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Non-residential father involvement as it relates to residential family stress

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Non-residential father involvement as it relates to residential family stress

by

Sara Avenarius

A thesis submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

Major: Human Development and Family Studies

Program of Study Committee:
Steven Garasky, Major Professor
Kimberly Greder
Daniel Russell

Iowa State University
Ames, Iowa
2011

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ABSTRACT

The influence of non-resident father involvement on stress in the resident family was examined with a sample of 851 children. It was predicted that the level of non-resident father involvement as measured by child support, in-kind support, and visitation, would predict stress levels for the family. This study defines family stress by using factors of family disruption and conflict, mental and physical health problems, housing issues, healthcare struggles, financial strain, and lack of cognitive stimulation and emotional support. The results show that non-resident father in-kind support predicted an increase in mental and physical health problems and a decrease in health care struggles, non-resident father child support predicted an increase in health care struggles, and non-resident father visitation predicted a decrease in lack of cognitive stimulation and emotional support. These findings are important because they can help determine what types of father involvement should be encouraged or discouraged.
CHAPTER 1: GENERAL INTRODUCTION

Introduction

Single parents are an increasingly significant part of American society. The majority of U.S. children will spend at least some time living in a single-parent home prior to the age of 18 (Bumpass, Raley & Sweet, 1995). Additionally, there has been a significant increase in mother-only households and the rates are continuing to grow (US Census, 2010). Mother-only households are defined as households with children who live the majority of the time with their mother, most often due to divorce or births to single mothers. Non-resident father involvement with their children ranges from no contact to frequent contact, and may or may not involve financial support.

Mother-only households are generally more disadvantaged than two-parent households. The financial well-being of the family is particularly affected by the absence of the father. These families often struggle with balancing financial strain and effective parenting. This is seen more frequently among mothers with less formal education (Simons, Beaman, Conger & Chao, 1993). Because of the added stress that comes with being the sole parent in the household, mothers who head single-parent households are also more likely to suffer from psychological problems than mothers in two-parent households (Jackson, 2009). Both financial strain and psychological problems can lead to lower quality of parenting (Simons et al., 1993).

It is evident that father involvement affects family functioning and well-being of the children. High levels of closeness between a father and child have positive effects on the well-being of the child. Even though non-resident fathers report significantly less time spent
with their children than resident fathers, the closeness of the father-child relationship has more impact on the well-being of the child than does time spent together (Hoefferth, Cabrera, Forry & Pleck, 2008).

It is possible, however, that the presence of the non-resident father in the household can increase conflict with the resident mother or children. A poor relationship between the resident parent and non-resident parent can cause arguments or overall conflict during visits. This conflict can affect the child’s relationship with the non-resident parent, or could affect the overall stress in the family (Cabrera et al, 2000).

The current study is based on these main findings: Mother-only households frequently include high levels of stress (Jackson, 2009), this stress results in lower quality of parenting (Simons et al. 1993), and father involvement and support affects family and child well-being (Hoefferth et al. 2008). The purpose of this study is to examine the relationship between the type and amount of father involvement and levels of stress in the resident family.
CHAPTER 2: REVIEW OF LITERATURE

Literature Review

Families can be greatly affected by the household structure and experiences that they share. With an increase in single parent families, the structure of the normal family system is now different than it was in the first half of the twentieth century (Thornton, 2009). According to the US Census, over 17 million children under the age of 18 lived in a mother-only household in 2010 (Census, 2010), which is an increase from 9 million in 1992 (US Census, 1992). However, only 2 million children lived in father-only households in 2010 (US Census, 2010).

Household structure is something that affects the mother, the children, and the non-resident father. With the trends in national statistics, it is important to study mother-only households for better understanding. This is a unique situation in which the mother usually needs to fill multiple roles for the family to function effectively. Aside from filling the additional parental role, single-mothers are required to provide additional financial resources that could be supplemented in two-parent households. This increased need to financially support their family can lead to stress, distress, and ineffective parenting (Simons et al, 1993). Some non-resident fathers are involved in their families financially, generally lowering the stress of the resident family (Bartfeld, 2000).

Non-resident fathers are sometimes also involved in their families’ lives by spending time with their children and providing emotional support. Research has shown the interactions between non-resident fathers and their children can lower the negative effects of living in a single-parent family (Hawkins et al, 2007). However, research has also shown that
the presence of the non-resident father in the household can increase conflict with the resident mother or children (Cabrera et al., 2000).

Previous studies have focused on the effects on the child’s physical and emotional well-being due to the father-child relationship (Darling & Steinberg, 1993) and the financial strains of single-parenting (Jackson et al., 2000). Few studies have focused on the effects of non-resident father involvement on the level of overall stress in the family. The current study addresses the differences in family stress due to involvement of the non-resident father. The research in this paper gives details of father involvement and family stress for the purposes of determining what types of father involvement should be encouraged or discouraged.

*Single Parent Households in United States*

With an increase in divorce and postponement of marriage, there has been an increase in single-parent households in the last part of the twentieth century (US Census, 2010). Societal norms make it acceptable to raise children without the involvement of both parents. Arland Thornton (2009) wrote that the increase in popular literature involving divorce shows the shrinking of negative beliefs of divorce. It is likely that American’s have become more ambivalent in their views on divorce (Thornton, 2009).

Additionally, it has been found that children of divorced parents generally have more negative attitudes towards marriage as an institution (Amanto & DeBoer, 2001). Children who have divorced parents are more likely to have less confidence in and commitment to a marriage as adults than children who do not have divorced parents (Whitton, Rhoades, Stanley, & Markman, 2008). This suggests that the number of single-parent families may continue to increase due to a decrease of martial commitment or the postponement of marriage.
The effects of divorce on the family, specifically the children, have been shown to vary across families (Amato, 2010). However, it has frequently been shown that solidarity, or closeness, between parents and child is lower in single-parent families. This solidarity can affect family dynamics and the well-being of the family members (White, 1994).

In a study of divorce and remarrage, Paul R. Amato (1987) found that children in mother-only families had more responsibility, more autonomy and less family cohesion than families with fathers, or stepfathers, present (Amato, 1987). However, Amato (2010) found that the number of family structure transitions (cohabitation changes, marriages, divorces, etc.), rather than a single divorce or living in a mother-only family, may be the reason for these effects. Additionally, it has also been found that the higher the level of father support reported in mother-only households, the lower the reports of negative effects (Amato, 2010). These results suggest that father involvement may affect child well-being and family cohesion.

David Ellwood and Christopher Jencks (2004) have studied the increase in single-parent households and factors that affect this change. They found that while in the US many people are postponing marriage until later in life, they are not postponing childbearing. Factors such as race and education have an effect on the age when people are choosing to become parents. There are more single-parent households among African Americans and among those who have less formal education. Ellwood and Jencks argue that the increase in single-parent households among the less educated affects the number of children living in poverty due to having only one provider (Ellwood & Jencks, 2004). Some studies suggest that child well-being is greatly affected by the financial situation of the family (Bartfeld, 2000). Child support has frequently been used to lessen the financial strain of single parent
families. While child support rules vary by state, receiving money from the non-resident parent can positively affect the resident family (Cancian, Meyer, and Roff, 2007). In addition to child support, some parents receive in-kind benefits (e.g., food, toys, school supplies, and clothing) from non-resident parents which help to financially support their families (Garasky, Stewart, Gundersen, & Lohman, 2010).

**Non-Residential Father Financial Involvement**

Non-resident father involvement varies greatly across families. There are no clear rules about the amount of social contact, financial involvement or childrearing decision making the father should have. It has been shown that while non-resident fathers frequently have low levels of involvement in these three areas, higher levels of social contact generally leads to higher financial involvement and childrearing decision making participation (Seltzer, 1991).

Frequently child support payments are used to measure non-resident father financial involvement; however, in-kind contributions are also often used to support the resident family (Waller & Plotnick, 1999). These contributions can add to the well-being of the child and the family, specifically when added to child support receipt (Nepomnyaschy, 2007). However, in-kind contributions are often associated with lower payments of child support (Greene & Moore, 2000).

Child support enforcement has increased to ensure that non-custodial parents do not financially abandon their children (Pirog & Ziol-Guest, 2006). Enforcement and payment of child support has been shown to increase visitation by non-resident parents (Graham & Beller, 2002). Additionally, payments of child support have been shown to increase with increased visitation (Amato et al., 1999). This is frequently attributed to the father’s desire to
monitor where his money is going and to be sure that the child’s needs are being met (Seltzer, 1994). In addition, social contact with the child has been shown to lead to higher levels of in-kind financial support from the father during visits (Stier & Tienda, 1993).

This association between visitation and financial involvement may be due to the responsibility levels of the father (Waller & Plotnick, 2010), the relationship between the father and child (Hawkins, Amato, & King, 2010), or the relationship between the father and mother (Paulson, Dauber, & Leiferman, 2010). Hawkins et al. (2010) suggest that the relationship between the father and child has a large effect on father involvement. Additionally, child well-being has been shown to affect the father-child relationship and therefore father involvement (Hawkins et al. 2010).

Cabrera and her colleagues found that the relationship quality between the parents predicted positive involvement of non-resident fathers, in both visitation and financial contributions (Cabrera et al, 2010). Romantic involvement between the parents is strongly associated with positive interactions and father involvement (Ryan, Kalil, & Zoil-Guest, 2008). It has also been found that disruptions in the relationship quality between the two-parents, romantic or not, will reduce father involvement (Paulson et al. 2010).

While higher social contact is generally associated with greater financial support, there may be factors related to the father’s presence that decrease financial stability in the family. In some cases, the non-resident father feels that it is his job to support the family which may cause tension within the family or may result in the father discouraging outside assistance (e.g., welfare; Stewart, 2003). Another reason cited for the father’s discouragement of outside assistance is the stigma associated with assistance programs such as cash welfare (Seccombe, 1999). Due to this discouragement, it is possible that the
presence of the non-residential father may actually increase the residential family financial stress.

**Non-Residential Father Visitation**

Beyond the financial situation of the family, the physical presence of the father can affect the household. Studies have examined the effects of non-resident father involvement on children and mothers in the resident family. In 2008, Hofferth and colleagues found that the time fathers spend with their children is greatly affected by the residence in the home. It was found that non-resident fathers spend significantly less time with their children (Hofferth, Cabrera, Forry & Pleck, 2008). However, they also found that the quality of the parent-child relationship is more important for child well-being than amount of time spent with the father (Hofferth, Cabrera, Forry & Pleck, 2008). For example, research suggests that participating in leisure activities with the non-resident father does not affect child well-being (Stewart, 2003).

Some studies have shown that the frequency of visits has no relation to general child well-being. Instead, it has been found that the closeness between father and child, as well as parenting style, affects the child’s well-being (Amato & Gilbreth, 1999). In 2010, Booth and his colleagues studied the quality of relationship and closeness between fathers and their children. The study showed that the children who were close with their fathers were more likely to have high self-esteem, less delinquency, and fewer depressive symptoms (Booth, Scott & King, 2010). Hawkins et al (2007) also reported that the closeness of the parent-child relationship is more strongly related to the child well-being than the residence of the father. However, they found that the child’s well-being more likely causes, rather than results from, the father’s presence and involvement. This supports the child effects model that suggests
fathers respond to the child’s well-being, or behavior, and become more or less involved (Hawkins et al., 2007).

The child’s behavior has also been found to affect the relationship between the mother and father. It was previously thought that parental conflict and genetics affected the child’s behavior. However, the child effects model suggests that the conflict and distress of the parents is caused by, instead of the cause of, the child’s behavior (Flouri, 2010). It has even been suggested that the residency of fathers may be affected by a child’s temperament and behaviors (Flouri & Malmberg, 2010).

Hawkins et al. (2007) suggest that father involvement is frequently affected by the child’s well-being and contact is based upon the relationship between the father and child (Hawkins et al., 2007). However, Hamer (1998) found that the relationship between the father and mother is a more important factor in determining involvement than the father-child relationship (Hamer, 1998).

The relationship between the parents is directly related to the time that children spend with their non-resident fathers. Research shows that the lower the quality of the relationship between the parents, the less interaction between the father and child (Hoefferth, Cabrera, Forry & Pleck, 2008). Furthermore, the relationship between the father and mother has been shown to affect child behavior and well-being (Amato & Cheadle, 2008).

The relationship between the mother and father can greatly affect the involvement of the father with the child. In fact, Cabrera et al. (2010) found that this is a major contributor to the amount of time the father spends with the child. A positive parental relationship is associated with increased visitation (Cabrera et al., 2010).
In some cases, the romantic relationship between the mother and father can affect visitation. Generally, a romantic relationship between the parents leads to higher visitation time and more positive interactions between the parents (Ryan, Kalil, & Ziol-Guest, 2008). However, relationship problems between the couple can cause a lack of visitation by the father. This is also found in families with non-romantic parent relationships. General disruptions to relationship quality between the parents negatively affects visitation (Paulson et al. 2010).

Consistency of visits has been shown to affect the relationship with the mother. Consistent visits from the non-residential father are associated with a more positive relationship with the resident mother (Kruk, 2010). It has also been found that the number of transitions (entrances and exits) of a parent, the greater the negative effects on the child. The child’s development and well-being were negatively affected by the inconsistencies of visits from the non-residential parent (Heard, 2007).

Overall, non-residential father involvement, physical and financial, has frequently been shown to affect child well-being and the resident family. The quality of interaction between the father and child, as well as the father and mother, appear to have a greater impact on the child’s well-being than the time spent with the child (Hoefferth, Cabrera, Forry & Pleck, 2008). However, the quality of the relationships often affects the time spent with the child (Hoefferth, Cabrera, Forry & Pleck, 2008). The financial contributions of the father have been shown to be connected with the closeness and time spent with the child (Stier & Tienda, 1993). It is possible that father involvement in the family could positively, or negatively, affect the family.

*Stress in Single Parent Households*
Studies show parenting can be stressful, particularly for the mother, even in two-parent homes (Barclay et al, 1997). However, being the sole caregiver in a household can increase stress for the parent as well as the children of the household. Single mothers are at greater risk for psychological problems than mothers in two-parent households (Cairney, Boyle, Offord, & Racine, 2003). This in turn leads to a greater risk for ineffective parenting (Dwairy, 2008).

Single mothers are more than twice as likely to suffer from major depression as mothers who are married. They are also more likely to be younger and have less money (Cairney, Boyle, Offord, & Racine, 2003). It is suggested that the higher rates of depression among single mothers is due to the greater exposure to stress. Single mothers are thought to be more vulnerable to the chronic stressors that they face (Lipman, MacMillan, Boyle, 2001). The stress associated with single-parenthood has been shown to affect not only mental health of the mother, but also physical health. Single mothers report higher levels of illness than married mothers (Kahn, Wise, Kennedy, and Kawachi, 2000).

In 2009 a study by Jackson found that parental stress reported by single mothers was significantly higher than for married mothers, despite having a similar number of people within their social support networks. The single mothers in this study reported having less satisfaction with the people in their social support networks than did the married women (Jackson, 2009). A strong social support network is often considered to have a positive effect on single mothers and their families (Cairney et al., 2003).

A social network is often used by parents to share information and resources (Schechner, Slone, Meir & Kalish, 2010). Studies show that knowledge regarding access to medical care is often related to a mother’s social network. The lack of a social network, as
well as barriers to health care, affect a mother’s ability to receive information about her own health and the health of her children (Campbell-Grossman et al. 2009).

Simons and his colleagues (1993) suggested that low social support causes psychological distress and unsuccessful parenting. They found that low social support is associated with high economic stress. Single mothers, specifically those with less education, are likely to report financial strain (Simons, Beaman, Conger & Chao, 1993). Compared to married mothers, single mothers are twice as likely to suffer from financial strain, despite being twice as likely to have full-time employment (Brown & Morgan, 1997).

It was also found that an increase in financial strain was associated with an increase in the level of stress and depressive symptoms in mothers. This increase in stress and depressive symptoms was directly related to a decrease in parenting quality and child development. Therefore, Jackson et al. stated that financial strain for single mother households significantly affects the child development (Jackson et al, 2000).

Financial strain is associated with more frequent and longer lasting depressive episodes. Chronic depressive episodes (lasting a year or more) are associated with financial strain, but are also more likely to take place among single mothers. Brown and Morgan (1997) found that while the origins of these episodes were in prior life events (such as death or divorce) the length of single-parenthood affected the length of the episodes (Brown & Morgan, 1997).

Financial strain can cause more than depressive symptoms for the mother; it also plays a factor in the mother’s self-esteem (Brody & Flor, 1997). Mother’s self-esteem can affect the development of the child; the higher the level of the mother’s self-esteem, the higher the level of mental, social and physical development for the child (Surkan et al. 2008).
Additionally, self-esteem has been known to affect the mother-child relationship as well as family routines (Brody & Flor, 1997).

Family routines have been shown to increase child-wellbeing. Stress levels in mothers have been shown to decrease when routines are implemented and continued. For example, a nightly bedtime routine has been shown to positively affect maternal mood (Mindell, Telofski, Wiegand, & Kurtz, 2009). In a single parent family, finding time for routines has been shown to be a more difficult task, particularly when psychological or financial stress are at high levels in the family (Cairney et al. 2003).

Norton and Glick (1986) studied single parent families to determine the differences in gender on financial strain. They found that in father-only households, financial strain is lower than in mother-only households (Norton & Glick, 1986). Studies done more recently have found similar results in the gender differences on financial strain (Bartfeld, 2000).

One possible cause of the gender differences in financial strain is education. Jackson and her colleagues (2000) studied single mother households and found that mother’s education was positively associated with wages, which was negatively associated with financial strain (Jackson, Brooks-Gunn, Huang, & Glassman, 2000). Additionally, it has been found that the use of private child support has helped to close this gap and made the gender differences in financial strain significantly lower (Bartfeld, 2000).

Financial strain has been shown to have a negative effect on child well-being. Cook, Davis and Davies (2008) suggest that unpaid child support can affect school functioning, conduct problems, mental health problems and involvement in activities (Cook, Davis & Davies, 2008). Overall family financial strain has been shown to be related to depression, obesity, and attempted suicide for adolescents (Goodman, 1999). Another cause for stress
in single-parent households is role strain, or the need for single-parents to serve multiple family roles usually carried out by two-parent households. Examples of these roles are disciplining, cooking, assisting with school work, and ensuring safety. This strain to fill multiple roles can affect many aspects of decision-making, even for things as minor as grocery shopping (Thiagarajan et al. 2009).

Overall, single parent households generally report higher levels of stress than two-parent households. This could be due to the lack of quality social support systems (Jackson, 2009), financial strain (Simons et al. 1993) or additional reasons. High levels of stress in the family have been shown to negatively affect parenting and the child well-being (Dwairy, 2008). It is important to study the causes of single-parent stress and ways to avoid the negative effects stress have on the family.

With the increase of mother-only households in America, it is important to study how these families function (US. Census, 2010). Mother-only households generally have a higher level of stress and financial strain (Simons et al., 1993). Since non-resident father involvement has been shown to have effects on child well-being and the overall resident family (Hawkins, 2007), this study aims to determine if the non-resident father involvement is associated with the stress and financial strain of the family.

**Objective of the Study**

The general purpose of this study is to investigate the relationship between non-resident father involvement and stress levels of the resident family. Since stress is exposed in many different ways, multiple measures will be used to determine the stress levels of the family. Measures will include family disruption and conflict, mental and physical health
problems, housing issues, health care struggles, financial strain, and lack of cognitive
stimulation and emotional support. Additionally, father involvement is assessed in multiple
ways. For the purpose of this study, father involvement will include financial involvement
and visitation. Longitudinal data gathered from 851 children and their families in the United
States who were part of the Panel Study of Income Dynamics (PSID) was used for this study
(PSID, 2005).

Theoretical Framework

Family systems theory and family stress theory provide the theoretical framework of
the current study. These concepts are used to provide a foundation for the model and
hypotheses.

Family Systems Theory

Dr. Murray Bowen (1978) used family systems theory as a way to explain the lack of
segregation a person has from their family. Bowen explains that nothing, or no one, can be
understood in isolation. He goes on to say that while there are different levels of
differentiation of self from the family, even well-differentiated people are affected by the
context of their families (Bowen, 1978).

A single person cannot be understood without considering the family members and
the family context. A person’s position within the family, personality, values, and beliefs can
affect, and be affected, by the other members of the family. Additionally, the presence or
absence of a member of the family can affect the family unit and how it functions (Straus,
1973).
Family systems theory suggests that each member of the family has a role to play and functions under certain rules and expectations. This role is used to develop family relationships in a structured way and to predict the reactions of each family member. A break in this pattern may cause the family dynamic to shift and become unbalanced or may assist in stabilizing the family system. For example, mental health issues for one parent may require the other to fill in for certain house duties. This may help keep the house running as normal, or the healthy parent may not feel they can play two roles (Bowen, 1978).

In the context of the present study, the presence or absence of the father will likely affect the mother’s role within the family. The family will learn to process within their current roles, or the family may experience stress from the instability. If the mother is not able to fulfill the duties of her current role, the instability may contribute to overall family stress.

*Family Stress Theory*

Stress, particularly financial stress, affects the family. Small amounts of financial stress can have positive effects on the family, such as bonding and family resilience. However, larger amounts of financial stress will generally have negative consequences for the family. Examples of negative consequences that the family may experience are poor physical or mental health, homelessness, or dissolved relationships (McCubbin et al. 1980).

In 1958, Hill described the process of family stress using what he referred to as the ABCX model. This model was based on his 1949 study in which stress of army families was monitored with the departure of and reuniting with the father. He describes the process of the family stress as follows (Hill, 1949):
A (the event) interacting with B (the family’s crisis meeting resources) interacting with C (the definition the family makes of the event) produces X (the crisis).

This model has been practically unchanged since its development. However, the usefulness to explain many different types of family events/hardships has been studied. For example, Jeffery Hill studied how both parents being in the workforce affects the stress and conflict within the family (Hill, 2005).

The intervening factors affecting the model have also been studied. For example, the stress levels of parents who have children with intellectual disabilities were affected by intervening variables such as age and sex (Salovitta, Italina, & Leinonen, 2003). Additional studies have helped to give light on the types and severity of events that affect the family as well as the particular family resources that minimize the final crisis (Lavee et al., 1985).

Following the development of the ABCX model, Conger and his colleagues (2000) developed what is called the Family Stress Model to focus on financial strain as a critical event for the family.

**Family Stress Model**

The Family Stress Model (Conger et al. 2000) suggests that the financial strain of the family is one of the most important factors in the level of stress that the family experiences. Financial strain of the family can lead to severe strain on many aspects of the family, including the quality of relationships, the child’s health, and the child’s adjustment (Conger & Conger, 2002).

The financial strain of the family has also been shown to lead to the undermining of the parent’s mental health. Parents have been shown to suffer from depression due to
financial strain. A parent’s depression can lead to ineffective parenting and an increase in family dysfunction. The effects of this dysfunction can be seen long-term in the children’s adults lives (McClelland, 2000).

Family Systems Theory suggests that stress of the family will be affected by the mother’s ability to fulfill her role as a single mother (Bowen, 1978). For this study, it is possible that the social and physical involvement of the father will alter the need for the mother to fill multiple roles, leading to the stress of the family being affected and possibly reduced. On the other hand, the Family Stress Theory and the Family Stress Model suggests that the financial strain of the family will have the greatest impact on the family stress level (Conger et al, 2000). For this study, it is possible that the financial involvement of the father will alter the stress experienced by the family.

Guiding Research Question and Hypotheses

Research Question: Is non-resident father involvement associated with resident family stress levels?

Hypothesis #1: Non-resident father financial support in the form of in-kind support is associated with resident family stress levels.

Hypothesis #2: Non-resident father financial support in the form of child support is associated with resident family stress levels.

Hypothesis #3: Non-resident father visitation is associated with resident family stress levels.
CHAPTER 3: METHOD

Method

Participants

The current study used data from the second wave of the Child Development Supplement (CDS-II) of the Panel Study of Income Dynamics (PSID). These data were collected in 2002-2003 (PSID, 2005). The PSID, begun in 1968, includes a representative sample of individuals from the United States and the family units in which they reside. Participants for the study were taken from a sample of households in the 48 contiguous states. The PSID includes economic, demographic, psychological and sociological measures. The sample for this study was limited to women who participated in CDS-II and identified themselves as the single caregiver in the home. The sample included 851 children from mother-only households. These data were used to determine if non-residential father involvement affects residential family stress. See Table 1 for mother and child age and Table 2 for family demographic information.

Design and Procedure

The PSID interviewed 4,800 individuals starting in 1968. A wide variety of information was collected over the course of the study. The PSID initially focused on data about demographics and economics. Later waves of the study involved sociological and psychological data collection. Some questions were focused on the individual members of the family where as other questions focused on the family unit as a whole. A majority of information was collected about the primary adult in the household (Hill, 1991). The PSID interview waves are currently conducted biannually (PSID, 2005).
The Child Development Supplement was added to the PSID in 1997. Interviews were used to collect in-depth information regarding children age 12 years and younger who were participants in the PSID. These supplemental data were primarily collected from the child’s primary caregiver. When interviewing children who were under the age of 18, an in-person format was used.

The second wave of the Child Development Supplement (CDS-II) was collected 2002-2003. Families who participated in the first wave of the CDS were re-contacted to be interviewed. Ninety-one percent of eligible families were re-interviewed for the CDS-II (PSID, 2005). Information from CDS-II was used for the basis of this study. These data provide a large sample of households and has detailed information on child and family characteristics, family stress, and father involvement.
Table 1.
Mother and child age (In years)

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<th>Maximum</th>
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<th>SD</th>
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<tr>
<td>Child</td>
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Table 2.
Family demographic information

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<table>
<thead>
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<th>Frequency</th>
<th>Percent</th>
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<tr>
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<td></td>
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<tr>
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<tr>
<td>Female</td>
<td>425</td>
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<tr>
<td>Missing</td>
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Measures

Non-residential Father In-Kind Support: Non-residential father in-kind support was measured using 9 items from the CDS-II. The questions asked participants to indicate if the child’s father spent money during the past 12 months on the following items for the child: (1) toys/presents, (2) vacation, (3) school supplies, (4) clothes or shoes, (5) camp or lessons, (6) allowance, (7) entertainment, (8) extra-curricular activities, and (9) anything child needs. The non-residential father in-kind support scale ranged from 0-9 representing the number of types of in-kind support the father provided.

Non-residential Father Child Support Payment: Non-residential father financial involvement was measured using a question from the CDS-II about child support receipt. The question asked the participant to indicate if the child’s father paid child support, formally or informally, through cash child support or medical support. Since the CDS-II does not include information on child support award information, characteristics such as number of children in the household may affect the receipt of child support. Therefore, rather than using amount of child support received, child support was dummy coded as ‘1’ for families receiving cash child support or medical support, and ‘0’ for families receiving no cash child support or medical support. The non-residential father child support payment scale ranged in value from 0 to 1.

Non-residential Father Visitation: Non-resident father visitation was measured using 7 questions from the CDS-II about physical contact and time spent with the father. Physical contact was measured by how frequently the child saw his or her father using the question:
How many days did the child stay with (his/her) father during the past 12 months – either overnight or just for the day? Physical contact was dummy coded “1” meaning at least some physical contact was made, and “0” meaning no physical contact was made in the last 12 months. Time spent with father included 6 questions. The questions asked participants to indicate how often the child’s father spent time with him or her in each of the following activities: (1) talking on the phone or receiving letters, (2) see (his/her) father, (3) leisure activities, (4) religious activities, (5) talking, working on a project, or playing, (6) school or other organized activities. Responses ranged from 1 (not at all) to 6 (several times a week). For each activity, responses were dummy coded “1” some time was spent with father on these activities and “0” no time was spent with father on these activities. The non-residential father visitation scale ranged in value from 0 to 7.

*Resident Family Stress*: Resident family stress was measured using 6 categories from the CDS-II about stress. These six categories are: (1) family disruption and conflict, (2) mental and physical health problems, (3) housing issues, (4) health care struggles, (5) financial strain, and (6) lack of cognitive stimulation and emotional support.

Family disruption and conflict was measured using 2 variables. These variables were measured using 8 questions about parenting stress and alcohol problems. The questions about parenting stress asked participants to indicate how true each of following the statements were to them: (1) There are some things that (child) does that really bother me a lot, (2) I find myself giving up more of my life to meet (child)’s needs than I ever expected, (3) I often feel angry with (child), (4) Being a parent is harder than I thought it would be, (5) I feel trapped by my responsibilities as a parent, (6) I find that taking care of my child(ren) is much more
work than pleasure, and (7) I often feel tired, worn out, or exhausted from raising a family. Responses ranged from 1 (not at all true) to 5 (completely true). The scale value of parenting stress was the total of these responses. A scale value above the sample median was considered to be an indicator of stress. Alcohol problems were measured using the question: Does the alcohol consumption of anyone in the household negatively affect the child(ren)? A ‘yes’ response to this question was considered an indicator of stress. The family disruption and conflict scale ranged from 0 to 2.

Mental and physical health problems were measured using 20 questions about psychological distress, self-efficacy, and self-esteem. Psychological distress was measured using the K-6 Non-Specific Psychological Distress Scale (Kressler et al. 2003). The following 6 questions asked about how the caregiver felt in the last 4 weeks: (1) so sad that nothing could cheer them up, (2) nervous, (3) restless or fidgety, (4) hopeless, (5) everything was an effort, and (6) worthless. Responses ranged from 1 (none of the time) to 4 (all of the time). If the primary caregiver’s scale value was above the study median, this was considered to be an indicator of stress. Self-efficacy was measured using the Pearlin Self-Efficacy Scale to determine the level to which the caregiver felt they had control over their lives (Mainieri, 2006). The following 4 questions asked about how the caregiver felt: (1) there is really no way I can solve some of the problems I have, (2) sometimes I feel that I’m being pushed around in life, (3) I have little control over the things that happen to me, and (4) I often feel helpless in dealing with the problems of life. Responses ranged from 1 (strongly disagree) to 4 (strongly agree). If the primary caregiver’s scale value was above the study median, this was considered to be an indicator of stress. Self-esteem was measured using the Rosenberg Self-esteem Scale to determine the level to which the caregiver felt approval or disapproval
of themselves (Mainieri, 2006). There were 10 questions asked that were related to (1) feeling like a failure, (2) having good qualities, (3) having a positive attitude, (4) feeling useless at times, (5) thinking I am no good, (6) feeling like a person of worth, (7) being satisfied with self, (8) having not much to be proud of, (9) wanting more respect, and (10) doing things well. If the primary caregiver’s scale value was above the study median, this was considered to be an indicator of stress. The mental and physical health issues scale ranged in from 0 to 3.

Housing issues were measured using 4 questions about housing problems in the last 12 months and about rent and mortgage expenditures. Housing problems in the last 12 months was measured using the following 3 questions: (1) “Did you move to a cheaper living quarters?”, (2) “Did you move in with other people?”, and (3) “Did you send one or more of the children to live with someone else?” For each question, a ‘yes’ response was considered to be an indicator of stress. Rent and mortgage expenditures were measured by asking participants to identify the cost of monthly first mortgage, second mortgage, and rent payments. Annual housing expenditure was calculated and then divided by annual income to determine the percentage of annual income spent on housing. If the housing expenditure was greater than 30 percent of the annual income, this was considered to be an indicator of stress. The housing issues scale ranged from 0 to 4.

Health care struggles were measured using 3 questions about health care expenditures. Health care expenditures was measured using questions including: how much money did your family spend in the last 12 months on the focal child for dental care and on medical insurance, how much money was spent in 2001 and 2002 on nursing home and hospital bills combined, and how much they paid out of pocket for doctor, outpatient, surgery
and dental bills combined. Average annual expenditures were determined from these answers and was divided by annual family income to determine share of income spent on health care. If the health care expenditures were more than 7.5 percent of the annual income, this was considered to be an indicator of stress. The health care struggles scale ranged from 0 to 1.

Financial strain was measured using 10 questions about the family’s financial problems. Questions asked respondents to indicate the financial problems they experienced in the last 12 months including: (1) sold possessions or cashed in life insurance, (2) postponed major purchases, (3) postponed medical care, (4) borrowed money from friends or relatives (5) filed for or taken bankruptcy, (6) fallen behind in paying bills, (7) had a creditor call or visit to demand payment, (8) had wages attached or garnished by a creditor, (9) had a lien filed against property because of nonpayment of a bill, and (10) had home, car or other property repossessed. For each question, a ‘yes’ response was considered an indicator of stress. The financial strain index ranged from 0 to 10.

Lack of cognitive stimulation and emotional support was measured using the Home Observation for Measurement of the Environment-Short Form which was based on the Caldwell and Bradley HOME Inventory (Caldwell and Bradley, 1984). Questions included: “How many books does the child have?”, “How often is the child taken to the museum?”, “How many hours per day is the TV on in the home?”, and “How many times in the past week have you spanked your child?” If the HOME Inventory score was below the sample median, this was considered an indicator of stress. The lack of cognitive stimulation and emotional support scale ranged from 0 to 1.

See Table 3 for resident family stress descriptive statistics.
Table 3.
Resident family stress descriptive statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Disruption and Conflict (0-2)a</td>
<td>0.58</td>
<td>0.60</td>
</tr>
<tr>
<td>Parenting Stress (1-5)</td>
<td>2.49</td>
<td>0.86</td>
</tr>
<tr>
<td>Alcohol Problems (0-1)</td>
<td>0.10</td>
<td>0.29</td>
</tr>
<tr>
<td>Mental and Physical Health Problems (0-3)</td>
<td>1.27</td>
<td>0.86</td>
</tr>
<tr>
<td>K-6 Distress Scale (0-24)</td>
<td>4.81</td>
<td>4.05</td>
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<tr>
<td>Perlin Self-Efficacy Scale (1-4)</td>
<td>3.07</td>
<td>0.61</td>
</tr>
<tr>
<td>Rosenberg Self-esteem Scale (1.5-4)</td>
<td>3.44</td>
<td>0.43</td>
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<tr>
<td>Housing Issues (0-4)</td>
<td>0.38</td>
<td>0.68</td>
</tr>
<tr>
<td>Cheaper Living Quarters (0-1)</td>
<td>0.08</td>
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</tr>
<tr>
<td>Move In With Others (0-1)</td>
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<tr>
<td>Sent Child To Live With Others (0-1)</td>
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<td>0.11</td>
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<td>Housing Expenditure (0-1)</td>
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<td>0.42</td>
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<tr>
<td>Health Care Struggles (0-1)</td>
<td>0.76</td>
<td>0.23</td>
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<tr>
<td>Total Health Cost Expenditures (0-1)</td>
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<td>0.23</td>
</tr>
<tr>
<td>Financial strain (0-10)</td>
<td>1.66</td>
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<tr>
<td>Sold Possessions (0-1)</td>
<td>0.05</td>
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<td>Postponed Major Purchases (0-1)</td>
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<td>Postponed Medical Care (0-1)</td>
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<td>Borrowed Money (0-1)</td>
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<tr>
<td>Filed or Taken Bankruptcy (0-1)</td>
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<tr>
<td>Event</td>
<td>Value 1</td>
<td>Value 2</td>
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<tr>
<td>------------------------------------------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>Behind on Paying Bills (0-1)</td>
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<td>0.50</td>
</tr>
<tr>
<td>Creditor Called or Visited (0-1)</td>
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<td>0.42</td>
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<td>Wages Attached or Garnished (0-1)</td>
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<tr>
<td>Lien Filed Against Property (0-1)</td>
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<td>Property Reposed (0-1)</td>
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</tr>
<tr>
<td>Cognitive Stimulation and Emotional Support (0-1)</td>
<td>0.45</td>
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</tr>
<tr>
<td>HOME ages 3-5 (0-1.5)</td>
<td>0.02</td>
<td>0.14</td>
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<tr>
<td>HOME ages 6-9 (0-1.5)</td>
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</tr>
<tr>
<td>HOME ages 10+ (0-1.5)</td>
<td>0.72</td>
<td>0.53</td>
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</table>

* Scale range provided in parentheses.

**Analysis**

The data analysis began with descriptive analyses. Demographic information of means and standard deviations were computed. Correlations for non-resident father involvement and resident family stress categories were run. See Table 4 for correlations for non-resident father involvement categories and Table 5 for correlations for resident family stress categories.

This study attempts to explore if non-resident father involvement is associated with resident family stress. Family stress is associated with negative outcomes, such as financial strain, mental and physical health, and low self-esteem. This was completed using six linear regression models. These models include regression analysis to determine if non-resident father involvement is associated with (1) family disruption and conflict, (2) mental and physical health problems, (3) housing issues, (4) health care struggles, (5) financial strain, and (6) cognitive stimulation and emotional support.
Table 4.

Correlations for non-resident father involvement categories

<table>
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<tr>
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<th>In-Kind Support</th>
<th>Child Support</th>
<th>Visitation</th>
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<tr>
<td>In-Kind Support</td>
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<td>0.77**</td>
<td>0.68**</td>
</tr>
<tr>
<td>Child Support</td>
<td></td>
<td>1.00</td>
<td>0.72**</td>
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<tr>
<td>Visitation</td>
<td></td>
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<td>1.00</td>
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** Correlation is significant at the 0.01 level (2 tailed)
* Correlation is significant at the 0.05 level (2-tailed)
Table 5.

Correlations for resident family stress categories

<table>
<thead>
<tr>
<th></th>
<th>Family Disruption and Conflict</th>
<th>Mental and Physical Health Problems</th>
<th>Housing Issues</th>
<th>Health Care Struggles</th>
<th>Financial Strain</th>
<th>Cognitive Stimulation and Emotional Support</th>
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</thead>
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<td>0.17**</td>
<td>0.20**</td>
<td>0.20**</td>
<td>0.14**</td>
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<td>Conflict</td>
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<td></td>
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<tr>
<td>Mental and Physical</td>
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<td>0.01</td>
<td>0.02</td>
<td>0.01</td>
<td>-0.10**</td>
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</tr>
<tr>
<td>Health Problems</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Housing Issues</td>
<td>1.00</td>
<td>-0.06</td>
<td>0.22**</td>
<td>0.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care Struggles</td>
<td>1.00</td>
<td>-0.02</td>
<td>-0.07*</td>
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</tr>
<tr>
<td>Financial Strain</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>-0.05</td>
</tr>
<tr>
<td>Lack of Cognitive</td>
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<td></td>
<td></td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td>Stimulation and Emotional Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.01 level (2 tailed)
* Correlation is significant at the 0.05 level (2-tailed)
CHAPTER 4: RESULTS

Results

Using information from the CDS-II from the PSID, six regression analysis models were estimated to determine if non-resident father involvement is associated with (1) family disruption and conflict, (2) mental and physical health problems, (3) housing issues, (4) health care struggles, (5) financial strain, and (6) cognitive stimulation and emotional support.

**Family Disruption and Conflict**

A linear regression model was used to test the relationship of non-resident father involvement on resident family disruption and conflict. See Table 6 for Family disruption and conflict regression analysis. Results showed that non-resident father in-kind support ($\beta = 0.70$, $p = 0.24$), non-resident father child support payment ($\beta = -0.06$, $p = 0.34$), and non-resident father visitation ($\beta = -0.06$, $p = 0.61$) were not significant predictors of family disruption and conflict. Non-resident father involvement did not explain a significant proportion of variance in cognitive stimulation and emotional support scores, $R^2 = .013$, $F(1, 10) = 1.04$, $p > .05$.

**Mental and Physical Health Problems**

A linear regression model was used to test the relationship of non-resident father involvement on resident family mental and physical health problems. See Table 7 for Mental and physical health problems regression analysis. Results showed that non-resident father child support payment ($\beta = -0.08$, $p = 0.22$) and non-resident father visitation ($\beta = -0.02$, $p =$
0.74) were not statistically significant predictors of mental and physical health problems. However, non-resident father in-kind support ($\beta = 0.15$, $p = 0.01$) was a statistically significant predictor of mental and physical health problems. Non-resident father involvement explained a significant proportion of variance in mental and physical health problem scores, $R^2 = .025$, $F(1, 10) = 1.99$, $p < .05$.

**Housing Issues**

A linear regression model was used to test the relationship of non-resident father involvement on resident family housing issues. See Table 8 for Housing issues regression analysis. Results showed that non-resident father in-kind support ($\beta = -0.02$, $p = 0.68$) and non-resident father child support ($\beta = -0.04$, $p = 0.54$) were not statistically significant predictors of housing issues. However, non-resident father visitation ($\beta = -0.09$, $p = 0.07$) was a weakly significant predictor of housing issues. Non-resident father involvement explained a significant proportion of variance in housing issues scores, $R^2 = .064$, $F(1, 10) = 5.63$, $p < .001$.

**Health Care Struggles**

A linear regression model was used to test the relationship of non-resident father involvement on resident family health care struggles. See Table 9 for Health care struggles regression analysis. Results showed that non-resident father in-kind support ($\beta = -0.14$, $p = 0.02$) and non-resident father child support payment ($\beta = 0.19$, $p < 0.01$) were statistically significant predictors of health care struggles. However, non-resident father visitation ($\beta = 0.05$, $p = 0.32$) was not statistically significant predictors of health care struggles. Non-
resident father involvement explained a significant proportion of variance in health care struggle scores, \( R^2 = .027, F(1, 10) = 2.16, p < .05. \)

**Financial Strain**

A linear regression model was used to test the relationship of non-resident father involvement on resident family financial strain. See Table 10 for Financial strain regression analysis. Results showed that non-resident father in-kind support (\( \beta = 0.03, p = 0.63 \)), non-resident father child support payment (\( \beta = -0.07, p = 0.25 \)), and non-resident father visitation (\( \beta = 0.02, p = 0.77 \)) were not statistically significant predictors of financial strain. Non-resident father involvement explained a significant proportion of variance in financial strain scores, \( R^2 = .033, F(1, 10) = 2.82, p < .05. \)

**Lack of Cognitive Stimulation and Emotional Support**

A linear regression model was used to test the relationship of non-resident father involvement on resident family lack of cognitive stimulation and emotional support. See Table 7 for Lack of cognitive stimulation and emotional support regression analysis. Results showed that non-resident father in-kind support (\( \beta = -0.02, p = 0.70 \)) and non-resident father child support payment (\( \beta = -0.01, p = 0.90 \)) were not statistically significant predictors of lack of cognitive stimulation and emotional support. However, non-resident father visitation (\( \beta = -0.14, p = 0.01 \)) was a statistically significant predictor of lack of cognitive stimulation and emotional support. Non-resident father involvement explained a significant proportion of variance in lack of cognitive stimulation and emotional support scores, \( R^2 = .07, F(1, 10) = 5.73, p < .001. \)
Table 6
Family disruption and conflict regression analysis

<table>
<thead>
<tr>
<th></th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father In-Kind Support</td>
<td>0.70</td>
<td>1.18</td>
<td>0.24</td>
</tr>
<tr>
<td>Father Child Support</td>
<td>-0.06</td>
<td>-1.13</td>
<td>0.26</td>
</tr>
<tr>
<td>Father Visitation</td>
<td>-0.06</td>
<td>-0.96</td>
<td>0.34</td>
</tr>
</tbody>
</table>

R² 0.01
F 1.04

** Correlation is significant at the 0.01 level
* Correlation is significant at the 0.05 level
a Control variables included age of mother, mother’s marital status, race of mother, number of children in household, age of child, and sex of child.

Table 7
Mental and physical health problems regression analysis

<table>
<thead>
<tr>
<th></th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father In-Kind Support</td>
<td>0.15</td>
<td>2.50</td>
<td>0.01**</td>
</tr>
<tr>
<td>Father Child Support</td>
<td>-0.08</td>
<td>-1.23</td>
<td>0.22</td>
</tr>
<tr>
<td>Father Visitation</td>
<td>-0.02</td>
<td>-0.33</td>
<td>0.74</td>
</tr>
</tbody>
</table>

R² 0.03
F 1.99*

** Correlation is significant at the 0.01 level
* Correlation is significant at the 0.05 level
a Control variables included age of mother, mother’s marital status, race of mother, number of children in household, age of child, and sex of child.
Table 8

Housing issues regression analysis

<table>
<thead>
<tr>
<th></th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father In-Kind Support*</td>
<td>-0.02</td>
<td>-0.41</td>
<td>0.68</td>
</tr>
<tr>
<td>Father Child Support</td>
<td>-0.04</td>
<td>-0.061</td>
<td>0.54</td>
</tr>
<tr>
<td>Father Visitation</td>
<td>-0.09</td>
<td>-1.81</td>
<td>0.07</td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$R^2$</td>
<td>0.06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>5.63**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.01 level
* Correlation is significant at the 0.05 level

*a Control variables included age of mother, mother’s marital status, race of mother, number of children in household, age of child, and sex of child.

Table 9

Health care struggles regression analysis

<table>
<thead>
<tr>
<th></th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father In-Kind Support*</td>
<td>-0.14</td>
<td>-2.41</td>
<td>0.02*</td>
</tr>
<tr>
<td>Father Child Support</td>
<td>0.19</td>
<td>3.08</td>
<td>0.00**</td>
</tr>
<tr>
<td>Father Visitation</td>
<td>0.05</td>
<td>1.00</td>
<td>0.32</td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$R^2$</td>
<td>0.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>2.16*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.01 level
* Correlation is significant at the 0.05 level

*a Control variables included age of mother, mother’s marital status, race of mother, number of children in household, age of child, and sex of child.
Table 10

Financial strain regression analysis

<table>
<thead>
<tr>
<th></th>
<th>Beta</th>
<th>t</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father In-Kind Support (^a)</td>
<td>0.03</td>
<td>0.48</td>
<td>0.63</td>
</tr>
<tr>
<td>Father Child Support</td>
<td>-0.07</td>
<td>-1.14</td>
<td>0.25</td>
</tr>
<tr>
<td>Father Visitation</td>
<td>0.02</td>
<td>0.29</td>
<td>0.77</td>
</tr>
</tbody>
</table>

| R²                             |      | 0.02 |
| F                              |      | 2.82*|

** Correlation is significant at the 0.01 level
* Correlation is significant at the 0.05 level
\(^a\) Control variables included age of mother, mother’s marital status, race of mother, number of children in household, age of child, and sex of child.

Table 11

Lack of cognitive stimulation and emotional support regression analysis

<table>
<thead>
<tr>
<th></th>
<th>Beta</th>
<th>t</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father In-Kind Support (^a)</td>
<td>-0.02</td>
<td>-0.39</td>
<td>0.70</td>
</tr>
<tr>
<td>Father Child Support</td>
<td>-0.01</td>
<td>-0.13</td>
<td>0.90</td>
</tr>
<tr>
<td>Father Visitation</td>
<td>-0.14</td>
<td>-2.63</td>
<td>0.01**</td>
</tr>
</tbody>
</table>

| R²                             |      | 0.05 |
| F                              |      | 5.73**|

** Correlation is significant at the 0.01 level
* Correlation is significant at the 0.05 level
\(^a\) Control variables included age of mother, mother’s marital status, race of mother, number of children in household, age of child, and sex of child
CHAPTER 5: SUMMARY AND DISCUSSION

Discussion

The purpose of this study was to investigate the relationship between non-resident father involvement and stress levels of the resident family. Non-resident father involvement was measured using 3 categories: in-kind support, child support payment, and visitation. Resident family stress was measured using 6 categories: family disruption and conflict, mental and physical health problems, housing issues, healthcare struggles, financial strain, and lack of cognitive stimulation and emotional support.

In 2010 there were 17 million children living in mother-only households (Census, 2010). This means that the mothers in these households often have to fulfill roles that they might otherwise not have to fill. One particular role that often causes stress, distress and ineffective parenting is financial strain (Simons et al, 1993). Some non-resident fathers are financially or physically involved with their resident families, while others are not (Bartfeld, 2000).

Previous research shows that non-resident father involvement can lower the negative effects of living in a single parent family (Hawkins et al, 2007). However, other research has shown that non-resident father involvement can cause an increase in conflict with the resident mother (Cabrera et al, 2000). While previous studies have focused on the effect of non-resident father involvement on child well-being (Darling & Steinberg, 1993), this study’s aim was to determine if father involvement affects the resident family stress.

Results from this study showed that father involvement did predict most aspects of stress that were studied. However, father involvement showed positive associations with some aspects of stress, and negative associations with other aspects of stress. These support
previous research which suggests that father involvement could potentially increase or decrease the negative effects of living in a single parent family.

Family systems theory suggests that no one or nothing can be understood independently. This means that the presence, or absence, of a family member can affect the family unit and how it functions (Straus, 1973). Since each member of the family plays a specific role in the family, the absence of a family member can cause negative effects on the family (Bowen, 1978). However, if the resident mother cannot fill her current role in the context of the non-resident father involvement, then overall family stress may be affected.

Additionally, family stress theory suggests that small amounts of stress can have positive effects on the family, but large amounts of stress can lead to negative consequences (McCubbin et al, 1980). The development of the family stress model shows how stress, particularly financial strain, can lead to severe strain on the family (Conger et al, 2000). This suggests that the involvement, particularly the financial involvement, of the father will alter the stress of the family.

Overall, father involvement predicted most aspects of family stress for this study. However, financial strain was not predicted by father involvement, physical or financial. This may be due to the sample having little financial strain (M = 1.66, SD = 1.67). A larger sample with more individuals experiencing financial strain may have different results.

**Hypothesis #1**: Non-resident father financial support in the form of in-kind support is associated with resident family stress level.

Non-resident father financial involvement is often measured by using child support payment, however in-kind contributions are often used to support the resident family (Waller
& Plotnck, 1999). Frequently, in-kind support contributions are associated with lower child support payments (Greene & Moore, 2000). However, in-kind support, especially when added to child support, can affect the well-being of the child and the family (Nepomnyaschy, 2007).

Based on previous research, it was hypothesized that non-resident father in-kind support would affect the resident family. It was believed that the in-kind support levels could increase, or decrease, family stress.

Non-resident father in-kind support was a significant predictor of mental and physical health problems, and health care struggles. Results indicated that non-resident father involvement is positively associated with health problems and negatively associated with health care struggles. This suggests that increased non-resident father in-kind support is associated with increased health problems and decreased health care struggles. However, non-resident father in-kind support was not a predictor of the remaining categories of stress: family disruption and conflict, housing issues, financial strain, and lack of cognitive stimulation and emotional support. The association between non-resident father in-kind support and increased health problems may be due to the relationships of the family. For example, if the resident family is experiencing health problems, the non-resident father may choose to increase in-kind support as a result. A casual relationship cannot be determined based on the current study.

*Hypothesis #2: Non-resident father financial support in the form of child support payment is associated with resident family stress level.*
Father financial involvement varies greatly across different families. Child support payments are generally used to measure non-resident father financial involvement (Waller & Plotnick, 1999). Child support enforcement has recently increased to ensure that children are not financially abandoned by their non-custodial parent (Pirog & Ziol-Gues, 2006). There are many factors that affect the level of financial involvement by the non-resident father such as child well-being (Hawkins et al, 2010), the relationship between the parents (Cabrera et al, 2010) and visitation (Waller & Plotnick, 2010).

Based on previous research, it was hypothesized that non-resident father child support payment would affect the resident family. It was believed that child support payment could increase, or decrease, family stress.

Non-resident father child support payment was a significant predictor of resident family health care struggles. Results indicated that non-resident father involvement is positively associated with health care struggles. This suggests that families receiving non-resident father child support payments are more likely to have health care struggles. The current study is unable to determine a causal relationship. This relationship between non-resident father child support payments and health care struggles may be due to factors such as relationships. For example, if the resident family is experiencing health care struggles, the non-resident father may choose to pay, or increase, child support to help reduce these struggles. Additionally, results indicated that non-resident father involvement is weakly negatively associated with housing issues, which suggests that increased child support payments predicted lower housing issues. However, non-resident father child support payment was not a predictor of family disruption and conflict, mental and physical health problems, financial strain, and lack of cognitive stimulation and emotional support.
Hypothesis #3: *Non-resident father visitation is associated with the resident family stress level.*

According to previous research, the physical presence of the father can affect the family unit. It was also found that non-resident fathers generally spend less time with their children than those who live with their children. However, it has also been shown that the relationship that the father has with the child is more important than the amount of time spent with the father (Hoefferth et al, 2008). Additionally, the child’s behavior can affect the father’s frequency of visitation (Flouri & Malmberg, 2010) and the relationship between the father and mother (Amato & Cheadle, 2008).

Based on previous research, it was hypothesized that non-resident father visitation would affect the resident family. It was believed that the visitation levels could increase, or decrease, family stress. This was because the amount of visitation would likely affect the relationship between the father and the mother (Kruk, 2010) and between the father and the child (Hawkins et al, 2007).

For the current study, non-resident father visitation was a significant predictor of cognitive stimulation and emotional support. Results indicated that non-resident father involvement is negatively associated with a lack of cognitive stimulation and emotional support. Meaning increased father visitation predicted a decrease in the lack of cognitive stimulation and emotional support. However, non-resident father visitation was not a significant predictor of family disruption and conflict, mental and physical health problems, housing issues, health care struggles, or financial strain.
Limitations

There are several limitations to consider in regards to the results. One limitation is that there are no inferences about stress outcomes that can be made based upon the results of this study. The variables focused on the measures of stress and father involvement, and did not include variables of stress outcomes such as mental illness. Implications about stress outcomes can only be based upon previous research. Future research should focus on the effect of father involvement on stress outcomes. Additionally, because there is no mediation model being considered for this study, it is possible that father involvement mediates the effect of stress on the negative outcomes of stress on the family.

Also, there are no inferences about child outcomes that can be made from the results of this study. The variables of this study focused only on father involvement and family stress. Since there were no variables of child outcomes used for this study, implications about child outcomes can only be based upon previous research. Future research should be done to determine the impact of father involvement on child outcomes.

The sample for the current study only included 851 children, a majority whom were Caucasian. Future research should consider using a larger and more diverse sample to determine if this affected the results. Additionally, another limitation of the sample was self-selection. The father’s chose how much involvement they would have with the resident family, and the reasons for how much involvement are unknown. It is possible that stress of the resident family may cause the involvement by the non-resident father to increase or decrease. Therefore, we are unable to establish a casual relationship.

Finally, a limitation of this study is that the way in which family stress was measured for this study may not capture the full extent to which the resident family is experiencing
stress. Research has shown that there are many factors of family stress, which may not have been included. Additionally, the way that father involvement was measured may not capture the full extent of non-resident father involvement.

**Implications**

Single mothers have higher levels of stress than mother in two-parent households (Cairney et al., 2003). It was previously believed that father involvement, both financial and visitation, would lower the stress of single mother families. However, the results of this study suggest that non-resident father involvement is not always associated with reduced stress, but at times does not significantly predict resident family stress or is positively associated with resident family stress. The results of this study provide direction for interventions that may benefit single mothers and their families.

The findings presented here suggest that interventions which support, or require, father involvement in the resident family may not reduce resident family stress. The financial and physical involvement of fathers was not associated with most measures of family stress in this study. However, father financial involvement and visitation may predict other outcomes, such as child well-being (Hoefferth, Cabrera, Forry & Pleck, 2008).

The current study found that higher non-resident father in-kind support predicted lower mental and physical health problems which would suggest that fathers should be encouraged to provide in-kind support. However, it was also found that higher non-resident father in-kind support predicts higher health care struggles, which suggests that fathers should not provide in-kind support. This result may possibly be caused by self-selection, which would suggest that the higher health care struggles for the resident family cause the
father to be more involved in the family and provide more support. This means that the father’s in-kind support may actually be lowering the stress in the resident family.

A prediction of lower health care struggles according to this study comes from non-resident father child support payment. This suggests that child support positively affects the family and should be considered a benefit. Therefore, it should be encouraged that non-resident fathers provide child support to the resident family. As noted above, aspects of self-selection and causality need to be investigated further.

Father involvement in the form of visitation should be considered positive since it is associated with greater cognitive stimulation and emotional support. However, this is the only statistically significant association of visitation found in this study.

Overall, since the results of this study found that father involvement is associated with only a few of the categories of family stress that were tested, few implications can be made. Additionally, some forms of father involvement had positive relationship with family stress, while others had negative relationships. Often, fathers are encouraged to be financially and physically involved in their children’s lives, but for the purpose of lowering stress, this may not be the outcome.

Future Research

Future research should continue to expand the sample of single mothers to further the findings of this study. Expanding the sample to include more individuals and to diversify the sample would be beneficial. This would also potentially expand on the range of stress levels and father involvement, giving the research more information.
Future research should be done to expand on the findings of this study and to include more measures of stress and stress outcomes. Stress is related to outcomes such as depression (Cairney, Boyle, Offord, & Racine, 2003) and illness (Kahn, Wise, Kennedy, and Kawachi, 2000). Additional research should include measures of stress outcomes to determine the connection between father involvement and other stress outcomes of the family. This would allow future research to consider father involvement as a mediating variable between stress and the effects of stress on the family.

Additionally, future research should consider the effect of father involvement on the stress levels of individual members of the family, such as the child or the mother. The current study used stress measures from the family as a unit. Previous research has shown that father involvement is related to child well-being (Hoefferth, et al., 2008), however little research has been done to show how stress is affected by father involvement. Additionally, research should determine the outcomes of the stress of the child to determine if this in turn affects the child well-being.

Finally, research should be done to determine how father involvement is connected with the child’s behavior, and the resident family stress. The child effects model suggests that the conflict and distress of the parents is caused by, instead of the cause of, the child’s behavior (Flouri, 2010). It has even been suggested that the residency of fathers may be affected by a child’s temperament and behaviors (Flouri & Malmberg, 2010). Therefore, it would be beneficial to determine if the stress of the family, as well as father involvement, can be predicted by the child’s behavior. Similarly, more information needs to be known about the fathers that chose to be involved and why.
To conclude, information about father involvement is lacking overall. This is a topic that needs to be studied more due to the implications it has on families and laws related to visitation and child support. Future research must take place to determine the ideal levels of father involvement with their non-residential family. Father involvement has become more of a focus in research recently, but it is still often forgotten. This study shows the importance of studying father involvement and has shown possible implications and future research that can benefit families with single-mothers.

References


Economic pressure in African American families: a replication and extension of the family stress model. *Developmental Psychology.* 38, 179–193


Kahn, R.S., Wise, P.H., Kennedy, B.P., and Kawachi, I. (2000). State income inequality,
household income, and maternal mental and physical health: cross-sectional national survey.


Date: 3/17/2011

To: Sara Avenarius
2310 Mortensen Pkwy Unit 15
Ames, IA 50014

CC: Dr. Steve Garasky
52 LeBaron

From: Office for Responsible Research

Title: Non-Residential Father Involvement as it Relates to Residential Family Stress

IRB Num: 11-041

Submission Type: New

Exemption Date: 3/17/2011

The project referenced above has undergone review by the Institutional Review Board (IRB) and has been declared exempt from the requirements of the human subject protections regulations as described in 45 CFR 46.101(b). The IRB determination of exemption means that:

- You do not need to submit an application for annual continuing review.
- You must carry out the research as proposed in the IRB application, including obtaining and documenting informed consent if you have stated in your application that you will do so or if required by the IRB.
- Any modification of this research should be submitted to the IRB on a Continuing Review and/or Modification form, prior to making any changes, to determine if the project still meets the federal criteria for exemption. If it is determined that exemption is no longer warranted, then an IRB proposal will need to be submitted and approved before proceeding with data collection.

Please be sure to use only the approved study materials in your research, including the recruitment materials and informed consent documents that have the IRB approval stamp.

Please note that you must submit all research involving human participants for review by the IRB. Only the IRB may make the determination of exemption, even if you conduct a study in the future that is exactly like this study.