PARENTING STRESS AND DEPRESSION IN CHILDREN OF WORKING MOTHER

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ABSTRACT

The purpose of the present study was to investigate the relationship between parenting stress and depression in children of working mother. The sample of the study consisted of 100 respondents of whom 50 were mothers (Working Mothers = 25 and Non-working Mothers = 25) and 50 were their children (6 to 13 years of age). They were selected purposively from different coaching centers of Dhaka city. Bangla version of Parenting Stress Index (PSI) (Akhter and Afrose 2009) was used to measure parenting stress. Bangla version of Children's Depression Inventory (CDI) (Parvez and Afrose 2009) was used to measure depression in children. In addition, a personal Information blank was also used. The obtained data were analyzed by using t-test and Pearson product moment correlation. It was found that the stress of working mothers (67.68) was greater than nonworking mothers (55.64); the depression in children of working mothers (55.88) was more than the children of non-working mothers (49.04). The results also indicated that working mothers and their children suffer from more stress and depression as compared to non working mothers and their children. The parenting stress was positively correlated (r=0.29, p <0.05) with children's depression. The results indicate that with the increase of parenting stress, the depression of their children also increases.

Key words: Parenting stress, children's depression, working mother, non-working mother,

INTRODUCTION

Family is generally considered as a holy place and heaven where a human being is born and is being reared up. In the globalizing era, now men and women are more competitive than the recent past. Because the socio-economic condition

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of Bangladesh is altering rapidly, the extended family has been broken down. The total expenditure of family is rising by leaps and bounds. With the growing demand of present century, more women are getting involved in jobs and spending more time outside the home. Parenting is the process of promoting and supporting the physical, emotional, social, and intellectual development of a child from infancy to adulthood. Parenting refers to the activity of raising a child rather than the biological relationship. Parenting is a skill, many of which are learned by trial and error. Three basic skill involved in parenting are providing physical care, nurturing, and giving guidance to children, knowing what the responsibility of parenting are and how to carry them out can make difference in success when caring for children in any situation (Davies 2000).

Varied dimensions of parenting are often defined in terms of general characteristics of parent-child interaction. Researchers had identified two of the dimensions, warmth and control several decades ago (Becker 1964). The third dimension, involvement, received much attention in 1980's (Maccoby and Martin 1983).

Parents are to perform some duties which are physical securities and development, emotional securities and development, intellectual securities and development of their children. Parenting is the most challenging task in the world. Being parents, they have to be busy at fulfilling their child's demand. Parenting is carrying out responsibilities and at the same time fulfilling the need for giving love and affection. But carrying out these duties sometimes create stress in the parents which may be considered as parenting stress.

The word "Working Mother" means those mothers who are involved in income generating professions and who are treated in the family as earning members, who has children and works outside the home. "Non-Working Mother" means those mothers who are not involved in any income generating work, who have children, but are not in the work force and remain at home.

Depression in children is a serious health problem which affects their development. It is the persistent experience of a sad or irritable mood and the loss of interest or pleasure in nearly all activities. These feelings are accompanied by a range of additional symptoms affecting appetite and sleep; activity level and concentration; and feelings of self-worth.

Some studies show that the lack of a mother's presence can have an impact on the child negatively. This impact is not as severe as what occurs if the mother does not work. Such factors include poverty, parental education, and quality childcare (Barth 1983). In some cases without the income of the mother,

the family may find themselves living at poverty level. With a dual income household, many women are able to make more choices for their families when it comes to nutrition and education (Essortment 2002). Hoffman and Hoffman (1973) speculated that working mother provides a model for both sons and daughters. The children see how work can be incorporated into an active family life. Agarwal (1988) showed that married working women are willingly accepting their dual responsibilities as workers and mothers. Sawyer *et al.* (2001) expanded on research which has demonstrated that employment has positive or neutral effects on women's health. This study examined whether these positive effects could also be found in employed mothers by comparing working mothers with non-working mothers on measures of mental health, self-esteem and mother role satisfaction. Working women spent less time on childcare as compared to non-working women (Basu and Basu 1991, Paolisso *et al.* 1991).

Mother's time investment in childcare is presumed to be strongly influenced whether she is economically active or not. Due to the natural constraint of time, a working woman would have less time at her disposal for childcare as compared to a non-working woman. Women who participate in the labor market are believed to spend less time in maternal activities such as feeding, bathing and other activities than those who do not work outside. Working women may not be able to provide care with the same intensity to their children as non working women. Moreover, working women may not be able to spend much time in playing with young children and this could adversely affect psychological development, which consequently could result in poor health among children of working women. This is most likely to happen in those families where poverty compels the mother to participate in wage earning activities.

In Bangladesh, particularly in Dhaka, single income is no longer sufficient to run the family. Wife's wages have become essential. In this newly acquired role, the working mothers face challenges differing from those of non-working mothers, because in most cases the working mother's multiple role involvement disturbs other people's expectations and their great range of demands. A research in Bangladesh indicated that women who assume home roles and non home roles frequently experience conflict between completing role demands (Begum and Tasneem 1984). Weber and Cook (1975) reported that the women workers suffer more stress than their male colleagues.

Several studies have explored the well being of women and stress they experience at the work place. (Jenskins 1997, Nelson and Burke 2000). Study conducted by the National Longitudinal Survey of Youth found that the more hours a mother works the lower the child's language development and academic achievement. While the language difference among these children diminished as the child got older but it never completely disappeared. Islam and Rahman (1991) found that the non-working mothers make their children more dependent than working mothers and they become more protective toward their children. Usha *et al.* (1997) indicated that non-working mother reach a neurotic stage after performing house work for a prolong period of time and the working mother become more extroverted as they are engaged in their outside work.

The working mothers of nuclear families are going out from their home, as a result they cannot spend enough time to take care of their children and always remain tense for their children's security. Working mothers fall in a dilemma when their children get sick. They are to look after the children's welfare as well as their office works. So it is very stressful and tiresome for them. The children of working mothers feel lonely at home and pass their time idly and learn sedentary behavior by watching television, playing video games, eating excessively, as a result they become obesity and egocentric. Working mothers get some benefits as they are economically strong, have more interest in social environment, get many opportunities, learn many new things about health. On the other hand, nonworking mothers stay at home with their children, as a result the mother-child relationship becomes stronger than working mother, and their children are more sociable, responsible, ethical and moral. However, the past research (studies) has also shown contradictory results. Therefore, the present study was conducted to explore whether working or nonworking mother's children differ in depression. The findings of the present study may be helpful for Counselors and Clinical Psychologists to provide their services and also the policy makers to take steps for providing day care centers in every office.

In respect of the rationale of the study, the main objective was to investigate the relationship between parenting stress and depression in children. Specific objectives of the study are; a. to see whether the working and nonworking mother differ in parenting stress; b. to investigate whether the children of working mother and non working mother differ in depression; c. to know whether the working and non-working mother differ in depression and d. to

explore if there is any relationship between parenting stress and children's depression.

MATERIALS AND METHODS

Participants

The sample of the study consisted of 100 respondents of whom 50 were mothers and 50 were their children. Among these mothers 25 were working mothers and 25 were non-working mothers. Among children, 25 were children of working mothers and 25 were children of non-working mothers. The age range of the children was 6-13 year. In this study, those women were regarded as working women who were involved in different govt. jobs i.e. they were bankers, teachers, doctors and other govt. officials. They represented the upper middle socioeconomic status of the society. On the other hand, those women were regarded as non-working mothers who were fully housewives and their families also represented the upper middle socioeconomic status of the society. The technique of sample selection was purposive sampling. At first, the working and non-working mothers' children were selected from coaching centers of different areas of Dhaka city according to our criteria of sample selection (working and non-working mothers) and after that the data were collected from their mothers (working and non-working mothers).

Instruments

In the present research, the following two questionnaires were used -

- a. Bangla version (Akhter and Afrose 2009) of Parenting Stress Index (PSI) (original version of Abidin 1990) to measure parenting stress.
- b. Bangla version (Parvez and Afrose 2009) of Children's Depression Inventory (CDI) (original version of Kovacs 2003) to measure children's depression.

Parenting Stress Index (PSI)

The scale contains 120 items including 19 optional life stress items. The respondents (mothers) were to respond to each item by circling one of the responses: SA (strongly agree), A (agree), NS (Not sure), D (disagree), and SD (strongly disagree). Some items require a response that was different from the SA, A, NS, D or SD response pattern. Items ranged from 102 to 120 were Life Stress (LS) items. The Life Stress scale is optional. The participants responded to the Life Stress items with 'Yes' or 'No' approach. Although there is no time limit for

completing the PSI, it requires approximately 20 minutes for completing. Parenting Stress Index (PSI) has two domains.

- a. Child Domain: High scores in the Child Domain may be associated with children who display qualities that make it difficult for parenting roles. It has six sub scales which are Distractibility/ Hyperactivity (DI), Adaptability (AD), Reinforces parent (RE), Demandingness (DE), Mood (MO) and Acceptability (AC).
- b. Parent Domain: High scores in Parent Domain suggest that the sources of stress and potential dysfunction of the parent-child system may be related to dimensions of the parents' functioning. It has seven sub scales which are Competence (CO), Isolation (IS), Attachment (AT), Health (HE), Role restriction (RO), Depression (DP) and Spouse (SP).

The cronbach's alpha ranged from 0.70 to 0.80 for the subscale 'Child Domain' and from 0.70 to 0.84 for the subscale 'Parent Domain' of PSI. The test-retest reliability between the first and second set of scores was 0.63 for the Child Domain, 0.91 for the Parent Domain and 0.96 for the Total Stress Score. The PSI was re-administered 1 to 3 months after the initial administration. Barth (1983) re-administered the PSI 3 weeks later. Correlation coefficients of 0.82 and 0.71 were obtained for the child Domain and Parent Domain respectively which indicated a significant (p<0.01) and strong relationship for scores across a 3 week interval.

To adapt the Bangla version of PSI, the 120 items was translated into Bangla. The questionnaires were given to 8 judges to check the correctness of translation. Necessary corrections and modifications of the Bangla version scale were made according to the suggestion of the judges. Then, the English and Bengali versions were administered on a representative sample with a gap of several days. Significant correlation (r= 0.72, p<0.01) between the scores of English and Bengali version indicated test- retest reliability of the translated form of the scale. The PSI is reported to have content and predictive validity. Zuzanek (2001) examined the relationships between PSI scores, marital status, full term and preterm births and infant development measured by the Bayley Scale of Infant Development (Bayley 1969) at 3 months and 6 months for a sample of 54 parents. The PSI scores for the Child Domain, the Parent Domain and the total stress were significantly correlated with Bayley Scores at both 3 months and 6 months postpartum. In point of fact, the magnitude of the correlation of the PSI with the 6 months Bayley scores increased over the correlation obtained at 3 months (e.g., Total stress, r=0.42 at 3 months vs. r=0.66 at 6 months). These results support the concurrent validity of the PSI.

Each item of the Parenting Stress Index (PSI) has five alternative responses: SA (strongly agree), A (agree), NS (not sure), D (disagree) and SD (strongly disagree). From these alternatives, the respondents put a tick (\checkmark) mark on the one that was most suitable for her. The scores of 5, 4, 3, 2 and 1 were assigned for the responses of SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree), and SD (Strongly Disagree). In case of several items, the scoring procedure is reverse. That is, for the reverse items 1,2,3,4 and 5 were assigned for SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree), and SD (Strongly Disagree). Items ranged from 102 to 120 were Life Stress items and they were optional. Each item of Life Stress Scale has two possible answers, 'Yes' or 'No'. If the respondent thinks an item appropriate for herself then she gives tick (\checkmark) mark to the 'Yes' response and if she thinks an item not applicable for her then she gives a tick (\checkmark) to the 'No' response. For 'Yes' responses scores of 7,4,5,8,4,4,4,2,3,4,7,4,4,3,2,2,2 and 6 were assigned respectively. And for 'No' responses the score '0' is assigned. The sum of the child domain score and parent domain score means total stress score. Total raw score within 250 range means that the score is normal. Parents who earn raw score at or above 260 with the life stress raw score at or above 17 should definitely be offered 1 for professional consultation. Extremely low total stress scores also indicate defensive responding on the PSI. Defensive Responding score of 24 or less indicates that the individual may be responding in a defensive manner.

Children's Depression Inventory (CDI)

Children's Depression Inventory (CDI) was developed by Kovacs (2003) and translated into Bangla by Parvez and Afrose (2009). The CDI quantifies depressive symptoms based on reports from fathers, parents, and children/adolescents. By obtaining information from various respondents, the CDI directly addresses the need for a multi-rater assessment combined with other sources of verified information. The CDI can aid in the identification and treatment of childhood depression. The development of the CDI has entailed extensive clinical experience and sophisticated statistical techniques. The reliability of CDI has been examined by the investigators in terms of internal consistency and test-retest reliability. Internal consistency is measured with an overall summary coefficient (the alpha coefficient) or with a series of item-total correlations. Cronbach's alpha for 27 items of CDI in the normative sample was found equal to 0.86 indicating a good internal consistency.

To adapt the Bangla Version of CDI, the 27 items were translated into Bangla. Then both English and Bangla versions were given to 8 judges to check the correctness of translation. Then, the English and Bengali versions were administered on a representative sample with a gap of several days. Significant correlation (r= 0.67, p<0.01) between the scores of English and Bengali version indicated test- retest reliability of the translated form of the scale. Both the construct and concurrent validity for CDI were found by the investigators.

Each item of the Children's Depression Inventory (CDI) has three different types of alternative response. From these alternatives, the respondents put a tick (\checkmark) mark on the one that was most suitable for her. The scores were 1, 2, and 3. There were 27 items and 5 parts (A, B, C, D, E) in Children's Depression Inventory. The scorings of Children's Depression Inventory were calculated according to CDI scoring grid. After scoring of each part, the total CDI scores were found and these score were translated into T-scores. The higher score indicated the more depression and lower score indicated lower depression of children.

Procedure

Standard procedure was followed for collecting the data and the administration of the questionnaires. For this reason, sample was selected purposively from different coaching centre of Dhaka city. After taking permission of coaching authority and with the help of the class teacher, 50 children of whom 25 children of working mother and 25 children of non working mother were selected. After administration Children's Depression Inventory (CDI) to the children, each child was given a "Parenting Stress Index" (PSI) in a sealed envelope to take to their mothers (instruction was given in each questionnaire). The mothers were requested to return the filled up questionnaire in a sealed envelope to the class teacher. The author collected the envelope from the class teacher. All data were collected within 10 days. At completion of the questionnaire thank was given to the authority of the coaching centre.

RESULTS AND DISCUSSION

The data were analyzed by using t-test and Pearson product moment correlation. The obtained result shows that the mean (\bar{x}) score on working mother was 67.68 and their standard deviation was 9.77 (Table 1). On the other hand the mean (\bar{x}) score on non-working mother was 55.64 and their standard deviation

was 9.97. That means parenting stress is higher among working mother than non working mother. It indicates that there is a significant difference between working and non-working mother according to parenting stress.

TABLE 1: PARENTING STRESS SCORES OF WORKING MOTHER AND NON-WORKING MOTHER WITH t VALUE

Group	N	Mean (\bar{x})	SD	t
Working mother	25	67.68	9.77	
Non working mother	25	55.64	9.97	4.312

^{*}P<0.05

Table 2 shows that the mean (\bar{x}) score on children of working mother was 55.88 and their standard deviation was 10.03. On the other hand the mean (\bar{x}) score on non-working mother were 49.04 and their standard deviation was 8.83. That means depression in children is higher among children of working mother than children of non-working mother. It indicates that there is a significant difference in depression between children of working and non-working mother.

TABLE 2: DEPRESSION SCORES OF CHILDREN FOR WORKING MOTHER AND NON-WORKING MOTHER WITH t VALUE

Group	N	Mean (\bar{x})	SD	t	
Children of working mother	25	55.88	10.03	2.56	
Children of non-working mother	25	49.04	8.83	2.30	

^{*}p<0.05

Table 3 shows that the mean (\bar{x}) score of depression on working mother was 62.20 and their standard deviation was 20.06. On the other hand the mean (\bar{x}) score of depression on non-working mother was 53.20 and their standard deviation was 17.55. It indicates that there is no significant difference in depression between working and non-working mother.

TABLE 3: DEPRESSION SCORES OF WORKING AND NON-WORKING MOTHER WITH t VALUE

Group	N	$\operatorname{Mean}(\bar{x})$	SD	t
working mother	25	62.20	20.06	
Non-working mother	25	53.20	17.55	1.688

p > 0.05

Finally, it was also found that Parenting Stress is significantly positively correlated with Children's Depression r=0.29, p<0.05. It reveals that the increase of Parenting Stress the Depression of their children increases.

The result of the present study as shown in table 1 reveals that parenting stress is higher among working mother than non working mother. It indicates that difference between working and non-working mother was significant according to parenting stress. In Bangladeshi society motherhood is considered to be the most desirable role for the women. A family responsibility is more important for women than personal careers (Khan and Amanullah 1998). Interestingly, even educated girl in urban are still trained by their mothers to be submissive and taught to win virtues of patience and sacrifices, as marriage is viewed as the main goal of a Bangladeshi women's life. Girls also learn to accept their inferior status in the society and to fit into socially acceptable roles. However, it is an acceptable norm that a husband needs his wife mainly to perform the domestic roles and satisfy his wishes, while a wife needs husbands as her provider in all respects. These are all stressful situation for women and when child rearing practice is added to then it is more complicated and complex situation for the working mother.

Today a new issue has been added in the present situation which is that working mother needs to perform several duties in the same time. So it is very difficult and stressful situation for them. Sometimes there are some husbands who help their wife to their dailies activity. But their number is very few. In our social context, husband and wife are going out from their homes for doing job. When husband comes back to their home after passing long day, he does not go to the kitchen for cooking, rear up their baby and other duties. But a mother has to perform these works which are very tiresome and create stressful situation. Today

the working mother spends less time with their child due to their increasing involvement in the jobs. As a result, it has a negative effect on the child mental health (Bianchi 2000; Sandberg and Hofferth 2001).

Sometimes mother's participation in the outside works creates in a stressful situation, because under inherited gender norms married working mother find them torn and tired, and suffer from guilt when working outside, guilt that they may be neglecting their children and home. These mothers enter into multiple roles in working duties, parenting duties, family duties. So it is very stressful situation for them (Kantor 2003). And the job of mother creates a negatives influence on child and on their self image (Millers 1975) which is similar to the present study, that the stress of working mother is more than that of the stress of non-working mother.

From the table 2 we found that the children of working mother suffer from more depression than the children of non-working mother. When a mother needs to go out from their home, she keeps her baby with their servant. And this situation may create many problems on her baby. Because sometimes children may imitate, copy their servant's behavior. And it causes socializing problem. According to Bandura (1994), a child is born in a family or a certain environment in where she/he copes or imitate to social behavior, norm, rules and regulation. If the baby is reared by a servant or illiterate people and interacts with them, then the baby may learn their behavior or language.

Sometimes the children of working mother think that their friend whose mother spends more time with them. But they do not remain enough time to their mothers which create depression to them. When mothers come home from outside then they may remain tired, tense, or depressed for performing official duty, parental duty or environmental hassles and its negatives impact fall upon their child. Parental involvement plays a crucial role in total development of children, specially personality and social development. Though everyday activities of caring, nurturing and guiding a child, parents help child learn many emotional and social skills and facts right and wrong, acceptable and unacceptable, as well as how to learn. In infants, lack of parenting involvement is associated with disruptions in attachment (Thompson 1998) and in older children it is associated with impulsivity, aggression, noncompliance, moodiness and low self-esteem (Baumrind 1991).

From the table 3 the result was not significant. Its explanation may be the working mothers are going out their home for working. They can earn a lot of money for their child's wellbeing or health. They are exposed to various social environments so they know various techniques for improving better life. So their self esteem is higher than the non-working mother (Cohen 1978). Sometimes parents may be the model for their children. So the children can imitate their behavior and manner. So it is a positive side for working mother (Hoffman and Hoffman 1973).

And finally, positive correlation between parenting stress and children depression was found. The results reveal that if the parenting stress is high then the children depression will be high. If mother stays in critical or stressful situation, then its impact falls upon their child. As a result, children of working mother suffer from depression more than the children of non-working mother. Another reason is that the working mother has more expectations about their child, for this reason the children of working mother are always staying in tense. If they cannot fulfill their parental demands then it will create more depression of this child.

This study has some limitations which are; a. the sample size was relatively small which is not sufficient to make valid generalization about parenting stress and depression in children of working mother, b. two scales were used for collecting data named CDI Children Depression Scale) and PSI (Parenting Stress Index). But it is not an adapted scale in our culture. It was just translated only into Bengali language, c. The study was administered to some specific areas of Dhaka. From the above limitation this study may have important recommendations a. every mother needs to stay with their child up to a certain period. Because first to five years are the most vital period for children for developing personality. b. day care centers will be established in the institution and provide various toys, food and other facilities. c. Conscious people should come forward with to educate ignorant people about the nature, causes and consequences of stress and depression. This mass education will help to provide proper knowledge of child practice. d. necessary initiative should be taken to reduce the mothers stress and children's depression through some services like Counseling, Psychotherapy, Family therapy, Group therapy, Supportive psycho therapy, Social skill training and motivational intervention. Cognitive behavioral group treatment plan will be effective in improving the child's management and this will reduce the parenting stress. Counseling program should be provided to

enhance the self-esteem of the parents that will help them to reduce depressive symptoms.

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