity within household structures and its effects of maternal wellbeing. Using both ordinary least squares (OLS) linear regression and logistic regression, I examine the effects on maternal wellbeing for mothers living in multigenerational households. My sample includes a total of 3,482 mothers of one year old children, including married, single and cohabitating women, and was taken from the Fragile Families and Child Wellbeing Study. My results indicate that for some women living in a multigenerational household can increase her level of maternal wellbeing.

Household Composition and Maternal Wellbeing: Examining the Effect of
Multigenerational Households

by
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DEDICATION

To the beautiful little Aidan Piontak, whose smiles, endless questions, and beautiful artwork on former drafts keep me going even in the most difficult times.

BIOGRAPHY

Joy Piontak was born in Chicago, IL in the spring of 1978. After spending the early part of her childhood moving about the country, at the age of 7 her family settled into a home in Catoosa, Oklahoma where she spend the majority of her childhood. Joy lived out her childhood with her parents, Cindy and Gary Piontak, three siblings, Corrie, Nathan, and Rachel (Reggie) as well as a miscellaneous and always changing cast of domestic and farm animals.

Joy graduated high school from Claremore Alternative Learning Center in 1996 and began taking classes at Tulsa Community College the following fall. In 2000, Joy earned an Associates in Arts and transferred to the University of Tulsa. She graduated Cum Laude in May of 2003 with a Bachelors of Arts in Sociology, a Minor in Political Science and a Certificate in Women's Studies.

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TABLE OF CONTENTS

| | |
|--|------|
| List of Tables..... | vii |
| List of Figures..... | viii |
| Introduction..... | 1 |
| Prior Literature..... | 4 |
| Family Structure and Levels of Maternal Wellbeing..... | 4 |
| Multigenerational Households..... | 8 |
| Race and Extended Kin Networks..... | 11 |
| Gender Matters..... | 12 |
| Hypotheses..... | 13 |
| Methods..... | 14 |
| Dataset..... | 14 |
| Dependent Variables..... | 15 |
| Independent Variables..... | 19 |
| Control Variables..... | 21 |
| Analysis..... | 25 |
| Descriptive Statistics..... | 26 |
| Results..... | 28 |
| Discussion and Conclusion..... | 32 |
| References..... | 48 |

LIST OF TABLES

| | |
|---|----|
| Table 1: Descriptive Statistics for Key Variables..... | 56 |
| Table 2: OLS Regression Predicting Mothers' Aggravation in Parenting..... | 58 |
| Table 3: Logistic Regression Predicting Major Depression in Mothers..... | 62 |
| Table 4: OLS Regression Predicting Mothers' Aggravation in Parenting -Interaction effects with Race and Grandmother-only Multigenerational Households..... | 66 |
| Table 5: OLS Regression Predicting Mothers' Aggravation in Parenting for Married Mothers..... | 71 |
| Table 6: OLS Regression Predicting Mothers' Aggravation in Parenting for Cohabiting Mothers..... | 74 |
| Table 7: OLS Regression Predicting Mothers' Aggravation in Parenting for Single Mothers..... | 77 |
| Table 8: Logistic Regression Predicting Major Depression in Married Mothers..... | 81 |
| Table 9: Logistic Regression Predicting Major Depression in Cohabiting Mothers..... | 84 |
| Table 10: Logistic Regression Predicting Major Depression in Single Mothers..... | 87 |

LIST OF FIGURES

| | |
|---|----|
| Figure 1: Interactions Effects for Race and Living in Grandmother-only Multigenerational Households on Levels of Parental Aggravation..... | 70 |
|---|----|

INTRODUCTION

The context in which women raise their children has changed significantly over the past fifty years. Over one-third of all children are now born to unmarried mothers (Hamilton et. al. 2004). Family scholars now estimate that over half of all children will spend at least some time outside of the 'traditional nuclear family' consisting of two biological parents, full siblings only and no other household members (Brandon and Bumpass 2001). As family and living arrangements become increasingly diverse, it is clear that family researchers can no longer rely on marital status alone to explain levels of maternal wellbeing (Bumpass and Raley 1995).

These changing family contexts are largely the result of increases in divorce, cohabitation, and childbearing outside of marriage (Seltzer 2000). As marriage has become less fundamental to raising children, researchers have suggested that multigenerational ties may be fulfilling some of the needs once met by marriage (Bengtson 2001). Living in multigenerational households is an important part of this trend, especially for single mothers. Research indicates that almost half of all children born to single mothers will spend at least some time living in a multigenerational household (defined as co-residing with grandparents or other relatives) (Aquilino 1996). Other researchers have shown that almost one-third of the time children spend in single parent homes is actually spent either in a cohabiting home or in a multigenerational household (Bumpass and Raley 1995). Only one in five children born to unmarried mothers will remain living only with their mother for the duration of their childhood (Aquilino 1996). Despite these increases in family diversity, especially with regard to

multigenerational bonds, very little is known about how these diverse family and household structures affect the level of wellbeing among mothers (Bumpass and Raley 1995; Sigle-Rushton and McLanahan 2002).

I argue here that it is important to examine this relationship for two reasons. First, most family research has overlooked the potential relationship between living in multigenerational households and maternal wellbeing. Prior research has argued that there is something unique about the marriage relationship because it offers a stability and permanence that result in high levels of wellbeing among married mothers (Waite and Gallagher 2000). This research, guided primarily by social exchange theory, has relied largely on comparisons between married mothers and those who were alone or in less-committed relationships (i.e., cohabitation; see Waite and Gallagher 2000). Evaluations of the costs and benefits associated with a marital relationship have shown that it leads to higher levels of wellbeing compared to single mothers. By focusing on multigenerational households, we can study whether permanent bonds that exist outside the traditional romantic relationships of the mother and her partner can offer a significant contribution to higher levels of maternal wellbeing.

Second, this research has important public policy implications. Following the passage of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, it is now mandatory for teen mothers to live with their parents and attend school in order to be eligible for benefits. Consequently, it is important to understand the potential effects that such policies have on families. Less directly, the act also ended the entitlement of welfare benefits to the poor, creating stringent work requirements and time limits. Some

have argued that one effect of these policies is that those who have sources of informal support, such as relatives they can reside with, are forced to turn to them for assistance as benefits are reduced and oftentimes eliminated (Hays 1996). As noted by Nelson, “The likelihood of single motherhood being the kind of crisis that drives one to activate ties along the maternal line depends, at least in part, on the degree to which the state offers critical social and economic support” (2006:818). Thus, as some women face work requirements they cannot meet and subsequent time constraints, we are likely to see an increasing need for these women to activate kin networks. Likewise, knowing how multigenerational households may affect mothers is relevant and beneficial in terms of informing related public policy debates.

In this study, I will add to our understanding of maternal wellbeing and household structure by examining the effect of living in a multigenerational household on mothers' levels of wellbeing. First, I discuss social exchange theory and feminist perspectives and how they have informed what we know currently about the relationship between the level of maternal wellbeing and family structure (generally measured by marital status). Second, I will do the same reviewing the literature on multigenerational households and member wellbeing. Finally, using data from the Fragile Families and Child Wellbeing Survey, I will examine if levels of maternal wellbeing are affected by living in a multigenerational household.

PRIOR LITERATURE

Family Structure and Levels of Maternal Wellbeing

Following the increase in the numbers of single parent households, there has been an increased amount of research regarding the effects of different family structures and the members' level of wellbeing. These studies consistently have found that mothers who are continuously married fare better on a variety of wellbeing measures, including economic, mental and physical health, and parenting stress compared to other women (Acock and Demo 1994; Waite and Gallagher 2000; Ross, Mirowsky et al. 1991).

Social exchange theory has been the most prominent sociological theory used to explain these observed differences (Taylor and Bagdi 2005). As used in the context of family structure and levels of member wellbeing, this theory is primarily based on the work of Thibaut and Kelley (1959), Homans (1961), and Blau (1964), and draws largely on economic models using a cost-benefit analysis. In this context, people enter into relationships such as marriage as a social exchange to gain some net benefit for themselves. One gains "profit" in interpersonal relationship when the benefits outweigh the costs associated with that relationship. In the case of marriage and the level of member wellbeing, these scholars argue that benefits such as social status, emotional and social support, and economic assets outweigh the costs of marriage, such as household labor and loss of independence (Acock and Demo 1994).

By focusing on perceived or actual costs and benefits associated with interpersonal relationships, researchers can gain an understanding of why people enter into the relationships that they do. However, we cannot fully understand these exchange relationships outside of the gendered context in which they occur. Feminist theorists have cautioned researchers to examine critically how gender creates differing relative costs and benefits within families. The feminist perspective has challenged family sociologists to confront the ideology of the nuclear family and how gender shapes expectations and responsibilities within households (Acock and Demo 1994). This perspective has called attention to the fact that within the ideological family, individuals sometimes have conflicting needs and unequally distributed benefits that often make traditional marriage a less advantageous relationship for women compared to men (Ferree 1990; Thorne 1992). This is an especially important lens to use when we examine the issue of maternal wellbeing using social exchange theory. The feminist perspective is vital because it means taking into account the gendered role expectations and how they may affect the costs and rewards associated with marital relationships and multigenerational relationships. For example, mothers faced with especially high costs associated with marriage, such as poor women, may rely instead on extended kin networks within multigenerational households because they offer less risk (instability) and more benefits. In particular, mothers may rely on grandmothers since they, as women, face a gendered expectation that they will contribute to domestic tasks such as childrearing and household labor. Hence, all mothers (both married and single) may benefit from these kin networks via a reduction in traditionally gendered tasks such as caring for children and housework.

While social exchange framework may explain differences in wellbeing in married and never-married mothers, few studies have attempted to capture the diversity in household composition that exists within single parent homes (Manning and Smock 1997). As an exception, Acock and Demo (1994) provide a comprehensive look at differences among traditional family structures and mental health. In their study, they differentiate between never married and divorced single mothers, as well as between first married and remarried mothers. Consistent with a social exchange framework, they found the level of maternal wellbeing to be highest among mothers in their first marriage followed by remarried mothers and that the lowest reported level of wellbeing was in divorced and continuously single mothers. Although they provide us with an understanding of family that moves beyond the married/single dichotomy, they maintain an exclusive emphasis on the marital status of the mother and therefore do not account for multigenerational households in their analysis. Additionally, their research explained very little of the variation in levels of wellbeing among single mothers.

Also consistent with social exchange predictions, research on economic wellbeing has shown that married mothers fare better than single and cohabitating mothers (Waite and Gallagher 2001; Litcher 1997; Acock and Demo 1994; Steil 2001). Steil (2001) found that poverty rates among single mothers are highest when their children are very young. Pebley and Rudkin (1999) indicate that this is the most common time for mothers to live in multigenerational households.

However, even with these between-group differences, there is great variation in levels of member wellbeing within family structures. Acock and Demo's research found

that the variation in levels of member wellbeing within family types is greater than variation between family types (1994). As the feminist perspective suggests, without research on variation within single parent families, it is hard to know how these processes affect mothers' mental health.

Among social exchange theorists, there remains competing explanations regarding which benefits make the most difference in the level of wellbeing between married, cohabitating and single mothers. Many argue that differences in levels of wellbeing stem largely from economic and background differences, while others suggest it is the social support offered by the marriage relationship that increases the level of maternal wellbeing (Ross, Mirowsky et al. 1991, Waite and Gallagher 2000; Acock and Demo 1994).

Ross, Mirowsky et al. (1991) argue that marriage increases the level of maternal wellbeing through the social support that it offers women. In addition, they demonstrated that depression, anxiety and other psychological problems are reduced by emotional support; this was especially true for continuously single mothers (Ross, Mirowsky et al. 1991). Waite and Gallagher (2000), in their review of the literature, also argue that the emotional support and security that women receive in the marital relationship increases their levels of wellbeing more than do other, less permanent relationships.

Resource and demographic characteristics have also been identified by some social exchange theorists as important benefits in explaining why married mothers are faring better than other mothers. While some have found that economic variables play a large role in decreasing the level of wellbeing of single parents, these effects are not

equally distributed (Lichter 1997). In an examination of Canadian parents, Avison and Davies found that the economic effects are worst for divorced mothers, followed by never married mothers (Avison and Davies 2005). Acock and Demo found that background variables and resource variables were not as strong a predictor of the level of maternal wellbeing compared to experiences in their immediate family (1994). In addition, maternal employment and economic resources have been shown to mitigate some of the negative effects of single motherhood (Waldron, Weiss et al. 1998).

Overall, we know that single mothers have lower levels of wellbeing than their married counterparts, but the reasons for this disparity largely remain unknown (Acock and Demo 1994). This is partly due to the fact that we know very little about how variations in household structure outside of marriage affect the level of maternal wellbeing, as these studies often have neglected the diversity in household composition within single parent homes (Manning and Smock 1997). In addition, studies that have investigated cohabiting, and less frequently multigenerational households, have primarily focused on how these families affect child or grandparent wellbeing rather than maternal wellbeing (e.g., Aquilino 1996; Manning and Smock 1997; Delaire and Kalil 2002; Brown 2004; Hayslip and Kaminski 2005).

Multigenerational Households

For the purposes of this study, I am defining multigenerational households as those in which a mother is living with her own child and one or both of her parents.

Although existing research does not examine the link between multigenerational households and levels of maternal wellbeing directly, researchers have examined how these household structures affect parenting (Chase-Lansdale et al. 1994; Simons et al. 2006; Black and Nitz 1996). These studies are relevant here because they show that mothers living in multigenerational households have different parenting experiences compared to other mothers. Thus, if parenting experiences are different, it is reasonable to assume that there are consequences for the level of maternal wellbeing as well, particularly with regard to levels of parental aggravation. In other words, social exchange theory would predict that parental support might be one of the benefits to mothers who live in multigenerational households.

Many of these studies focus only on African-American families. For example, Chase-Lansdale et al, found that in their sample of 99 young, low-income African-American families, living in a multigenerational household had a negative overall effect on parenting (conceptualized as problem-solving and effective disciplinary styles). However, they also found that mother who were very young benefited from co-residing with a grandmother (Chase-Lansdale et al. 1994). A similar study involving 867 African-American families found that regardless of family structure, mothers across all family types provided similar levels of parenting (Simons et al. 2006).

With regard to the mother-child bond, there is some evidence that multigenerational households may not be as beneficial to teen mothers. A small study of low-income teen mothers found that living in a multigenerational household resulted in less maternal warmth on the part of the mother (Black and Nitz 1996).

Finally, one study did examine the effects of family structure on parenting stress among African American parents of infants; this study found that both stress and parenting practices were similar among all family structures, including multigenerational households. Further, they found that poverty and the quality of parenting the mother herself received as a child were more important than marital status or household composition (Cain and Combs-Orme 2005).

Consistent with a feminist perspective, research also suggests that not all additional household members provide the same level of parenting. For instance, researchers have found considerable variation in the quality of secondary caregivers' parenting. Simons et al.'s (2006) study is especially important as it takes into consideration the great variation within single parent households, comparing intact nuclear households, stepparent households, mother-grandmother households, mother-relative households, and single-mother households. They find that fathers and grandmothers have the highest quality parenting (after mothers), followed by other relatives, while stepfathers offer the lowest quality of parenting (Simons et al. 2006).

Consistent with a feminist perspective, we know that maternal wellbeing is closely tied to child wellbeing, particularly for single mothers (Acock and Demo 1994). In addition, research has shown multigenerational households have a positive effect on child outcomes (Black and Nitz 1996; Dornbusch et al. 1985). Given that the level of child wellbeing is a strong indicator of the level of maternal wellbeing for single mothers, studies involving child outcomes are important in order to gain insight into how these households may affect the level of maternal wellbeing (Acock and Demo 1994). Studies

show that children who grew up in multigenerational households did better on a number of measures of wellbeing across many age groups. For example, infants in multigenerational households developed better motor skills compared with those that were in single mother households (Black and Nitz 1996). Research on adolescent behavior suggests that there are functional equivalents between nontraditional groups and two-parent households in that they had similar levels of behavior problems (Dornbusch et al. 1985).

Race and Extended Kin Networks

When it comes to multigenerational households, race matters. Multigenerational households are more prevalent among African-American children compared with white children. In fact, nearly one-quarter of whites compared to one-half of African-Americans spent time living in a multigenerational single parent household (Aquilino 1996:107). These higher rates of multigenerational households remains true even when economic status is controlled (Cherlin 2006). Additionally, research has shown that African-American mothers benefit less from marriage than do white mothers (Acock and Demo 1994).

The higher rates of African-American children living in multigenerational households has been attributed both to the historically important role of the grandmother and extended families in African-American communities and to the inferior job opportunities and increased economic deprivation relative to whites (Angel and Tienda 1982; see also Pebley and Rudkin 1999:223). In addition to the increased prevalence of

multigenerational households, Latino and African-American extended families are more likely to be involved with childrearing compared to white families. In other words, Latino and African-American grandparents are more likely to co-parent *with* the child's parent, thus reflecting the perspective that "family is an ongoing entity" in which members can expect intergenerational assistance in childrearing and other household tasks (Pebley and Rudkin 1999; Hayslip and Kaminski 2005). Consistent with this logic, we would anticipate multigenerational households to offer more benefits for Latino and African-American mothers.

Gender Matters

Consistent with the feminist perspective articulated above, the literature confirms that the gender of the extended family member(s) matters as well. For instance, Bianchi (2006) has suggested that we pay particular attention to how gender affects multigenerational bonds. She argues that bonds between mothers and their daughters and her grandchildren are particularly strong and resilient. Prior research also shows that grandmothers are much more likely than grandfathers to provide co-parenting support and higher quality parenting (Simons et al. 2006). Given this research we can assume that grandmothers are more significant with regard to providing support to mothers and thereby increasing their level of wellbeing. In addition, we know that women do two to three times the amount of housework as men, indicating that additional women in the household should minimize the amount of unpaid labor for mothers (Coltrane 2000).

This is important in that domestic support could offer mothers some relief from the “second shift” that they often experience (Hochschild 1989).

Moreover, grandmothers who do not have a spouse to care for may have more time to devote to caring for adult children and grandchildren. Therefore, in the case of mothers living in multigenerational households, one can assume that those living with the grandmother-only will have higher levels of wellbeing compared to those that live with both their grandfather and grandmother.

Overall, the benefits of marriage, particularly for mothers, are well established within the family literature. Further, many family scholars agree that although women benefit less from marriage than men do, there are still significant benefits that outweigh the costs associated with it. However, some feminist scholars have noted that for some women, particularly for low-income women and women with strong extended network ties (usually minority women), the benefits of marriage are minimal (Edin and Kafalas 2005; Hays 2004). Therefore, I argue here that multigenerational households will provide women with substantial benefits and minimal costs that will increase their level of maternal wellbeing similar to that of married women. In addition, I anticipate that women who are already married and live in multigenerational households will benefit from the increase in gendered support.

Hypotheses

Consistent with the literature reviewed and the theoretical framework articulated above, I present here the hypotheses that will direct this study. My first hypothesis is that mothers living in a multigenerational household will have higher levels of maternal wellbeing than other mothers who do not live in multigenerational households. Based on what we know about variations in familial responsibility and extended family bonds across different racial/ethnic groups, my second hypothesis is that African-American and Latina mothers will report higher levels of wellbeing compared to whites. My third hypothesis is that levels of maternal well-being will be higher in households where only the mother's mother is present as compared to households where the mother and a father is present.

METHODS

Dataset

I require data with certain features to examine my research question. Specifically, the data must include mothers from a variety of household structures, and the data must include indicators of maternal wellbeing. Data collected in the second wave of The Fragile Families and Child Wellbeing Study are ideal for examining the relationship between household composition and maternal wellbeing. First, this data over-sampled single mothers, and includes detailed information regarding their living conditions and household composition. Additionally, these data include mothers of very young children

(age one in the second wave) who are the most likely to be living in multigenerational households.

The Fragile Families and Child Wellbeing Study is a sample of both marital and non-marital births in large US cities. The data was collected using a three stage stratified random sample of all cities with at least 200,000 residents. Cities were stratified by their policy environments (i.e. welfare payment amounts and child support collection) and labor market conditions. Hospitals in the city were then sampled, and finally births within the hospital were sampled. Within hospitals, researchers took random samples of both married and non-marital births until reaching a quota based on non-marital births in the city (for a more detailed account see Reichman, Teitler et al. 2001). Researchers collected survey data on 3600 non-marital births and 1100 marital births from 75 hospitals in 20 US cities, and conducted baseline interviews between 1998 and 2000. While both parents were interviewed in this project I use only data collected from the mothers. Further, because the survey instrument was changed after the first two cities, I was able to use data from the remaining 18 cities only, which brought the total sample size to 3,736 cases. The analytic sample size is 3,482 after listwise deletion of missing data.

Dependent Variables

MENTAL HEALTH

To operationalize the concept of maternal wellbeing, I will use scales to assess the respondents' mental health, and parental stress. First, the CIDI-SF will be used to

measure the respondents' mental health status. The Fragile Families and Child Wellbeing Survey assessed whether the respondent has had a major depressive episode in the past year based on a series of questions derived from the Composite International Diagnostic Interview - Short Form (CIDI-SF), Section A (Kessler et al. 1998). The Composite International Diagnostic Interview is a standardized instrument consistent with the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV; APA, 1994) and is intended to assess mental disorders for cross-cultural, epidemiological, and other research studies. More specifically, the short form used here asks a subset of questions from the full CIDI depression scale and is intended to assess the probability that the individual would be positively diagnosed if they were given the full interview. No distinction is made with regard to the nature of the major depression; such as whether it occurs as part of an episode of an ongoing psychiatric, bipolar, or depressive disorder. Questions regarding the persistence, recency and treatment of major depressive episodes were excluded from the questionnaire. None of the questions excluded affect the ability of the instrument to predict the probabilities for the presence of disorders (Walters et al. 2002).

In the Fragile Families and Child Wellbeing Survey all respondents were asked a series of 'stem' questions to determine if they had experienced at least two weeks of dysphoric mood (i.e. feelings of depression) in the prior year. They first were asked: "During the past 12 months, has there ever been a time when you felt sad, blue, or depressed for two or more weeks in a row?" (J12). If the respondent answers "yes" they are asked two additional questions to assess the severity of these feelings; these questions

assessed how much of the day they experienced dysphoric symptoms and how many days during the two weeks they felt this way. Respondents who indicate that they have experienced these symptoms at least “about half of the day” and at least “almost every day” have endorsed the dysphoric stem (see Kessler and Mroczek 1994 and 1997). If the respondent indicates, “no” and indicates that they are on medication, they are assigned a score of “1” and are not asked the remainder of the major depression questions. If the respondent does not endorse any one of the three dysphoric stem questions the remaining questions are skipped.

If the respondent denied having dysphoric symptoms they were asked a second set of ‘stem’ questions to assess whether they have had two weeks of anhedonia (the inability to enjoy what is usually pleasurable) in the last year. The question asked: “During the past 12 months, has there ever been a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?” (J14). If respondents answered “yes” they were asked the same follow-up questions as the dysphoria mood stem. Again, the respondent must indicate that they experienced these symptoms at least “about half of the day” and at least “almost every day” in order to have endorsed the stem. Again, respondents who responded that they had not experienced anhedonia, but were on medication were not asked any more questions.

Based on the above series of questions, respondents are then assigned a score of 1 (“probable cases” for depression) or 0 (“non-probable cases” for depression). If respondents did not endorse either stem, they were given a score of 0. Respondents who endorsed one of the diagnostic stems and responded that they had two or more of the

seven symptoms are given a score of 1 (*Fragile Families: Scales Documentation and Question Scores* 2005). Per Kessler's (2002) recommendation, respondents who indicated they are on medication are considered depressed and likewise scored as a 1.

Kessler et. al. (1998) demonstrated that the CIDI-SF is an extremely reliable measure of major depression. They report that "summary scales made up of these symptom questions correctly classify between 77% and 100% of CIDI cases and between 94% and 99% of CIDI non-cases in the NCS depending on the diagnosis. Overall classification accuracy ranged from a low of 93% for major depressive episodes (p. 171)."

AGGRAVATION IN PARENTING

To assess the respondents' level of aggravation with their parenting role the Fragile Families and Child Wellbeing Survey uses a scale from the Job Opportunities and Basic Skills Training Program Child Outcomes Study and also used in the Child Development Supplement of the Panel Study of Income Dynamics (PSID) (*Fragile Families: Scales Documentation and Question Scores* 2005; *Primary Caregiver of Target Child Household Questionnaire for the Child Development Supplement to the Family Economics Study*, 1997). The scale is intended to measure the amount of parenting stress.

Four questions were asked to assess the level of parental aggravation that the respondent was experiencing. This is a modification of the original scale, which consisted on five questions. In the FFCW questionnaire respondents were given four

statements and asked to answer based on a four point Likert scale indicating whether they “strongly agree,” “somewhat agree,” “somewhat disagree,” or “strongly disagree” (B20A-B20D). The statements included the following: 1) being a parent is harder than anticipated 2) I feel trapped by their parental responsibility 3) caring for child(ren) is more work than pleasure and 4) I often feel tired, worn out, or exhausted from raising a family. The original scale consisted on five questions and had an alpha of .69. The modified 4-question scale used in the FFCWB data has an alpha of .61 (Hofferth et al 1997). Since the scale used in FFCW data is a modified scale, I have summed the total score for the four questions and divided it by the number of questions to create a score that can be compared across studies (Hofferth et al 1997).

Independent Variables

The Fragile Families and Child Wellbeing Survey is particularly well-suited for this project because it includes detailed information on the household composition and the mother’s relationship status (with the baby’s father and any new partner). In the first year follow-up interviews used for this analysis, mothers were asked first about their relationship status with the father of the focal child. The mothers were asked (A7): “What is your relationship with (FATHER) now?” and they were coded as either “Married,” “Romantically involved,” “Separated/Divorced,” “Just Friends,” “Not in any kind of Relationship,” “Father Not Known,” or if the respondent volunteered that the father was dead, they would be coded as such. Respondents were also asked how often they lived with the father of their child; responses included “all or most of the time,”

“some of the time,” “rarely,” or “never”. In the FFCW dataset these responses were used to construct an additional variable that was recoded into “married,” “romantic-cohabitating,” “romantic-some visit,” “romantic-no-visit,” “separated, divorced or widowed,” “friends,” “not in a relationship,” or “father unknown.” I used this constructed variable to create dummy variables for relationship status of the mother. Single mothers who were not living with or married to the focal child’s father (including those whose baby’s fathers were deceased or unknown) are used as the reference category. Mothers who reported a romantic cohabitating relationship were recoded as “cohabitating,” mothers who were married to the father at year one were coded as “married”. Only two percent (2%) of the sample responded that they were divorced from the child’s father. While this is a small percentage it is not surprising given the nature of the sample (mothers of one year old children). Since there was not a large enough sample of divorced mothers to make a meaningful comparison those who were divorced from the father were coded as “single”.

The longitudinal nature of this dataset allows for greater understanding of not only current relationship statuses, but also changes in relationship status. Therefore, I created a dummy variable to control for their response to the same question when it was asked in the baseline interview. This variable is coded “1” for mothers who reported any change in the relationship status, and coded “0” for mothers whose relationship status with the father was the same at the baseline interview as it was at wave one.

In order to account for the mothers who had formed a serious relationship with a new partner since the birth of their child I used a constructed variable from the household

grid portion of the interview. Respondents are asked (F1): “Not including yourself, how many people are currently living with you? Please include people who sleep in this house most nights.” For each individual that the respondent lives with, they were asked to provide the following information (F2A-F2E): “What is this person’s name or initials?,” “Is (PERSON) male or female?,” “What is (his/her) age?,” “What is (his/her) relationship to you?,” and if they are over the age of 18 they were asked, “Is (PERSON) currently working?” The variable I used was constructed from this grid and was coded such that mothers who reported living with a new spouse or boyfriend were coded “1” and all others were coded “0”.

Multigenerational households in this analysis are households in which there is a grandmother and/or grandfather sleeping in the home at least most of the time. Two dummy variables constructed from the household grid are used to measure this concept. Mothers who indicated that one of the household members was a “male grandparent” and “female grandparent” were coded “1” for having both grandparents in the home and all others were coded “0”. Mothers who indicated only a “female” and “grandparent” were coded a “1” for grandmother-only and all others were coded “0”.

Control Variables

MATERNAL CHARACTERISTICS

Prior research shows that characteristics such as a mother’s education, race, employment status and age affect wellbeing (Cohen 2002; Litcher 1997; Waite and Gallagher 2000). As a control for the mother’s education, I use information collected in

the baseline interview. Respondents were asked the highest grade or year of regular school they completed. They were handed a card and were asked to select one of the following categories: “No formal schooling,” “8th grade or less,” “Some high school (grades 9, 10, 11 & 12),” “High school diploma (completed 12th grade),” “G.E.D.,” “Some college or two year degree,” “Technical or trade school,” “Bachelor’s degree,” or “Graduate or professional school”. I recoded this variable into a dummy variable with a reference category that includes mothers with less than a high school education. Mothers with a high school degree or equivalent were combined into one category, mothers with some college or trade school education were combined, and mothers with a four year college education or more were combined.

Respondent’s age was calculated based on the baseline interview in which they were asked their date of birth. Respondent’s race was also taken from the baseline interview. Respondents were given a card of responses and asked which best describes their race. The response categories included “White,” “Black, African-American” “Asian or Pacific Islander,” “American Indian, Eskimo, Aleut,” “Other-not specified,” or “Hispanic.” I constructed dummy variables from these responses to compare meaningful categories. Based on previous literature, I expect to find a difference between White, Black and Hispanic categories (Angel and Tienda 1982; Pebley and Rudkin 1999; Hayslip and Kaminski 2005). Therefore, White respondents were assigned a “0” and make up the baseline category. I created a separate category for those who indicated “Black,” a category for those who indicated “Hispanic,” and then combined all others into an “Other” category.

CHILD CHARACTERISTICS

I control for three indicators of child characteristics: child health, number of children, and number of hours in childcare. I measure child's health using a universal measure in which the mothers were asked (B2): "In general, would you say your (CHILD'S) health is..."; the response categories are "excellent," "very good," "good," "fair," or "poor." Since we are only concerned here with children who are not in good health, I recoded this variable so that a "1" indicates the mother reported the health to be "fair" or "poor," and a "0" indicates the child's health is "good," "very good," or "excellent."

I use a variable constructed from the household grid mentioned earlier to measure the number of children within the household. The measure simply indicates the number of persons under the age of 18 without regard to their relationship to the mother. This measure is intended to control for the number of persons being cared for within the household, thus it is not necessary to differentiate between those that are biologically attached to the mother.

FINANCIAL RESOURCES

To control for poverty among respondents, I used two separate measures. First the survey asked respondents if they have received TANF in the last 12 months and if they have received food stamps within the same time period. I combined these two variables into one that coded respondents who answered one to at least one of those

questions as having received welfare, and “0” for respondents who answered no to both questions. Additionally, since we know that not all those who are eligible seek and received government assistance (especially persons with extended support networks) (Edin 1997) I included a second poverty measure. Respondents were also asked if they received monies from friends or family within the last 12 months. Respondents were coded “1” if they had and “0” otherwise.

Based on research that shows maternal employment has an effect on maternal wellbeing, I also control for employment status (Cohen 2002; Acock and Demo 1994). To measure employment status, I use a question that asked: “Last week, did you do any regular work for pay? Include any work you might have done in your own business (or military service) where you got a regular pay check.” Respondents were coded “0” if they were not employed and “1” if they indicated that they were. To account for respondents that indicated who were not working but were engaged in productive educational activities outside the home I also coded respondents as “1” if they indicated they were attending school (K1).

AVAILABLE SUPPORT

Finally, to ensure that any effect of multigenerational households is not simply due to an increase in the social support network, I also use three variables to control for the amount of perceived support. This is important because the intention here is to assess the direct benefits of residing in a multigenerational household. However, we can assume that mothers who live in multigenerational households have more social support from

their families, so it is important to control for this. Mothers were asked three questions to assess measure this concept. First, respondents were asked: “Since (CHILD) was born, have you received any financial help from anyone other than (FATHER)? Please include any relatives and friends, and his relatives and friends, but don’t include help from any government or private agency.” (G5). They are then asked if there is someone they can count on to give them a place to live, and the final question asked if they had someone who help with emergency child care. All responses were coded either “yes” or “no”. All three were made into dummy variables, “0” indicating “no” and “1” indicating “yes”.

INTERACTIONS

To test for the presence of an interaction between living in a multigenerational household and race I created six interaction terms that are each a product of a racial/ethnic category and a multigenerational household variable. I created a variable for each racial/ethnic category (Black, Latina, and Other) dummy variable for living in a grandmother-only multigenerational household. Next, I created three more interaction terms using each of the three racial/ethnic categories and the dummy variable for whether or not the respondent lives with a grandmother and grandfather.

ANALYSIS

Aggravation in parenting is a scale measured at the interval level, therefore to analyze this model I will be using seven nested ordinary least squares regression models. Given that the second dependent variable for major depression is dichotomous, OLS is

not an appropriate method of analysis. For that reason, I will analyze the final variable using logistic regression models.

All non-dummy variables have been centered at their mean score (see Jaccard et al 1990).

Descriptive Statistics

Table 1 shows the descriptive statistics for the variables in this analysis. In the sample of 3,482 mothers almost eighteen percent (18%) of respondents that lived in a multigenerational household. Of these mothers, about twelve percent (12%) lived with a grandmother-only. Approximately six percent (6%) of respondents lived with both a grandmother and grandfather.

Single mothers are much more likely to live in a multigenerational household than married or cohabitating mothers. Of the 1,050 mothers in the sample who were married to the father of their child only a little over 8% (N=85) lived in a multigenerational household (43 in grandmother only multigenerational households and 42 in grandmother and grandfather multigenerational households). Living in a multigenerational household was slightly more prevalent for mothers who were cohabitating with the child's father. Thirteen percent (13%) of the 957 respondents lived in either a grandmother only or grandmother and grandfather multigenerational household. Additionally, while married mothers were about equally distributed in both types of multigenerational households, cohabitating mothers were more likely to live in grandmother only multigenerational households (9% v. 4%). Among mothers who were married or cohabitating with a new

partner a little over 12% lived in a multigenerational household (6% in grandmother only and 6% in grandmother and grandfather). Single mothers were the most likely to be living in a multigenerational household. Of the 1,301 single mothers in the sample, over thirty-two percent (32%, n=421) lived in some form of a multigenerational household. And like cohabitating mothers, they were much more likely to live in a grandmother only multigenerational household rather than a grandmother and grandfather household compared to married women (22% v. 11%).

In regards to the mother's relationship status, thirty percent (30%) of the sample was married to their child's father at the time of the interview, and an additional twenty-seven percent (27%) were cohabitating with him. A little over five percent (5%) were living with a new partner (either cohabitating or married). Thirteen percent (13%) of the sample had experienced a change in relationship status since their baseline interview at the time of their child's birth (approximately one year earlier). The largest racial/minority group was African-American (49%), followed by almost equal proportions of Latino and White respondents (25%). The average age was 26 although they ranged from ages 12 to 49. A majority of the sample had at least a high school education (a little over 69%).

In terms of financial resources a large number of respondents had received some sort of financial support from the government or from friends and family in the last year indicating a high rate of poverty among respondents. About 39% received food stamps, TANF or both within the last 12 months, and 40% reported that they had taken money from a friend or relative during the same time period. Most of the respondent's however

had worked or were going to school at sometime in the last two-week prior to the interview.

Finally, respondents in general had access to support networks. Eighty five percent (85%) of respondents knew of someone who could loan them \$200 if they needed it and an equally high proportion reported that they had friends or relatives they could rely on for emergency housing or emergency childcare.

Results

LEVEL OF PARENTAL AGGRAVATION

Table 2 shows the results for seven nested models predicting mothers' level of parenting aggravation. In model A, as anticipated, marital and relationship status does have a statistically significant effect on levels of parental aggravation. According to the model, married and cohabitating mothers have lower levels of parental aggravation compared to single mothers ($b = -.169$ and $-.183$ respectively). However, when economic variables are controlled in Model D, the effect is no longer statistically significant for married mothers and remains not statistically significant for the remainder of the models.

Mothers who experienced a transition in relationship status and those who had a new partner had predicted scores that were not statistically different than the predicted scores of single mothers. This remained constant across models. However, additional adults in the household did have a statistically significant effect in model A. For each additional adult in the household there is a predicted increase in parental aggravation of .035 points according to the model ($p < .05$). However, this effect is no longer

statistically-significant once variables controlling for maternal characteristics are added to the model, the effect of additional adults disappears.

With regard to multigenerational households, Table 2 shows that there is a statistically significant difference between mothers living in a multigenerational household and those who do not. According to Model A, mothers living with the child's grandmother only have predicted parental aggravation scores .09 points lower than other mothers ($p < .05$). Additionally, mothers living in multigenerational households with the child's grandmother and grandfather are predicted to have parental aggravation scores .10 points lower than other mothers. However, this finding is statistically significant only at the .07 alpha level. This is possibly a function of the relatively small proportion of the sample that lives in a multigenerational household containing both a grandmother and grandfather. As additional variables were added to the model the effects of living in a grandmother-only household remained statistically significant and negative, while the grandmother and grandfather households effect did not.

Interaction terms were added to the final model to test for a statistically significant interaction between race and living in a multigenerational household. In order to test my hypothesis, I created two separate models with interaction terms. Model F contained three interaction terms, one for each racial category, multiplied by the dummy variable measuring the presence of a grandmother only in the household. By performing an incremental F-test between Model E (the full fixed effects model) and Model F (the first interaction model) I find that there is a statistically significant difference between the

models. Therefore, I can conclude that there is a statistically significant interaction between race and living in a grandmother-only multigenerational household.

Table 4 indicates the results of separate models for each interaction effect to avoid problems of multicollinearity that occur when they are run together in the same model. African American mothers living a grandmother-only multigenerational household are predicted to have higher levels of parental aggravation compared to white mothers. Conversely, Latina mothers in grandmother-only multigenerational households are predicted to have lower levels of parental aggravation relative to white mothers. Figure 1 depicts the conditional slopes for the three racial/ethnic groups of interest graphically.

Model G shows the effect of the interaction between race and living in a grandmother and grandfather multigenerational household. This model had an R^2 of .064; an incremental F test reveals that it is not a better fit to the data than the main effects model. Therefore, it appears that the effects of living in a multigenerational household with a grandmother and grandfather are not conditional upon race.

MAJOR DEPRESSION

Table 4 shows the results of logistic regression models predicting major depression among mothers. Of all codeable responses the number of persons who were considered probable for a diagnosis of major depression was 570, while the number of respondents who did not was 2,912. Therefore, the odds of being depressed are about 1:6.

According to the models, living in a multigenerational household does not have a statistically significant effect on the odds of experiencing a major depressive episode. The results for the variables for living in a grandmother and grandfather multigenerational household as well as the variable for living in a grandmother-only multigenerational household are not statistically significant across any of the models.

RELATIONSHIP STATUS AND MULTIGENERATIONAL HOUSEHOLDS

As it is possible that living in a multigenerational household could have different effects in various family contexts, Tables 5, 6, and 7 display the results for regression analysis predicting the level of parental aggravation for each relationship category separately: Married (N=1,050), Cohabiting (N=957), and Single (N=1,301), respectively. Note that the results for mothers married to or cohabiting with a new partner are not displayed since none of the models were statistically significant. This is most likely a function of its small sample size (N=176).

For married mothers, living in a multigenerational household did have a statistically significant effect of the level of parental aggravation. Model E shows that in the full model, living in a multigenerational household reduces the predicted level of parental aggravation by greater than .2. This effect is slightly larger for women in grandmother and grandfather multigenerational households. Mothers who are cohabiting with the child's father and live in a multigenerational household do not have predicted scores that are statistically significantly different from those that live only with their partner. Finally, for single mothers the picture is somewhat more complicated.

While mothers living in multigenerational households do not have scores that are statistically different than mothers who do not there is an interaction with race and grandmother only multigenerational households. An incremental F-test between models E and F confirms that there is a statistically significant interaction present. Again, to avoid issues of multicollinearity, I next ran the models with each interaction separately and found results similar to those found in Table 2. African American mothers have an increase in parental aggravation when living in a grandmother only multigenerational household and Latina mothers have a predicted decrease in parental aggravation relative to white mothers.

Tables 8, 9 and 10 display the results of logistic regression on major depression for each of the relationship categories. Consistent with the results found in Table 3, I find that living in a multigenerational household does not have a statistically significant effect on depression for mothers in any of the relationship categories.

DISCUSSION AND CONCLUSION

Discussion

Using a combination of social exchange theory and a feminist perspective, this research has proposed and tested three hypotheses regarding the relationship between levels of maternal wellbeing and residing in a multigenerational household. In the following section, I will discuss the implications of the findings presented here for the theoretical frameworks and for future research.

MULTIGENERATIONAL HOUSEHOLDS AND LEVELS OF MATERNAL WELLBEING

Drawing on social exchange theory, the first hypothesis proposed that living in a multigenerational household will result in higher levels of maternal wellbeing. These results provide limited support for social exchange theory. Consistent with this theoretical framework, mothers living in a multigenerational household do experience higher levels of wellbeing. However, this is true only for some measures, and these effects are not consistent for all relationship categories or across all types of multigenerational households. Mothers who live in multigenerational households experience lower levels of parental aggravation compared to other mothers. As anticipated by the feminist perspective, this effect is not the same for grandmother-only multigenerational households and grandmother and grandfather multigenerational households (I will address in more detail when discussing the third hypothesis). Further, inconsistent with the social exchange theory, living in a multigenerational household does not appear to provide any benefit to mother's mental health. Also inconsistent with the feminist perspective, the probability of experiencing major depression in the last year was not affected by living in either type of multigenerational household. It is likely that there are more important factors affecting mental health than those considered in this analysis.

Consistent with the theoretical framework, when mothers are examined separately based on their relationship status with the child's father, I find that married mothers living in a multigenerational household have lower levels of parental aggravation compared to married mothers who do not. This was not the case for cohabitating or single mothers, as there generally was not a statistically significant difference between

those living alone and those living in multigenerational households. However, as an exception, I found a statistically significant interaction between race and single mothers living in a grandmother-only multigenerational household, indicating that Latina and white women in these households have lower parental aggravation scores. Given what we know about racial/ethnic differences with regard to costs and benefits, in that Latina and African-American families are more likely to co-parent *with* the mother; this is consistent with the social exchange framework presented here.

Consistent with social exchange theory and the plethora of prior research in this area (Acock and Demo 1994; Waite and Gallagher 2000), I find that the marital status of the mother does have a positive effect on levels of maternal wellbeing. However, this research highlights that marital status (or even the more modern approach of looking at cohabitation and remarriage) is not the only residential arrangement that is an important predictor of levels of maternal wellbeing. Other residential arrangements can offer significant “net benefits” as well. Bengtson (2001) found that multigenerational ties play an important role in the lives of mothers. Adding to this knowledge, I find evidence that there are even more benefits for mothers who live in multigenerational households. In fact, living in a multigenerational household has important benefits for mothers even net of the effects of poverty and available support networks.

Consistent with the theoretical frameworks articulated earlier, these findings suggest that for some women the benefits of entering a multigenerational household have more rewards and lower costs than those associated with marriage. By using a social exchange and feminist perspective we would expect this might be more true with regard

to women living in poverty, as marriage offers these women greater risks for things such as domestic violence and fewer resources with which one could leave, as well as fewer benefits such as reduction in the amount of household labor. The results with regard to parental aggravation in particular lend support to this idea (see Table 2). Net of the effects of economic resources, living in grandmother-only multigenerational households had a statistically significantly negative effect on parental aggravation, while being married did not.

Unfortunately, these data only indicate the presence of a grandparent in the household and do not indicate the extent of their involvement as a co-parent to the mother. Therefore it is difficult to access the exact benefits that these mothers may be receiving as a result of any specific grandmother's presence in the household. More research is needed to understand the process through which living with grandparents lowers parental aggravation. Specifically, research on the level of involvement by grandparents in multigenerational households would help us to understand what types of interactions and kinship networks are most beneficial to mothers. In other words, a richer understanding of the specific costs and benefits associated with these arrangements would be useful.

MULTIGENERATIONAL HOUSEHOLDS AND RACE/ETHNICITY

Social exchange theory also predicts that, based on the variations in grandmother role expectations in various racial/ethnic groups, we can anticipate that there will be an increase in net benefits for Latina and African-American women who live in

multigenerational households. There are mixed results for this second hypothesis. African-American and Latina mothers living in grandmother-only multigenerational households did have different levels of parental aggravation compared to white respondents. Consistent social exchange theory expectations, living in a grandmother-only multigenerational household reduced the aggravation in parenting more for Latina mothers than it did for white respondents. Conversely, while there was a statistically significant interaction for African American mothers living in grandmother-only multigenerational households, the relationship was not in the anticipated direction. African American mothers living in grandmother-only multigenerational households reported higher levels of parental aggravation than did white women in grandmother-only multigenerational households. Additionally, this interaction effect was not present when examining married or cohabitating women only. However it is likely that the small number of married and cohabitating women who live in multigenerational households is simply not large enough for a statistically significant effect.

Prior research has indicated that the meaning and responsibilities assigned to multigenerational household members varies across different racial ethnic groups (Pebly and Rudkin 1999; Hayslip and Kaminski 2005). Some of the results here confirm that, at least on some measures, these racial/ethnic differences do have an effect on levels of maternal wellbeing. This adds to our understanding of how these different racial/ethnic groups meet the needs of the family members. What is not clear is why multigenerational households have a negative effect on African-American mothers. It is possible that while grandmothers in both African American and Latina families are more likely to co-parent,

different co-parenting styles reduce parental aggravation more than others. Again, this finding requires additional research on intra-family processes to understand why African American women benefit less than other women, at least with regard to their aggravation in parenting, from multigenerational arrangements. It is possible that there are key mechanisms operating in African American households and communities that have not been captured in this analysis that, once controlled for, would result in the theoretical framework being supported.

Living in a multigenerational household has similar effects on major depression for mothers across all racial/ethnic groups examined here.

MULTIGENERATIONAL HOUSEHOLDS AND GENDER

The modified social exchange/feminist framework offered here predicts that, due to the different gendered roles and expectations within families, living in a grandmother only multigenerational household would be more beneficial to mothers than living in grandmother and grandfather multigenerational households. There is strong support for this third hypothesis. Mothers in grandmother-only multigenerational households had lower levels of parental aggravation than mothers living alone. Conversely, parental aggravation among mothers living in grandmother and grandfather multigenerational households did not differ from mothers living alone. This provides support for the supposition that grandmothers without a spouse in the household are able to provide more support to their daughters and therefore increase their net benefit.

The only exception to this finding is with regard to married mothers. For mothers who were married to their child's father, they have a slightly larger decrease in predicted parental aggravation scores when living in a grandmother and grandfather multigenerational household compared to living in a grandmother-only multigenerational household. However, the difference was very small.

Admittedly, a more precise test of the use of this theoretical framework to explain the relationship between gender and multigenerational households would have been to compare grandmother and grandfather multigenerational households, grandmother-only multigenerational households and grandfather-only multigenerational household. Unfortunately, because there were too few cases of grandfather-only multigenerational households, I was unable to make any meaningful comparison. It is possible that gender differences in average life spans result a greater availability of single grandmothers compared to single grandfathers; however, given that most of the mothers in this sample are relatively young, it is unlikely in this particular case. Instead, the fact that there are so few cases of such grandfather-only multigenerational households may say a great deal about the (lack of) multigenerational bonds between adult mothers and their fathers. Perhaps as more fathers become involved in rearing their own children, they will also increase support for their adult children and grandchildren in the future.

The modified social exchange/feminist theory offered here takes what we already know about families and sheds new light on the relationship between household structure and maternal wellbeing. For example, we know from prior research that bonds between mothers and their daughters and her grandchildren are particularly strong and resilient

(see Bianchi 2006). We also know that having a spouse increases the amount of household labor performed by women (see Coltrane 2000). However, the current research is the first to combine these ideas and test them in the context of multigenerational households, confirming that grandmother-only multigenerational households (without the presence of a spouse) do lead to higher levels of maternal wellbeing. Again, future research should include more intra-family process variables (such as co-parenting, level of emotional support, etc.) that will allow researchers to explore the mechanisms by which single grandmothers in the households become more beneficial to the mother.

SUMMARY

Consistent with the modified social exchange/feminist perspective offered here, living in a multigenerational household does have a positive effect on levels of maternal wellbeing. However, the results also suggest that there may still be some ambiguity about what processes within household types provide the most benefit. As noted by Acock and Demo (1994), family processes within households may be more important than family structure. Their finding that differences *within* family types are greater than differences *between* family types is particularly relevant to this research. In order to understand exactly how the members of multigenerational households are affected by these living arrangements, we must understand what processes are at work within these households. Information regarding the relationship between grandparents and their children and grandchildren, the level of grandparent involvement in household and child

care, and the level of conflict within the household is needed to assess the internal processes. Social exchange and feminists theorists have already established that variations in emotional support and division of household labor affect maternal wellbeing within married households (Acock and Demo 1994; Waite and Gallagher 2000; Coltrane 2000). Therefore, it is reasonable to assume that the same would be true within multigenerational households as well. Research on these processes may clarify some of the mixed results in this analysis. Additionally, it would allow researchers to test what, exactly, grandmothers provide to their children and grandchildren in co-residential settings to lead to higher levels of wellbeing. In other words, there are perhaps particular types of household processes that increase levels of maternal wellbeing regardless of the household type (i.e. married, single, multigenerational, etc.). Unfortunately, this particular dataset does not have any information on the level of involvement that these grandparents or any member of the family had in the household; thus, it was impossible to control for them in these analyses. Moreover, for married and cohabitating mothers in particular, we cannot assess the quality of the partners' relationship with the grandparent(s); this is likely to have an effect on how well these families serve to increase the level of member wellbeing.

Another limitation of this study is that, due to the nature of these data, I cannot determine the nature of the co-residential relationship. For instance, whether or not the mother moved in with her parent(s), or whether her parent(s) came to live with her and for what purpose, may be very important distinctions. Because these data dealt with relatively young mothers, it is more likely that the former is true (i.e. respondents moved

into the grandparents' home). Therefore, based on these data limitations, the assumption in this research is that mothers live in multigenerational households to alleviate some of the problems commonly faced by mothers of young children, such as child care problems, financial struggles, or emotional support. The implication here is that they enter these relationships to receive some benefit, and there is some support for this assumption in the literature (Aquillo 1996). However, particularly with regard to older mothers, one can imagine that these co-residential living arrangements with grandparent(s) may have a very different meaning. When mothers live in multigenerational households to provide care for their own parent(s), the implications for maternal wellbeing may be very different. Mothers who are caring for both their children and their parents might experience lower levels of wellbeing than other mothers. As the mother's age at first birth continues to rise, this will become a very important issue for future research on multigenerational households to address. In other words, the assessment of costs and benefits may be very different based on the nature of the multigenerational household.

Additionally, due to limitations in the dataset, this research project was also limited in its operationalization of maternal wellbeing. While the variables included in this research included mental health and parenting wellbeing, numerous aspects of maternal wellbeing still require exploration to further test the theoretical framework presented here. For example, perceived happiness, or global wellbeing, is an important aspect of wellbeing that I was not able to address here. Also, an examination of economic wellbeing over time would allow us to assess how these mothers fare

economically before and after living in a multigenerational household. These additional measures of maternal wellbeing would be helpful in understanding the effects of living in a multigenerational household across all aspects of maternal wellbeing.

Further, as noted above, the absence of a reasonable number of grandfather-only multigenerational households limited the extent to which I was able to test the modified social exchange/feminist perspective presented here. As discussed previously, the gender of the grandparent matters in terms of what type of support they are likely to provide to mothers. Through an exploration of these differences, we may be able to better understand how gender affects multigenerational relationships. Additionally, since the scope of this project was limited to the effects of grandparent multigenerational households, I did not consider the differential effects of other extended family members on levels of maternal wellbeing. However, future researcher should also attempt to study mothers living with other relatives, such as aunts, uncles, or any other kinship combinations. Increasing our understanding of how the gender and familial relationship of family members affect levels of wellbeing could help us to further understand what processes and relationships are most influential in improving the lives of mothers, and could help us further test the limits of the theoretical framework.

Finally, given the cross-sectional nature of these data, this research could not address the effect of multigenerational households on levels of maternal wellbeing over time. The fact that the majority of multigenerational household arrangements are temporary makes this a very important aspect to consider when studying these households. Longitudinal analyses would allow us to understand how levels of maternal

wellbeing change over time as mothers enter different types of households.

Understanding how these relationships co-vary allows researchers to establish a stronger causal argument for the positive relationships found between multigenerational households and maternal wellbeing. In other words, we are unable to test the relative effects of long- and short-term costs and benefits in this analysis.

Research that employs a longitudinal analysis to test the hypotheses presented here may be better equipped to identify some of the processes underlying the relationship between multigenerational households and mother well-being. Such research could help us better understand whether it is the quality of the relationship or the stability of the residential relationship (as suggested by Waite and Gallagher 2000) that affects levels of maternal wellbeing.

Future research that focuses on the effect of these households on mothers over time, and that further explores the processes involved within these households, would allow for additional testing of this theoretical framework and further the discourse around multigenerational households by helping to identify which bonds and kinships between adults are of greatest benefit to mothers.

Despite its limitations in terms of understanding intra-family processes, gender, and changes over time, this research is a good first step in testing social exchange theory in the context of more current household typologies. It pushes the conversation regarding families in new and important directions to keep pace with changes in family structure.

Conclusion

Mothers have been raising their children in increasingly diverse family contexts over the last several decades. As diversity within families increase, reliance on multigenerational bonds has become more important for the survival of many families, particularly for single mothers.

As noted earlier in this paper, this research tests social exchange theory in a new and important way. Prior research has largely relied on comparing marital relationships with less permanent romantic relationships and concluded that the stability and security of marital bonds offer more benefits than cohabitating relationships. In this research I have examined how other non-romantic residential relationships affect maternal wellbeing thereby testing whether other permanent bonds rather than marital relationships can result in similar net benefits that improve levels of maternal wellbeing. These results provide support for social exchange theory in that it seems that other forms of residential relationships do lead to increased levels of maternal wellbeing. The research suggests that mothers may be avoiding marital relationships in favor of the less risky/more rewarding relationships that multigenerational households provide.

By combining social exchange theory with a feminist perspective I was able to examine how different gendered bonds affect maternal wellbeing. The feminist perspective is an essential component of the theoretical frame because it helps us to understand that the social context of these relationships remains important and helps researchers to articulate the relative benefits and costs mothers face based on their gender. This framework acknowledges that gender has a great deal to do with what the household members expect of one another and what they are responsible for within the

household. Mothers may not feel entitled to equal participation in childcare from a spouse, but may feel entitled to such a partnership from a residential grandmother, for instance. Further, it acknowledges that additional men in the household can sometimes lead to increases in unpaid labor, such as in the case of grandmother and grandfather multigenerational households versus grandmother-only multigenerational households. By using both a social exchange theory and a feminist perspective, researchers can more accurately assess the cost and benefits to mothers as gendered beings in various social arrangements with their own unique set of gendered expectations.

I argue here that multigenerational households deserve more attention from family scholars attempting to use these theories to understand the link between family structure and levels of wellbeing among their members. Not only are they an important category because of their prevalence, but also they have the potential to provide important information regarding what type of assistance is most helpful to mothers (thus leaving behind some of the ideological baggage associated with families). This research project adds to our knowledge of maternal wellbeing and family structure by expanding the definition of family structure to include a more accurate categorization of households as well as having important implications for family sociology and as well as informed public policy.

Research on multigenerational households also has very important implications for public policy. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 enacted a great deal of change with regard to how poor American families survive. Recent changes in welfare policy have made it impossible for teen mothers to

receive benefits unless they, among other things, live with their parents or another responsible adult. This research is the first of its kind that suggests such arrangements may be beneficial to those mothers. However the public policy impact of this research is by no means limited to teen mothers. The end of entitlement to social services to the poor has led many mothers to be more heavily reliant on extended kinship networks for survival. Research on multigenerational households and other non-traditional family structures can inform policy makers' decisions about how to handle these types of residential living arrangements. Although some discussion around grandparents as primary caregivers can be found, the issues of living in a multigenerational household in which parenting is shared has not been addressed. In the same way that recent reforms have lessened the marriage penalty for families receiving welfare, similar policies should be enacted to encourage, or at the very least not penalize, mothers for living in multigenerational households. The work that multigenerational families do often lessens some of the hardships associated with raising small children and it also lessens the amount of resources that state and local agencies invest in single parent homes in particular. Given what we now know about the relationship between living in a multigenerational household and levels of maternal wellbeing, policymakers should take serious steps to acknowledge and support multigenerational households as a means of supporting mothers. For example, policies that would offer childcare benefits to extended family members who care for children within the home would not only support mothers but would alleviate shortages in affordable child care. Moreover, financial

incentives in the form of increased food stamps and/or TANF monies could be made available to mothers living in multigenerational households.

In 2001, Bergston argued that “the increasing prevalence and importance of multigenerational bonds represents a valuable new resource for families in the 21st century.” (p. 15). This has only become more true since that time as more and more women are raising children outside of the “traditional” nuclear family context. It is evident that the strength and resilience of multigenerational bonds are a vital resource for younger generations of women seeking to raise children in a society with limited social service resources and less dependence on marital bonds. Finding new ways to understand and strengthen these bonds is crucial to ensuring the wellbeing of future American mothers.

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**Table 1:
Descriptive Statistics for Key Variables**

| <i>Variables</i> | Mean | Standard Deviation |
|---|-------------|---------------------------|
| Aggravation in Parenting | 2.17 | .67 |
| Mental Health Scale for Depression | .83 | .37 |
| <i>Family and Household Variables</i> | | |
| <i>Relationship Status of the Mother</i> | | |
| Married to Baby's Father | 30% | |
| Cohabiting with Baby's Father | 27% | |
| Living with New Partner | 5% | |
| Single (baseline) | 38% | |
| At Least 1 Change in Relationship Status (last 12mos) | 13% | |
| <i>Multigenerational HH</i> | | |
| Grandmother only in Household | 12% | |
| Grandfather and Grandmother in Household | 6% | |
| #Adults in HH (over 18) | 2.18 | .97 |
| <i>Maternal Characteristics</i> | | |
| <i>Race</i> | | |
| Black | 49% | |
| Latina | 23% | |
| White (baseline) | 25% | |
| Other | 3% | |
| Age | 26.45 | 6.01 |
| <i>Education</i> | | |
| Less than High School (baseline) | 30% | |
| High School or Equivalent | 31% | |
| Some College | 25% | |
| College Graduate | 11% | |
| Mother's Health | 2.79 | 1.04 |
| <i>Child Characteristics</i> | | |
| Number of Children in HH | 2.32 | 1.33 |
| Child's Health | 3.51 | .78 |
| <i>Economic Variables</i> | | |
| Welfare receipt (last 12 months) | 38% | |
| Working or in school (in last two weeks) | 64% | |

Table 1 (continued).

| | |
|---|-----|
| Received Financial Support from friends or family | 40% |
| <i>Available Support Network</i> | |
| \$200 Loan | 85% |
| A Place to Live | 86% |
| Emergency Childcare | 89% |

Notes: N=3482

Source: *Fragile Families and Child Wellbeing*, waves 1&2

Table 2: OLS Regression Predicting Mothers' Aggravation in Parenting

| <i>Variable</i> | <i>Model A: Household Dynamics</i> | <i>Model B: Maternal Character istics</i> | <i>Model C: Child Character istics</i> | <i>Model D: Financial Resources</i> | <i>Model E: Available Support</i> | <i>Model F: Interactio n Effects: Grandmot her-only HH</i> | <i>Model G: Interactio n Effects: Grandmot her and Grandfath er HH</i> |
|---|--|---|--|---|---|--|--|
| Adjusted R ² | .012 | .038 | .046 | .053 | .058 | .060 | .058 |
| <i>Model F</i> | 7.30 | 10.13 | 10.95 | 10.85 | 10.46 | 9.68 | 9.30 |
| <i>Constant</i> | 2.29* (.02) | 2.30* (.03) | 2.28* (.03) | 2.26* (.04) | 2.43* (.05) | 2.43* (.05) | 2.43* (.05) |
| <i>Family and Household Variables</i> | | | | | | | |
| <i>Relationship Status of the Mother</i> | | | | | | | |
| Married to Baby's Father | -.169* (.03) | -.082* (.03) | -.074* (.03) | -.057 (.03) | -.047 (.03) | -.052 (.03) | -.049 (.03) |
| Cohabiting with Baby's Father | -.183* (.03) | -.152* (.03) | -.144* (.03) | -.133* (.03) | -.126* (.03) | -.128* (.03) | -.126* (.03) |
| Living with New Partner | .036 (.06) | -.083 (.04) | -.080 (.06) | .064 (.06) | .070 (.06) | .067 (.06) | .067 (.06) |
| At Least 1 Change in Relationship Status (last 12mos) | -.051* (.04) | .076 (.06) | .080 (.04) | -.080 (.04) | -.078 (.04) | -.075 (.04) | -.075 (.04) |
| <i>Multigenerational HH</i> | | | | | | | |

Table 2 (continued).

| | | | | | | | |
|---------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Grandfather & Grandmother in HH | -.100 (.05) | -.073 (.05) | -.062 (.05) | -.059 (.05) | -.052 (.05) | -.055 (.05) | -.144 (.09) |
| Grandmother only in HH | -.093* (.04) | -.086* (.03) | -.082* (.03) | -.081* (.03) | -.080* (.03) | -.211* (.10) | -.079* (.03) |
| #Adults in HH (over 18) | .035* (.01) | .027 (.01) | .023 (.01) | .023 (.01) | .024 (.01) | .024 (.01) | .024 (.01) |
| <i>Maternal Characteristics</i> | | | | | | | |
| <i>Race</i> | | | | | | | |
| Black | | .084* (.03) | .065* (.03) | .063* (.03) | .054 (.03) | .032 (.03) | .044 (.03) |
| Latina | | -.000 (.03) | -.017 (.03) | -.009 (.03) | -.016 (.03) | -.003 (.03) | -.025 (.03) |
| Other | | .082 (.06) | .073 (.06) | .073 (.06) | .060 (.06) | .061 (.06) | .052 (.06) |
| Age | | -.000 (.00) | -.002 (.00) | -.001 (.00) | -.001 (.00) | -.001 (.00) | -.001 (.00) |
| <i>Education</i> | | | | | | | |
| High School or Equivalent | | -.116* (.02) | -.098* (.02) | -.086* (.02) | -.076* (.02) | -.075* (.02) | -.075* (.02) |
| Some College | | -.152* (.03) | -.121* (.03) | -.098* (.03) | -.085* (.03) | -.084* (.03) | -.086* (.03) |
| College Graduate | | -.099* (.04) | -.052 (.04) | -.025 (.04) | -.011 (.04) | -.012 (.04) | -.013 (.04) |
| Mother's Health | | -.081* (.01) | -.070* (.01) | -.064* (.01) | -.058* (.01) | -.058* (.01) | -.058* (.01) |

Table 2 (continued).

| | | | | | |
|---|--------|--------|--------|--------|--------|
| <i>Child Characteristics</i> | | | | | |
| Number of Children in HH | .026* | .023* | .019* | .019* | .019* |
| | (.00) | (.00) | (.00) | (.00) | (.00) |
| Child's Health | -.071* | -.072* | -.070* | -.070* | -.070* |
| | (.01) | (.01) | (.01) | (.01) | (.01) |
| <i>Economic Variables</i> | | | | | |
| Welfare receipt (last 12 months) | | .043 | .034 | .033 | .034 |
| | | (.02) | (.02) | (.02) | (.02) |
| Working or in school (in last two weeks) | | -.073* | -.068* | -.066* | -.067* |
| | | (.02) | (.02) | (.02) | (.02) |
| Received Financial Support from friends or family | | .091* | .107* | .104* | .107* |
| | | (.02) | (.02) | (.02) | (.02) |
| <i>Available Support Network</i> | | | | | |
| \$200 Loan | | | -.055 | -.054 | -.056 |
| | | | (.03) | (.03) | (.03) |
| A Place to Live | | | -.032 | -.033 | -.032 |
| | | | (.04) | (.04) | (.04) |
| Emergency Childcare | | | -.117 | -.115* | -.116* |
| | | | (.04) | (.04) | (.04) |
| <i>Interaction effects</i> | | | | | |
| Black*Grandmother in HH | | | | .219* | |
| | | | | (.11) | |
| Latina*Grandmother in HH | | | | -.018 | |
| | | | | (.12) | |

Table 2 (continued).

| | | |
|--|---------------|---------------|
| Other*Grandmother in HH | .045 (.23) | |
| Black*Grandmother and Grandfather in HH | | .132 (.11) |
| Latina* Grandmother and Grandfather in HH | | .111 (.12) |
| Other* Grandmother and Grandfather in HH | | .108 (.20) |

Source: Fragile Families and Child Wellbeing, wave 1

N=3,482. Table entries are unstandardized (metric) regression coefficients (standard errors of estimates are in parentheses). *indicates $p < .05$

***all non-dummy variables have been centered at the mean*

Table 3: Logistic Regression Predicting Major Depression in Mothers

| <i>Variable</i> | <i>Model A: Household Dynamics</i> | <i>Model B: Maternal Characteri stics</i> | <i>Model C: Child Characteri stics</i> | <i>Model D: Financial Resources</i> | <i>Model E: Available Support</i> | <i>Model F: Interaction Effects: Grandmot her-only HH</i> | <i>Model G: Interaction Effects: Grandmot her and Grandfath er HH</i> |
|--|--|---|--|---|---|---|---|
| -2Log Likelihood | 3062.75 | 2840.31 | 2839.30 | 2820.49 | 2764.91 | 2762.36 | 2759.44 |
| Chi-squared | 41.46* | 263.90* | 264.91* | 283.73* | 299.45* | 341.85* | 344.78* |
| | -1.37* | -1.35* | -1.36* | -1.70* | -.75* | -.72* | -.71* |
| <i>Constant</i> | (.08) | (.15) | (.15) | (.18) | (.22) | (.22) | (.22) |
| <i>Family and Household Variables</i> | | | | | | | |
| <i>Relationship Status of the Mother</i> | | | | | | | |
| Married to Baby's Father | -.678* (.13) | -.492* (.15) | -.483* (.15) | -.363* (.15) | -.318* (.15) | -.326* (.15) | -.329* (.15) |
| Cohabiting with Baby's Father | -.442* (.12) | -.394* (.13) | -.386* (.13) | -.346 (.13) | -.304* (.13) | -.306* (.13) | -.310* (.13) |
| Change in Rel. Status – last 12 mos. | .544* (.16) | .427* (.17) | .427* (.17) | .403* (.17) | .430* (.18) | .438* (.18) | .459* (.18) |
| Living with New Partner | -.675* (.26) | -.517 (.27) | -.510 (.27) | -.522 (.27) | -.523 (.28) | -.531* (.28) | -.556* (.28) |
| <i>Multigenerational Households</i> | | | | | | | |
| Grandfather and Grandmother in HH | -.007 (.21) | -.013 (.22) | -.006 (.22) | -.019 (.22) | .041 (.22) | .035 (.22) | -.389 (.39) |
| Grandmother only in HH | .010 (.15) | .091 (.16) | .096 (.16) | .092 (.16) | .095 (.16) | -.408 (.48) | .098 (.16) |

Table 3 (continued).

| | | | | | | | |
|---------------------------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| #Adults in HH (over 18) | .083 (.05) | .089 (.06) | .087 (.06) | .098 (.06) | .110 (.06) | .110 (.06) | .112 (.06) |
| <i>Maternal Characteristics</i> | | | | | | | |
| <i>Race</i> | | | | | | | |
| Black | | -.179 (.12) | -.194 (.12) | -.246* (.12) | -.309* (.13) | -.360* (.13) | -.357* (.13) |
| Latina | | -.494* (.14) | -.509* (.15) | -.475* (.15) | -.532* (.15) | -.533* (.16) | -.632* (.16) |
| Other | | -.435 (.30) | -.445 (.30) | -.439 (.30) | -.595* (.31) | -.686* (.33) | -.480 (.32) |
| Age | | -.004 (.00) | -.006 (.00) | .001 (.00) | -.001 (.00) | -.001 (.00) | -.001 (.00) |
| <i>Education</i> | | | | | | | |
| High School or Equivalent | | -.110 (.12) | -.097 (.12) | -.099 (.12) | -.039 (.12) | -.036 (.12) | -.030 (.12) |
| Some College | | .122 (.12) | .144 (.13) | .134 (.13) | .221 (.13) | .218 (.13) | .229 (.13) |
| College Graduate | | -.218 (.22) | -.182 (.23) | -.183 (.23) | -.072 (.23) | -.081 (.23) | -.076 (.23) |
| Mother's Health | | -.633* (.04) | -.626* (.04) | -.617* (.04) | -.577* (.04) | -.579* (.04) | -.579* (.04) |
| <i>Child Characteristics</i> | | | | | | | |
| Number of Children in HH | | | .020 (.03) | .016 (.03) | -.013 (.03) | -.014 (.03) | -.013 (.03) |
| Child's Health | | | -.049 (.05) | -.048 (.05) | -.038 (.05) | -.038 (.05) | -.040 (.05) |

Table 3 (continued).

| | | | | |
|---|----------------|-----------------|-----------------|-----------------|
| <i>Economic Variables</i> | | | | |
| Welfare receipt (last 12 months) | .231* (.11) | .184 (.11) | .183 (.11) | .191 (.11) |
| Working or in school (in last two weeks) | .114 (.10) | .155* (.10) | .158 (.10) | .158 (.10) |
| Received Financial Support from friends or family | .356* (.10) | .481* (.10) | .476* (.10) | .482* (.10) |
| <i>Available Support Network</i> | | | | |
| \$200 Loan | | -.143 (.15) | -.135 (.15) | -.145 (.15) |
| A Place to Live | | -.444* (.15) | -.445* (.15) | -.444* (.15) |
| Emergency Childcare | | -.639* (.17) | -.644* (.17) | -.638* (.17) |
| <i>Interaction effects</i> | | | | |
| Black*Grandmother in HH | | | .629 (.51) | |
| Latina*Grandmother in HH | | | .299 (.57) | |
| Other*Grandmother in HH | | | 1.067 (.99) | |
| Black*Grandfather and Grandmother in HH | | | | .467 (.46) |
| Latina* Grandfather and Grandmother in HH | | | | -.857 (1.16) |

Table 3 (continued).

| | |
|---|----------------|
| Other* Grandfather and Grandmother in HH | .932* (.49) |
|---|----------------|

Source: Fragile Families and Child Wellbeing, wave 1

N=3,482. Table entries are unstandardized (metric) regression coefficients (standard errors of estimates are in parentheses). *indicates p<.05

***all non-dummy variables have been centered at the mean*

Table 4: OLS Regression Predicting Mothers' Aggravation in Parenting – Interaction effects with Race and Grandmother-only Multigenerational Households

| <i>Variable</i> | <i>Model A: African American Mothers</i> | <i>Model B: Latina Mothers</i> |
|--|--|------------------------------------|
| <i>Adjusted R²</i> | .061 | .060 |
| <i>Model F</i> | 10.49 | 10.31 |
| <i>Constant</i> | 2.43* (.05) | 2.42* (.05) |
| <i>Family and Household Variables</i> | | |
| <i>Relationship Status of the Mother</i> | | |
| Married to Baby's Father | -.053 (.03) | -.050 (.03) |
| Cohabiting with Baby's Father | -.128* (.03) | -.128* (.03) |
| Change in Relationship Status – last 12 mos. | -.074 (.04) | -.078 (.04) |
| Living with New Partner | .067 (.06) | .070 (.06) |
| <i>Multigenerational Households</i> | | |
| Grandfather and Grandmother in HH | -.056 (.05) | -.054 (.05) |
| Grandmother only in HH | -.220* (.05) | -.029 (.04) |
| #Adults in HH (over 18) | .024 (.01) | .024 (.01) |
| <i>Maternal Characteristics</i> | | |

Table 4 (continued).

| | | |
|------------------------------|-----------------|-----------------|
| <i>Race</i> | | |
| Black | .032 (.03) | .049 (.03) |
| Latina | -.005 (.03) | .007 (.03) |
| Other | .066 (.06) | .057 (.06) |
| Age | -.001 (.00) | -.001 (.00) |
| <i>Education</i> | | |
| High School or Equivalent | -.075* (.02) | -.075* (.02) |
| Some College | -.084* (.03) | -.084* (.03) |
| College Graduate | -.012 (.04) | -.007 (.04) |
| Mother's Health | -.058* (.01) | -.058* (.01) |
| <i>Child Characteristics</i> | | |
| Number of Children in HH | .019* (.00) | .019* (.00) |
| Child's Health | -.070* (.01) | -.070* (.01) |

Table 4 (continued).

| | | |
|---|-----------------|-----------------|
| <i>Economic Variables</i> | | |
| Welfare receipt (last 12 months) | .033 (.02) | .033 (.02) |
| Working or in school (in last two weeks) | -.066* (.02) | -.067* (.02) |
| Received Financial Support from friends or family | .104* (.02) | .106* (.02) |
| <i>Available Support Network</i> | | |
| \$200 Loan | -.054 (.03) | -.054 (.03) |
| A Place to Live | -.033 (.04) | -.033 (.04) |
| Emergency Childcare | -.115* (.04) | -.116* (.04) |
| <i>Interaction effects</i> | | |
| Black*Grandmother in HH | .228* (.07) | |
| Latina*Grandmother in HH | | -.200* (.07) |
| Other*Grandmother in HH | | |

Source: Fragile Families and Child Wellbeing, wave 1

Table 4 (continued).

N=3,482. Table entries are unstandardized (metric) regression coefficients (standard errors of estimates are in parentheses). *indicates $p < .05$

****all non-dummy variables have been centered at the mean**

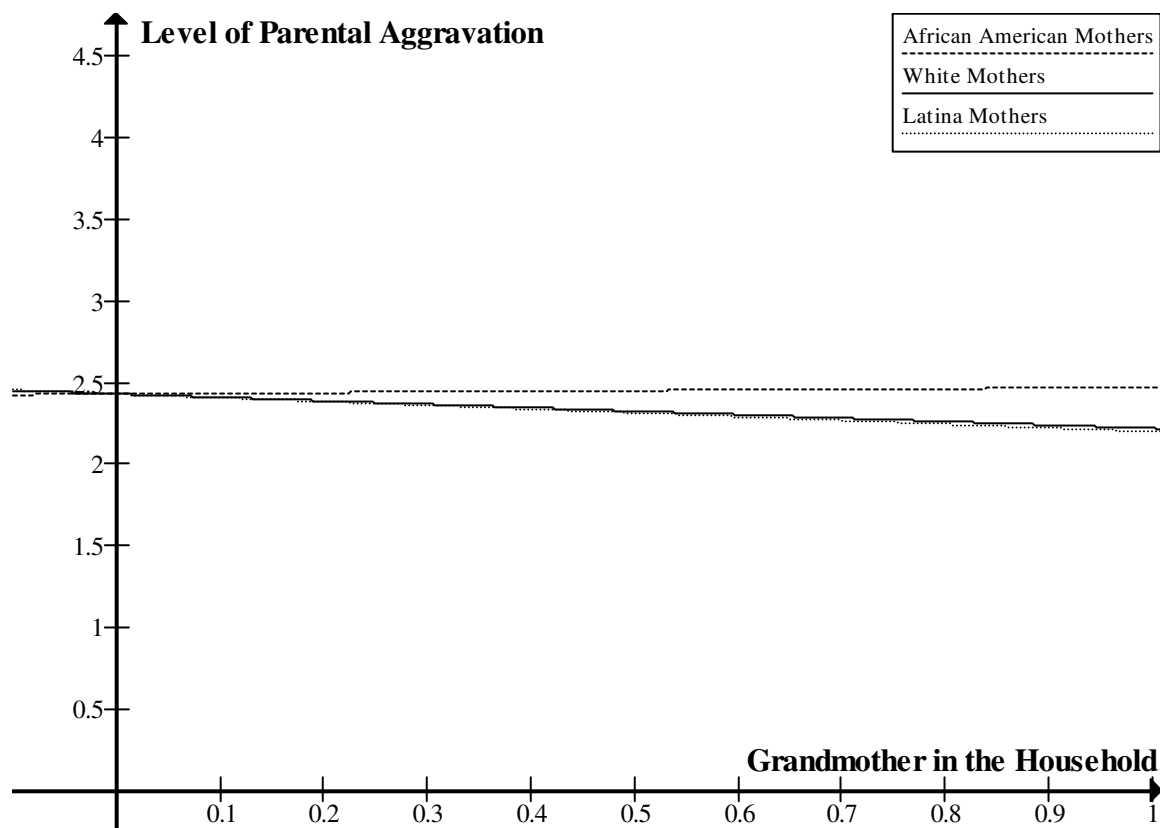


Figure 1: Interactions Effects for Race and Living in Grandmother-only Multigenerational Households on Levels of Parental Aggravation

Source: Fragile Families and Child Wellbeing, wave 1

N=3,482. Table entries are unstandardized (metric) regression coefficients (standard errors of estimates are in parentheses). *indicates $p < .05$

****all non-dummy variables have been centered at the mean**

Table 5: OLS Regression Predicting Mothers' Aggravation in Parenting for MARRIED MOTHERS

| <i>Variable</i> | <i>Model A: Household Dynamics</i> | <i>Model B: Maternal Character istics</i> | <i>Model C: Child Character istics</i> | <i>Model D: Financial Resources</i> | <i>Model E: Available Support</i> |
|--|--|---|--|---|---|
| Adjusted R ² | .003 | .027 | .026 | .028 | .035 |
| <i>Model F</i> | 2.31 | 3.69 | 3.16 | 2.95 | 3.01 |
| <i>Constant</i> | 2.12* (.01) | 2.25* (.05) | 2.28* (.03) | 2.25* (.06) | 2.49* (.10) |
| <i>Household Variables</i> | | | | | |
| <i>Multigenerational HH</i> | | | | | |
| Grandfather & Grandmother in HH | -.267* (.12) | -.236 (.12) | -.239 (.12) | -.240* (.12) | -.239* (.12) |
| Grandmother only in HH | -.199 (.10) | -.183 (.10) | -.086 (.10) | -.189 (.10) | -.212* (.10) |
| #Adults in HH (over 18) | .039 (.03) | .014 (.03) | .015 (.03) | .014 (.03) | .018 (.03) |
| <i>Maternal Characteristics</i> | | | | | |
| <i>Race</i> | | | | | |
| Black | | -.012 (.04) | -.018 (.04) | .007 (.04) | -.021 (.04) |
| Latina | | -.022 (.05) | -.023 (.05) | -.019 (.05) | -.033 (.05) |

Table 5 (continued).

| | | | | |
|--|--------|--------|--------|--------|
| Other | .213* | .214* | .213* | .198* |
| | (.08) | (.08) | (.08) | (.08) |
| Age | .006 | .005 | -.006 | .005 |
| | (.00) | (.00) | (.00) | (.00) |
| <i>Education</i> | | | | |
| High School or Equivalent | -.196* | -.190* | -.166* | -.162* |
| | (.06) | (.06) | (.06) | (.06) |
| Some College | -.142* | -.135* | -.105 | -.088 |
| | (.06) | (.06) | (.06) | (.06) |
| College Graduate | -.173* | -.161* | -.130 | -.113 |
| | (.06) | (.07) | (.07) | (.07) |
| Mother's Health | -.067* | -.067* | -.060* | -.053* |
| | (.01) | (.01) | (.01) | (.01) |
| <i>Child Characteristics</i> | | | | |
| Number of Children in HH | | .011 | .009 | .007 |
| | | (.01) | (.01) | (.01) |
| Child's Health | | -.000 | -.004 | .001* |
| | | (.02) | (.02) | (.02) |
| <i>Economic Variables</i> | | | | |
| Welfare receipt (last 12 months) | | | .032 | .016 |
| | | | (.06) | (.06) |
| Working or in school (in last two weeks) | | | -.085* | -.082* |
| | | | (.03) | (.03) |
| Received Financial Support from friends or family | | | .047 | .050 |
| | | | (.04) | (.04) |

Table 5 (continued).

| | |
|----------------------------------|----------------|
| <i>Available Support Network</i> | |
| \$200 Loan | -.041 (.08) |
| A Place to Live | -.107 (.07) |
| Emergency Childcare | -.116 (.09) |

Source: Fragile Families and Child Wellbeing, wave 1

N=1,050. Table entries are unstandardized (metric) regression coefficients (standard errors of estimates are in parentheses). *indicates p<.05
***all non-dummy variables have been centered at the mean*

Table 6: OLS Regression Predicting Mothers' Aggravation in Parenting for COHABITATING MOTHERS

| <i>Variable</i> | <i>Model A: Household Dynamics</i> | <i>Model B: Maternal Character istics</i> | <i>Model C: Child Character istics</i> | <i>Model D: Financial Resources</i> | <i>Model E: Available Support</i> |
|---------------------------------------|---|---|--|---|---|
| Adjusted R ² | Model not statisticall y significant | .018 | .025 | .054 | .058 |
| <i>Model F</i> | | 2.61 | 2.95 | 4.45 | 4.14 |
| <i>Constant</i> | | 2.13* (.05) | 2.13* (.05) | 2.05* (.06) | 2.16* (.09) |
| <i>Household Variables</i> | | | | | |
| Multigenerational HH | | | | | |
| Grandfather & Grandmother in HH | | -.079 (.12) | -.066 (.12) | -.066 (.12) | -.066 (.12) |
| Grandmother only in HH | | -.079 (.08) | -.067 (.08) | -.052 (.08) | -.051 (.08) |
| #Adults in HH (over 18) | | .029 (.02) | .025 (.02) | .019 (.02) | .017 (.02) |
| <i>Maternal Characteristics</i> | | | | | |
| <i>Race</i> | | | | | |
| Black | | .093 (.05) | .067 (.05) | .060 (.05) | .057 (.05) |

Table 6 (continued).

| | | | | |
|---|-----------------|-----------------|-----------------|-----------------|
| Latina | .042 (.06) | .020 (.06) | .057 (.06) | .049 (.06) |
| Other | .112 (.15) | .105 (.15) | .112 (.15) | .112 (.15) |
| Age | .000 (.00) | -.000 (.00) | .001 (.00) | .000 (.00) |
| <i>Education</i> | | | | |
| High School or Equivalent | -.081 (.05) | -.063 (.05) | -.058 (.05) | -.050 (.05) |
| Some College | -.180* (.05) | -.156* (.06) | -.123* (.05) | -.114* (.05) |
| College Graduate | -.203 (.14) | -.143 (.14) | -.067 (.14) | -.045 (.14) |
| Mother's Health | -.066* (.02) | -.057* (.02) | -.045* (.02) | -.043* (.02) |
| <i>Child Characteristics</i> | | | | |
| Number of Children in HH | | .020 (.01) | .013 (.01) | .012 (.01) |
| Child's Health | | -.075* (.02) | -.082* (.02) | .082* (.02) |
| <i>Economic Variables</i> | | | | |
| Welfare receipt (last 12 months) | | | .075 (.04) | .063 (.04) |
| Working or in school (in last two weeks) | | | -.071 (.04) | -.070 (.04) |

Table 6 (continued).

| | | |
|--|----------------|-----------------|
| Received Financial Support from friends or family | .209* (.04) | .227* (.04) |
| <i>Available Support Network</i> | | |
| \$200 Loan | | -.150* (.06) |
| A Place to Live | | .083 (.07) |
| Emergency Childcare | | .074 (.08) |

Source: Fragile Families and Child Wellbeing, wave 1

N=957. Table entries are unstandardized (metric) regression coefficients (standard errors of estimates are in parentheses). *indicates $p < .05$

****all non-dummy variables have been centered at the mean**

Table 7: OLS Regression Predicting Mothers' Aggravation in Parenting for SINGLE MOTHERS

| <i>Variable</i> | <i>Model A: Household Dynamics</i> | <i>Model B: Maternal Character istics</i> | <i>Model C: Child Character istics</i> | <i>Model D: Financial Resources</i> | <i>Model E: Available Support</i> | <i>Model F: Interaction Effects: Grandmot her-only HH</i> |
|--|---|---|--|---|---|---|
| Adjusted R ² | Model not statisticall y significant | .039 | .060 | .060 | .067 | .071 |
| <i>Model F</i> | | 2.61 | 7.41 | 6.20 | 5.99 | 5.56 |
| <i>Constant</i> | | 2.24* (.06) | 2.21* (.06) | 2.23* (.07) | 2.42* (.09) | 2.44* (.09) |
| <i>Family and Household Variables</i> | | | | | | |
| <i>Multigenerational HH</i> | | | | | | |
| Grandfather & Grandmother in HH | | -.016 (.07) | .003 (.06) | .008 (.07) | .017 (.07) | .009 (.07) |
| Grandmother only in HH | | -.085 (.05) | -.081 (.05) | -.080 (.05) | -.076 (.05) | -.209 (.07) |
| #Adults in HH (over 18) | | .026 (.02) | .018 (.02) | .019 (.02) | .021 (.02) | .021 (.02) |

Table 7 (continued).

| <i>Maternal Characteristics</i> | | | | | |
|---------------------------------|--------|--------|--------|--------|--------|
| <i>Race</i> | | | | | |
| Black | .145* | .122* | .116* | .106 | .075 |
| | (.06) | (.06) | (.05) | (.06) | (.02) |
| Latina | -.019 | -.038 | -.042 | -.048 | -.010 |
| | (.07) | (.07) | (.07) | (.07) | (.07) |
| Other | -.124 | -.141 | -.113 | -.168 | -.273 |
| | (.13) | (.13) | (.13) | (.13) | (.14) |
| Age | -.005 | -.009* | -.009* | -.009* | -.009* |
| | (.00) | (.00) | (.00) | (.00) | (.00) |
| <i>Education</i> | | | | | |
| High School or Equivalent | -.098* | -.074 | -.068 | -.056 | -.058 |
| | (.04) | (.04) | (.04) | (.04) | (.04) |
| Some College | -.137* | -.082 | -.068 | -.052 | -.049 |
| | (.05) | (.05) | (.05) | (.05) | (.05) |
| College Graduate | -.079 | .034 | .060 | .063 | .068 |
| | (.11) | (.11) | (.12) | (.12) | (.12) |
| Mother's Health | -.108* | -.085* | -.084* | -.074* | -.075* |
| | (.01) | (.01) | (.01) | (.01) | (.01) |
| <i>Child Characteristics</i> | | | | | |
| Number of Children in HH | | .043* | .039* | .035* | .035* |
| | | (.01) | (.01) | (.01) | (.01) |
| Child's Health | | -.111* | -.111* | -.108* | -.108* |
| | | (.02) | (.02) | (.02) | (.02) |

Table 7 (continued).

| | | | |
|---|----------------|-----------------|-----------------|
| <i>Economic Variables</i> | | | |
| Welfare receipt (last 12 months) | .022 (.04) | .011 (.04) | .009 (.04) |
| Working or in school (in last two weeks) | -.057 (.04) | -.046 (.04) | -.046 (.04) |
| Received Financial Support from friends or family | .024 (.03) | .052 (.04) | .052 (.04) |
| <i>Available Support Network</i> | | | |
| \$200 Loan | | -.050 (.05) | -.050 (.05) |
| A Place to Live | | -.046 (.06) | -.041 (.05) |
| Emergency Childcare | | -.152* (.07) | -.157* (.07) |
| <i>Interaction effects</i> | | | |
| Black*Grandmother in HH | | | .198 (.17) |
| Latina*Grandmother in HH | | | -.073 (.19) |
| Other*Grandmother in HH | | | .507 (.32) |
| Black*Grandmother and Grandfather in HH | | | |
| Latina* Grandmother and Grandfather in HH | | | |

Table 7 (continued).

Other* Grandmother and
Grandfather in HH

Source: Fragile Families and Child Wellbeing, wave 1

N=1,301. Table entries are unstandardized (metric) regression coefficients (standard errors of estimates are in parentheses). *indicates $p < .05$

***all non-dummy variables have been centered at the mean*

Table 8: Logistic Regression Predicting Major Depression in MARRIED MOTHERS

| <i>Variable</i> | <i>Model A: Household Dynamics</i> | <i>Model B: Maternal Characteri stics</i> | <i>Model C: Child Characteri stics</i> | <i>Model D: Financial Resources</i> | <i>Model E: Available Support</i> |
|--|--|---|--|---|---|
| -2Log Likelihood | Model is not statistically significant | 729.49 | 729.23 | 722.72 | 710.72 |
| Chi-squared | | 80.01* | 80.27* | 86.78* | 98.78* |
| Constant | | -1.34* (.15) | -1.35* (.27) | -1.55* (.30) | -.442* (.22) |
| <i>Family and Household Variables</i> | | | | | |
| <i>Multigenerational Households</i> | | | | | |
| Grandfather and Grandmother in HH | | .570 (.63) | .567 (.63) | .423 (.64) | .491 (.65) |
| Grandmother only in HH | | .354 (.53) | .354 (.54) | .338 (.54) | .292 (.55) |
| #Adults in HH (over 18) | | -.328 (.19) | -.326 (.19) | -.305 (.20) | -.256 (.20) |
| <i>Maternal Characteristics</i> | | | | | |
| <i>Race</i> | | | | | |
| Black | | .147 (.23) | .129 (.23) | .058 (.24) | -.032 (.24) |
| Latina | | -.559* (.28) | -.577* (.28) | -.518* (.28) | -.587* (.29) |
| Other | | -.221 (.47) | -.222 (.47) | -.199 (.47) | -.290 (.47) |

Table 8 (continued).

| | | | | |
|---|-----------------|-----------------|-----------------|-----------------|
| Age | .000 (.01) | -.001 (.01) | .003 (.01) | .001 (.01) |
| <i>Education</i> | | | | |
| High School or Equivalent | -.823* (.30) | -.802* (.30) | -.885* (.31) | -.923* (.32) |
| Some College | -.388 (.28) | -.363 (.28) | -.534 (.29) | -.466 (.30) |
| College Graduate | -.952* (.34) | -.909 (.35) | -1.08* (.36) | -.997* (.36) |
| Mother's Health | -.695* (.09) | -.691* (.09) | -.696* (.10) | -.658* (.10) |
| <i>Child Characteristics</i> | | | | |
| Number of Children in HH | | .033 (.08) | .055 (.08) | -.040 (.08) |
| Child's Health | | -.040 (.13) | -.022 (.13) | -.004 (.13) |
| <i>Economic Variables</i> | | | | |
| Welfare receipt (last 12 months) | | | -.230 (.30) | -.295 (.31) |
| Working or in school (in last two weeks) | | | .380 (.21) | .400 (.21) |
| Received Financial Support from friends or family | | | .340 (.21) | .369 (.21) |
| <i>Available Support Network</i> | | | | |
| \$200 Loan | | | | -.672* (.35) |

Table 8 (continued).

| | |
|---------------------|----------------|
| A Place to Live | -.019 (.36) |
| Emergency Childcare | -.588 (.38) |

Source: Fragile Families and Child Wellbeing, wave 1

N=1,050. Table entries are unstandardized (metric) regression coefficients (standard errors of estimates are in parentheses). *indicates $p < .05$

***all non-dummy variables have been centered at the mean*

Table 9: Logistic Regression Predicting Major Depression in COHABITATING MOTHERS

| <i>Variable</i> | <i>Model A: Household Dynamics</i> | <i>Model B: Maternal Characteri stics</i> | <i>Model C: Child Characteri stics</i> | <i>Model D: Financial Resources</i> | <i>Model E: Available Support</i> |
|--|--|---|--|---|---|
| -2Log Likelihood | 778.82 | 715.22 | 712.77 | 704.09 | 689.56 |
| Chi-squared | 7.15* | 70.76* | 73.21* | 81.89* | 96.41* |
| Constant | -1.83* (.10) | -1.58* (.24) | -1.58* (.25) | -1.96* (.30) | -1.02* (.40) |
| <i>Family and Household Variables</i> | | | | | |
| <i>Multigenerational Households</i> | | | | | |
| Grandfather and Grandmother in HH | .065 (.47) | -.145 (.50) | -.173 (.50) | -.182 (.50) | -.091 (.51) |
| Grandmother only in HH | -.401 (.36) | -.470 (.38) | -.521 (.39) | -.055 (.39) | .538 (.40) |
| #Adults in HH (over 18) | .239 (.10) | .288* (.11) | .295* (.11) | .296* (.11) | .283* (.11) |
| <i>Maternal Characteristics</i> | | | | | |
| <i>Race</i> | | | | | |
| Black | | -.246 (.24) | -.266 (.24) | -.323 (.25) | -.356 (.26) |
| Latina | | -.807* (.28) | -.772* (.28) | -.653* (.29) | -.713* (.29) |
| Other | | .240 (.59) | .304 (.59) | -.299 (.60) | .197 (.61) |
| Age | | -.012 (.01) | -.018 (.01) | -.011 (.01) | -.013 (.02) |

Table 9 (continued).

| | | | | |
|---|-----------------|-----------------|-----------------|-----------------|
| <i>Education</i> | | | | |
| High School or Equivalent | -.236 (.23) | -.234 (.23) | -.257 (.23) | -.206 (.23) |
| Some College | -.045 (.25) | -.019* (.25) | .007 (.26) | .014* (.26) |
| College Graduate | -1.00 (1.04) | .969 (1.05) | .826 (1.06) | -.652 (1.06) |
| Mother's Health | -.644* (.09) | -.652* (.09) | -.640* (.09) | -.619* (.09) |
| <i>Child Characteristics</i> | | | | |
| Number of Children in HH | | .081 (.07) | .073 (.07) | .029 (.07) |
| Child's Health | | .153 (.12) | .123 (.12) | .106 (.12) |
| <i>Economic Variables</i> | | | | |
| Welfare receipt (last 12 months) | | | .147 (.20) | .117 (.21) |
| Working or in school (in last two weeks) | | | .110 (.21) | .165 (.21) |
| Received Financial Support from friends or family | | | .559* (.20) | .678* (.21) |
| <i>Available Support Network</i> | | | | |
| \$200 Loan | | | | .044 (.32) |
| A Place to Live | | | | -.795 (.31) |

Table 9 (continued).

| | |
|---------------------|----------------|
| Emergency Childcare | -.430 (.34) |
|---------------------|----------------|

Source: Fragile Families and Child Wellbeing, wave 1

N=957. Table entries are unstandardized (metric) regression coefficients (standard errors of estimates are in parentheses). *indicates $p < .05$

***all non-dummy variables have been centered at the mean*

Table 10: Logistic Regression Predicting Major Depression in SINGLE MOTHERS

| <i>Variable</i> | <i>Model A: Household Dynamics</i> | <i>Model B: Maternal Characteri stics</i> | <i>Model C: Child Characteri stics</i> | <i>Model D: Financial Resources</i> | <i>Model E: Available Support</i> |
|--|---|---|--|---|---|
| -2Log Likelihood | Model is not statistically significant | 1215.53 | 1212.84 | 1204.38 | 1177.14 |
| Chi-squared | | 99.70* | 102.39* | 110.86* | 118.79* |
| Constant | | -1.47* (.23) | -1.48* (.23) | -1.72* (.28) | -.83* (.33) |
| <i>Family and Household Variables</i> | | | | | |
| <i>Multigenerational Households</i> | | | | | |
| Grandfather and Grandmother in HH | | -.041 (.28) | -.012 (.28) | .023 (.28) | .073 (.29) |
| Grandmother only in HH | | .151 (.19) | .158 (.20) | .185 (.20) | .200 (.20) |
| #Adults in HH (over 18) | | .079 (.08) | .074 (.08) | .101 (.08) | .121 (.08) |
| <i>Maternal Characteristics</i> | | | | | |
| <i>Race</i> | | | | | |
| Black | | -.312 (.21) | -.315 (.21) | -.345 (.21) | -.407 (.21) |
| Latina | | -.315 (.25) | -.335 (.25) | -.355* (.25) | -.393 (.26) |
| Other | | -1.05 (.58) | -1.04 (.58) | -1.03 (.58) | -1.33* (.61) |

Table 10 (continued).

| | | | | |
|---|-----------------|-----------------|-----------------|-----------------|
| Age | -.015 (.01) | -.015 (.01) | -.009 (.01) | -.012 (.01) |
| <i>Education</i> | | | | |
| High School or Equivalent | .160 (.17) | .162 (.17) | .184 (.17) | .266 (.18) |
| Some College | .398* (.19) | .412* (.28) | .484* (.20) | .590* (.21) |
| College Graduate | .500 (.42) | .541 (.43) | .690 (.44) | .732 (.45) |
| Mother's Health | -.624* (.06) | -.601* (.07) | -.594* (.07) | -.554* (.07) |
| <i>Child Characteristics</i> | | | | |
| Number of Children in HH | | -.001 (.05) | .023 (.05) | -.050 (.05) |
| Child's Health | | -.136 (.08) | -.129 (.08) | -.116 (.08) |
| <i>Economic Variables</i> | | | | |
| Welfare receipt (last 12 months) | | | .375* (.16) | -.333* (.16) |
| Working or in school (in last two weeks) | | | -.104 (.16) | -.035 (.16) |
| Received Financial Support from friends or family | | | .177 (.14) | .345* (.15) |
| <i>Available Support Network</i> | | | | |
| \$200 Loan | | | | -.096 (.21) |

Table 10 (continued).

| | |
|---------------------|-----------------|
| A Place to Live | -.415 (.23) |
| Emergency Childcare | -.694* (.24) |

Source: Fragile Families and Child Wellbeing, wave 1

N=1,301. Table entries are unstandardized (metric) regression coefficients (standard errors of estimates are in parentheses). *indicates $p < .05$

***all non-dummy variables have been centered at the mean*