The effects of maternal employment on general health, self esteem and hopefulness in young adults (age18 to 24)

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Submitted in partial fulfilment of the requirements of the Bachelor of Arts degree (Psychology Specialization) at DBS School of Arts, Dublin.

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30th March 2012

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ACKNOWLEDGEMENTS

I would like to thank my Supervisor, Margaret Walsh for her time, support and advice throughout this research project.

I wish to offer my thanks to my family who were a great support to me.

Thanks to my friend Jennifer McCartney for all her help over the years.

I wish to acknowledge with gratitude the assistance I got from the participants and the staff in the college where the sample was obtained.

ABSTRACT

This study investigated the retrospective effects of maternal employment on young adults comparing those whose mothers were in full time employment and those who were not. Participants were 70 students from an urban college. Rosenberg's Self Esteem Scale, Snyder's Hope Scale and the General Health Questionnaire were utilised to examine the hypothesis. A quantitative cross sectional descriptive survey analysis design was employed. A series of t-tests and Pearson's Correlation were conducted. The results showed a significant difference between gender reported in general health ($t(28.816) = -2.399$, $p = .023$) in the group whose mothers were employed. There was no significant difference reported between the two groups analysed which is significant as it shows that maternal employment is not detrimental to psychological outcome in young adulthood for hope, general health and self esteem.

INTRODUCTION

When it comes to considering the rather dramatic changes that have taken place over a single generation in childrearing, perhaps none is more noteworthy than the fact that more mothers return to employment after the birth of a child and thus the ever-growing reliance upon non-maternal (Leibowitz & Klerman, 1995). This research conducts a retrospective analysis on young adults (aged 18 – 24) to establish if their early childhood experience (aged 1 – 6) of child care has had an effect on their self esteem, hope and general health. The impetus for conducting research in this area comes from the fact that more and more women with children have remained in the workforce or wish to join (rejoin) it. Participation in the labour force of women who have children has increased significantly over the past number of years. According to the Irish Central Statistics Office (CSO), labour force participation for mothers with children under 5 has continued to rise from 2000 to 2011 (Unpublished data from Central Statistics Office). Table A below details the percentage rise in labour force participation per year. Please see Appendix A for a complete breakdown of labour force participation information from CSO.

Table A

Year	Employed Mothers with children less than 5
2000	56.39452572
2001	55.02819549
2002	54.5785877
2003	53.63352653
2004	53.53143842
2005	57.46084089
2006	58.47634994
2007	59.66962127
2008	58.67579909
2009	59.50035186
2010	60.89024805
2011	62.92666441

Having a child can lead to a complete re-evaluation of a woman's domestic situation. Some will find themselves in a personal battle where the choice of staying at home versus working outside the home becomes a question which requires resolution. Society and the economy benefit from a mothers working - how mothers choose to balance their work and family responsibilities depends on their personal circumstances. These decisions cannot be determined centrally, but it is in society's wider interests to understand and develop national strategies to get the best possible solution in place for both the woman and the development of her children.

A subject of much recent debate has been should mothers be at home with young children to maximise their well-being and development? Children's early life experiences shape the development of their cognitive, social and emotional capacities that influence them in later life. Significant personal, social and economic benefits are to be gained in maximising children's positive developmental outcomes and minimising negative outcomes. The balance between work and life is different for each person. While this paper reviews the research findings of positive or negative outcomes of maternal employment it must be noted that maternal employment is only one factor of the child's life.

According to Bronfenbrenner (1917 – 2005) there are five ecological systems – the microsystem reflects early childhood and refers to the immediate surroundings of the individual (Shaffer, 2009) The surroundings of the young child between 1 and 6 care somewhat limited to the home and early life interactions – these interact consistently and will influence the child's outcome as he/she develops. This paper focuses on children's development by virtue of their mother's employment status but it is not a comprehensive study of the effect of different contexts on children's lives. The paper's conclusions about maternal employment must be read with that in mind.

Child Development Research:

It has been suggested that children's early development is largely determined by the nature and quality of their experiences in childhood (Belsky, 1988) Childhood is thought to be a period when an individual's longstanding characteristics are especially plastic and open to social influences (Maccoby, 2000). During this time parents provide almost exclusively the relationship environment in which the child spends most of their time (Maccoby, 2000). Given the brevity of early childhood, and the significance of this period on child development, parents have limited opportunity to have a positive impact on the child life (Collins et al., 2000). The earliest experiences of life are thought to be critical in shaping cognitive and socio-emotional development through their effect on the central nervous system at a receptive and sensitive time in its development (Jacobsen et al., 2002).

This research is focused on whether the mother worked during the first 6 years of the child's life because of the significant attachments which are built in this time period. Children are totally dependent on caregivers, with the development of attachment between the caregiver and the infant being crucial for the infant's survival (Carlson, 2004). The attachment with the mother builds up over the first few months of life plays a crucial role in child development through processes like socialisation and punishment (Hayes et al., 2004).

Psychologist John Bowlby describes attachment as a lasting psychological connectedness between human beings and he believed that infants are biologically predisposed to attach to the mother (Bowlby, 1969). Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life. According to Bowlby, attachment also serves to keep the infant close to the mother, thus improving the child's chances of survival. The central theme of attachment theory is that

mothers who are available and responsive to their infant's needs establish a sense of security. The infant knows that their mother is dependable, which creates a secure base for the child to then explore the world. Successful attachment is vital for positive social and emotional development which is critical in the development of self esteem and hope. Bowlby's attachment theory is a basic process which happens at a critical period in early infancy.

Belsky (2001) found evidence of poorer attachment at age one and increased aggression at age's three to eight in situations where the mother returned to work during the child's infancy. Brooks Gunn et al (2002) found that employment in the first year had detrimental effects on the cognitive and behavioural development of all children regardless of gender or poverty status. They also found that regarding behavioural development, mother care was most beneficial for boys. Simmons et al (1998) found that early childhood experiences have long term consequences in later stages of the life course whereby oppositional behavior during late childhood was as a result of reductions in quality of parenting.

Children tend to thrive when they feel loved, emotionally supported and close to their parents (Amato & Fowler, 2002) Learning theorists such as Skinner, Pavlov and Bandura believe that children are constantly learning and will bring that learning into their adult life. Feeling rushed, overwhelmed or frustrated, employed mothers may not always be able to fully attend to their children in a warm affectionate manner meaning they may not always be able to consistently enforce the rules that they set for children. They may be irritable and may sometimes take this frustration out on their children (Nomaguchi, & Milkie, 2006).

Developmental risks associated with non-maternal care initiated are asserted by many (McGurk et al 1993, Belsky 1999, Brooks-Gunn et al 2002). Some perspectives argue that full time employment prevents the mothers from engaging in adequate parenting practice and provide less nurturing and stimulating child care (Han et al 2001). There is evidence linking early child care experience with increased aggressive and disobedient behaviour (e.g. Schwarz et al, 1974). Additional evidence also links early and extensive child care experience, especially centre-based care, with elevated levels of aggression and externalizing problem behaviour (Belsky, 2001). Ruhm (2008) conducted a study investigating how maternal employment is related to the outcomes of 10 and 11 year olds and his results suggest that the mother's labour supply has damaging effects on cognitive development, obesity and possibly risky behaviours such as smoking or drinking, while reducing behaviour problems. Nomaguchi et al (2006) suggests that early maternal employment will more adversely affect boys than girls. It has also been shown that the effects of childcare on child outcomes is dependent on the nature of the care provided (Waldfogel, 2002). Ahnert and Lamb (2003) point out that non-maternal care cannot be substituted for maternal care, as it is different in nature. Lundberg et al (1997) found that maternal employment enhances the child's life – bringing greater opportunity for better parenting. Rossi and Rossi (1990) argue that children carry their childhood experiences into adulthood, regardless of the perspective.

A significant contributor to research in this area has come from the US National Institute of Child Health and Human Development (NICHD Early Childcare Research Network, 2003). The NICHD undertook a longitudinal study with an extremely large sample and included measures to enable a full and robust analysis of the effects of maternal employment (Cleveland and Krashinsky, 2003). Their study follows from birth more than 1300 children and their families. It measures the quality of child care that infants, toddlers,

and preschoolers experience, relying upon intensive and repeated observations of children's day-to-day experiences in whatever non-maternal child-care arrangements they routinely experienced when 6, 15, 24, 36, and 54 months of age. Therefore, the NICHD study is one of the most robust and comprehensive longitudinal studies (Love et al., 2003). Quality of care is an issue which features in this study with the data from the NICHD demonstrating that quality of care is a key factor. The NICHD found repeatedly that higher quality of care is associated with enhanced language and cognitive development during the first 3 years of life (Burchinal et al, 2003). An analysis of NICHD data initially showed that children of mothers employed in the child's first year had higher cognitive scores. However, once controls were included to manage other influencing factors, such as the mother's education and language skills, this study found small negative effects of maternal employment before the child was nine months (5–7 percent on a school readiness test at age three). This effect was more significant for mothers who were employed more than 30 hours each week in the child's first year (Brooks-Gunn et al 2002). Other research has indicated that in the case of children enrolled in high-quality, university-based centres during the first year of life, the more months they are enrolled through the preschool years is associated with more cooperative play and positive affect in preschool and, by middle-childhood, with greater leadership, popularity, and assertiveness (Field et al 1991).

Ahnert and Lamb (2003) suggest that evidence about the negative behavioural effects of early childhood education may not be due to the direct effects of non-maternal care, but may be due to the complex changes in children's home and early childhood education experiences, including transitions between them. Research by Lamb et al (1988) suggests that a pattern which has come through is that daughters of employed mothers have been found to have higher academic achievement, greater career success, more non-traditional career

choices, and greater occupational commitment than those whose mothers were unemployed during their formative years. In addition, sons of employed mothers in the middle class showed lower school performance and lower I.Q. scores during the grade school years than full-time homemakers. Girls with employed mothers were more likely than girls whose mothers were full-time homemakers to subscribe to the view that women as well as men can do the activities usually associated with men.

The mother's employment status does have effects on families and children, but some seem positive - higher academic outcomes for children, benefits in their behavioural conduct and social adjustment, and the higher sense of competence and effectiveness in daughters. Currie (2003) found that mothers who work tend to have characteristics that mean their children would do well anyway. Employed mothers tend to compensate for their absence in the proportion of direct interaction and in the amount of time with the child during nonwork hours and on weekends A study of middle-class German families found the mothers of children in out-of-home care compensated for the time they spent away from the children by interacting with increased intensity when they were with their children to such an extent that the total amount of attention children received was the same as for children of non-working mothers (Ahnert and Lamb, 2003)

It is clear that the mother is an important source of care then, but she doesn't have to be there 24 hours a day to build a strong relationship with her child. The amount of time isn't as important as what she brings to the relationship. Working mothers and their children share more affection between them with more maternal hugs and more expressive verbal affection (Hoffman & Youngblade, 1999). Employed mothers do not differ a great deal from nonemployed mothers in the amount of time they spend directly interacting with children

(Sayer, et al 2004). However other research indicates that mothers who work full time are associated with lower levels of monitoring of their children's behaviours (Muller 1995).

Even though there remains healthy debate about the size and meaningfulness of virtually all child-care effects, it must be remembered that a lot more children seem to be spending a significant amount of time in non-maternal child care arrangements in Ireland. This is clear from the data provided from the CSO which indicated the increase in mothers who are employed. Deckard et al (1996) found that family matters more to children's developmental wellbeing than child care. This does not mean that child-care does not matter to children's psychological and behavioural development.

Carnelley et al. (1994) demonstrated that the relation between negative childhood experiences and adult clinical depression is mediated by negative working models of the self and others. Similarly, Whisman and McGarvey (1995) found that dysfunctional attitudes of primary caretakers partly mediate the relation between attachment style and depressive symptoms. Such working models may form the foundation for dysfunctional beliefs of this kind (Beck, 1976). These dysfunctional beliefs have framed the "if then" rules concerning self-worth (e.g., 'I'm nothing if the person I care about doesn't love me;" (Kuiper & Olinger, 1986; Kuiper, Olinger, & MacDonald, 1988; Swallow & Kuiper, 1988). As long as these contingencies of self-worth are not met they may lead to plunges in self-esteem and the onset of depressive symptomatology (Olinger et al, 1987). Beck suggested that problematic parent-child relationships lead to relatively enduring, underlying attitudes and assumptions which, in turn, increase the likelihood of depression later in life (Beck et al., 1979).

Mothers working outside are less prone to depression and stress compared to the non-working mothers (Belsky 2001). Such mothers have a high level of morale which they effectively pass on to their children. They are more enriched with a sense of confidence and empowerment. Developmental psychologists on the whole will generally agree that any childrearing dimension which includes encouragement of independence, maturity demands, and autonomy granting is particularly important. There is evidence that employed mothers encourage independence in their children more so than non-employed mothers do. The encouragement of this independence is consistent with the situational demands as it enables the family to function more effectively in the mother's absence. Bronfenbrenner has suggested that encouraging independence and allowing children autonomy may have a negative effect on boys because it increases the influence of the peer group (Shaffer, 2009). The encouragement of independence and autonomy in girls, on the other hand, has a positive effect since they are traditionally given too little encouragement for independence (Belsky, 2001)

It must be considered that particular aspects of the family are affected by the mother's employment status and, in turn, affect the child e.g. the father's role, the mother's sense of well-being, and the parents' particular parenting styles. Research by Hoffman and Youngblade (1999) suggests that the father is an important contributor in the link between the mother’s employment status and child outcomes. They believe that fathers are more likely to help out in childcare and household works if their wives are working outside. Belsky et al, (1988) found that sons, but not daughters, have an elevated risk of developing insecure attachments to their fathers when mothers are employed on a full or near full time basis.

Current Research

The pace with which maternal employment rates have increased is indeed rapid and this research aims to look at the prevalence and determine the effects of it on young adults. Conducting a retrospective analysis on the effects of maternal employment for the young adult is an area of limited previous and available research and therefore this study has the potential to add value to the extensive field of knowledge in place.

The change in the prevalence of the working mother is by virtue of multifaceted social changes. Both employed mothers and homemakers today live in a very different environment than their counterparts forty years ago. There is without doubt a major social change in Ireland – but one must be cognisant that changes of such as these do not occur in a vacuum and that when considering the research on the effects of maternal employment, it is important to keep the interrelated social changes in mind. Examples of social changes include smaller family size, more educated and qualified females, marriages are less stable, life expectancy has increased, and traditional gender-role attitudes have been modified. In addition, women's roles have been reconceptualised - childrearing orientations are different, and the adult roles for which children are being socialised have changed. There is a vast amount of historic research in child development but it must be stated that some of the most proficient researchers like Bowlby, Bandura and Freud come from the mid section of the 20th century and it may not be reasonable to assume that findings from that period apply today.

Is it possible that child-care quality in the formative years of life is related to children's future adjustment? It is clear from the research mentioned already that maternal employment does have effects children, some positive in higher academic outcomes, benefits in their behavioural conduct and social adjustment. There are also some negative effects

detailed in non maternal care resulting in elevated levels of aggression and externalised behavioural problems. No research was available to the author which retrospectively assessed young adults on their current psychological wellbeing and their respective child care arrangements. This research provides an analysis of general health, self esteem and hopefulness in young adults between the ages of 18 and 24, comparing those whose mothers were in full time employment from when they were aged from 1 year to less than 6 years with those who had their mothers in the home place during this period.

Self-esteem is really a household word in modern society. It is a collection of beliefs or feelings we have about ourselves, it is self perception. Self esteem affects behaviours; it affects emotional adjustment and the development of self-esteem starts early in life. Mothers play a major part in its development, be it through reward and praise or love. The concept of success following persistence starts early. The young child's self-concept is created based on interactions with other people which is why maternal involvement is key to helping kids form a healthy self-esteem (Shaffer, 2009). Parents, professionals, counsellors have all come around to this frame of mind and now focus their efforts on building self-esteem within children. Rosenberg's Self Esteem scale (Rosenberg, 1965) is used to measure self-esteem. It has been found that high levels of self esteem contribute to positive mental health (Hayes et al, 2004; Baumeister et al, 2003). The premise of this is that high self-esteem will result in positive outcomes and benefits. Low self-esteem has been found to be associated with anxiety and depression and increased levels of sadness in young adults, whereas those with higher self-esteem score highly on indices of adjustment, including measures of subjective well being, occupational success and active coping strategies. (Heaven & Ciarrochi, 2008, p207). Previous research has demonstrated that low self esteem negatively impacts ones psychological well being and overall life satisfaction (Abe, 2004).

Hope promotes the belief in a positive outcome, it is a feeling within that all will be ok or will turn out well. Hope is looking to the future and feeling good or confident. Snyder (2000) believes that hope is cultivated when we have a goal in mind, when we feel determined that a goal can be reached, and we create plans on how best reach the goals. Hope enables people to approach problems with a focus on success, thereby increasing the probability that they will attain their goals (Conti 2000). Promoting that hopeful outlook in children is of course a priority for mothers and is very much interlinked with the development of self esteem – having the belief that you can achieve the goals you set. The Adult Hope Scale (Synder, 2000) is used to measure a person's global level of hope and it is designed for use with adults. Snyder proposed that hope serves to drive the emotions and well-being of people. Hope is defined as the process of thinking of about ones goals, along with the motivation to move toward those goals (agency) and the ways to achieve those goals (pathways) (Synder 1995). A study by Marques et al (2007) supports Synders research in how caregivers foster hope development in children by identifying a significant positive correlation between children's hope and their respective guardians. This study found that the higher a child's hopeful thinking is, the more positively it is associated with perceived competence and self-esteem or self-worth, and negatively associated with symptoms of depression (Snyder, 1997).

Mental health describes our social, emotional, and psychological states, all wrapped up into one. Having a "good" mental health is really having a balance in the social, emotional and psychological areas of life. The General Health Questionnaire (GHQ12) (Goldberg, 1991) is a scale used to quantify the risk of developing psychiatric disorders. It is a measure of the common mental health problems and considers domains of depression, anxiety, somatic symptoms and social withdrawal. It aims to detect individuals with a diagnosable psychiatric disorder and is the most extensively used screening instrument for common mental disorders.

Experiences in childhood can contribute to the development of negative core beliefs which may have later affects on mental health (Hayes et al., 2004). Therefore, if the child perceives the working mother to have in some way abandoned him/her in terms of attachment, then this could be held onto in adult life and result in poor mental health. Research conducted has reported that a warm caring parenting practice in childhood increases psychological well being in young adults (Restifo et al, 2009).

Each of the three variables assessed in this thesis represent what the author believes a mother would most like to provide for her child. If a child develops high self esteem, high levels of hopefulness and a good mental health they can go forward in their life prepared to combat anything and promoting that outcome is the very best a mother can do for her child. This research is interesting because it provides the reader with a deeper insight into what the perceived effects of child care are by virtue of it being maternal or non maternal. This is an issue which will either directly or indirectly affects most people, by virtue of having children, working with those who have children, development of policy and strategy to gain the most satisfactory outcome from staff with children or just a general concern for the future wellbeing of society. Women are expected to have children, to be 'good' mothers and be there for their children, and are expected to compete in, and contribute to, the workforce using the skills and knowledge they have acquired through education and work experience. This research will provide the reader with a better understanding of the potential psychological ramifications of child care for young adults.

This research was compiled from the distribution of a questionnaire to a random sample of students in an urban population. The aim of the research is to investigate the relationship between maternal versus non maternal primary care of young children in their psychological dispositions of self esteem, hope and general mental health in young

adulthood. The premise being that there will be a significant difference in the results between working and non-working mother between each variable assessed and the type of care they received. The hypothesis being as follows:

H1: There will be a significant difference between the levels of Self Esteem, General Health and Hope between each gender for groups whose mothers were in full time employment

H2: a: There will be a significant difference in Self Esteem between those young adults with mothers at home and those who had mothers in full time employment.

b: There will be a significant difference in General Health between those young adults with mothers at home and those who had mothers in full time employment.

c: There will be a significant difference in Hope between those young adults with mothers at home and those who had mothers in full time employment.

H3: There will be a significant relationship in levels of Self Esteem, General Health and Hope in young adults whose mothers were in full time employment when they were between the ages of 1 and < 6years

The research results shall be analysed by conducting a series of descriptive and inferential tests which will detail if there is any significant differences in relation to hope, general health and self-esteem between young adults whose mothers were in full time employment in early childhood and those whose mothers were not.

METHOD

Materials

The research materials used for this study consisted of a 35 item questionnaire that use three different pre-existing psychological measures - the Rosenberg's Self Esteem scale (Rosenberg, 1965), The Adult Hope Scale (Synder, 2000) and The General Health Questionnaire (Goldberg, 1991). Each of the scales included clear instructions as to the correct way in which to answer the questionnaire. The questionnaire included a demographic section which was concerned with personal information such as the age and gender. The questionnaire asked a number of questions to gather opinions and information from the participant. For the group whose mothers were in full time employment the questions asked were; Question 1: "What was the reason your mother worked", with three answers available Financial, Personal Choice and Other with a free text area. Question 2 was: "Do you feel that your mother working had an impact on you" and this question offered three possible answers which were positive impact, negative impact or no impact. Question 3 was: "Who was your primary carer was while your mother was in work". This question offered five possible answers Father, Grandparent, Other Relative, Crèche, and Childminder. Question 4: "If you have children now or in the future, would you choose to work". In the group whose mothers were at home with them four questions were asked – Question 1: "As far as you were aware, what was the reason your mother didn't work". The participants were offered three options – Personal Choice, No Employment Opportunities, Other (with a free text field). Question 2 was "Was your mother your full time carer during these years". Question 3 for this group was "Do you feed that your mother being at home had a positive impact, negative impact or no impact on you". Question 4 was: "If you have children now or in the future, would you choose to work".

Attached to each questionnaire was a statement that guaranteed the confidentiality of the answers, thus encouraging honesty from the participants. In addition to this there was also an advisory leaflet detailing a support helpline should any participant be negatively affected by the questions in the questionnaire. (See Appendix B for questionnaire)

The General Health Questionnaire (GHQ12) (Goldberg, 1991) is a scale used to quantify the risk of developing psychiatric disorders. In this case the GHQ 12 will be used. This 12 item General Health Questionnaire is a self administered screening questionnaire designed for use in consulting settings. Developed as a screening tool to detect those likely to have or be at risk of developing psychiatric disorders, it is a measure of the common mental health problems and considers domains of depression, anxiety, somatic symptoms and social withdrawal. It aims to detect individuals with a diagnosable psychiatric disorder and is the most extensively used screening instrument for common mental disorders. The questionnaire was originally developed as a 60-item instrument but for this research study a shortened version of the questionnaire the GHQ-12 was used (See Appendix B). The scale asks whether the respondent has experienced a particular symptom or behaviour recently. Each item is rated on a four-point Likert scale (less than usual, no more than usual, rather more than usual, much more than usual). With the GHQ-12 it gives a total score of 36 or 12 based on the selected scoring methods. The higher the individuals score on the GHQ the worse the individuals health status is. It is an established measure of transitory distress and uses a Likert scoring scale of 1, 2, 3, and 4 with a mean score of three or higher indicating significant distress. The GHQ-12 has excellent psychometric properties as a screening instrument for psychiatric disorders in nonclinical settings (Goldberg & Williams, 1988)

Rosenberg's Self Esteem scale (RSES) (Rosenberg, 1965) which is used to measure of self-esteem. It contains 10 statements which are rated highly only by people with high self-esteem. It was designed to be a Gutman scale, which means that the RSES items were to represent a continuum of self-worth statements ranging from statements that are endorsed even by individuals with low self-esteem to statements that are endorsed only by persons with high self-esteem. Rosenberg (1965) scored his 10- question scale that was presented with four response choices, ranging from strongly agree to strongly disagree. The first item included questions 1 through 3 and received a positive score if two or three of its questions were answered positively. Questions 4 and 5 and questions 9 and 10 were aggregated into two other items that were scored positively, if both questions in the item had positive answers. Questions 6 through 8 counted individually formed the final three items. For the negatively worded RSE questions, responses that expressed disagreement and, hence, were consistent with high self-esteem, were considered positive. The RSES has excellent reliability and validity, and provides a good indication of general rather than specific views of the self (Heaven and Ciarrochi, 2008).

The Adult Hope Scale (Synder, 2000) is a 12 item self report inventory designed to access an individual's level of hope with a goal setting framework. Four of the twelve items measure pathway-planning to meet goals (1, 4, 6, 8); four items measure agency goal directed energy (2, 9, 10, 12), and four items are distracters or fillers (3, 5, 7, 11). Participants respond to each item using an 8-point Likert scale (ranging from definitely false to definitely true) to indicate how well the statement describes an individual. The sum of these answers provides the Hope Score. The Adult Hope Scale has demonstrated extremely good levels of reliability with Snyder et al, (1991) demonstrating evidence to support the reliability by the test-retest

statistics which they report as being .80 or above for time periods of up to 10 weeks when sampling student populations.

Participants

A total of 70 participants (males – 24, Females- 46) completed the questionnaire. Each participant was within the age range of 18 -24 years (M = 20.14, SD = 2.016). In the sample two distinct groups were represented:

Group 1: those participants aged between 18 and 24 whose mothers were in full time employment when they were aged between 1 and 6. There were 31 participants in this group.

Group 2: those participants aged between 18 and 24 whose mothers were not in full time employment when they were aged between 1 and 6. There were 39 participants in this group.

The population of the sample were drawn from an urban College in Dublin and participants were randomly chosen based on their willingness to participate.

Design

An independent samples design was also employed to investigate gender differences in self esteem, hope and general health. The predictor variable was gender and the criterion variables were self esteem, hope and general health.

The design was employed to investigate differences in self-esteem, hope and general health wherein the predictor variable was the mother's employment status and the criterion variables were self-esteem, hope and general health levels.

A quantitative cross sectional descriptive survey analysis design was employed for this study of self esteem, hope and generally health. The variables were self esteem, hope, general health, if mother worked or not when aged between 1 and 6.

Procedure

Written permission to distribute the questionnaire was obtained prior to the event from the college. The questionnaires were distributed to students in an urban College. The participants were approached and asked if they would fill out a questionnaire. The cover sheet introduced the study. Participants were asked not to pause for too long over any one question and to be as honest as possible. They were also informed that there was no right or wrong answers to the questions and anonymity was assured. Participants were asked to complete all questionnaires and to include the demographics of age, gender, and also answer a number of questions regarding their opinion. A detachable leaflet was provided detailing support services available in the event that the questions asked had an effect on the participants. Participants were then thanked for taking part in the research project.

Data Analysis

A number of statistical tests were employed to measure for statistical significance and differences between variables identified in this study. The data was entered and analysed using the Statistical Package for Social Science (SPSS) version 18.0. The statistical analyses of data included:

- Descriptive statistics i.e. mean and standard deviation.
- Inferential statistics i.e. Pearson's Correlation, Independent t-tests

RESULTS

The results of the research are set out below:

In this research the aim was to assess the levels of self esteem, hope and general health in young adults by making a comparison between those whose mothers worked in a full time capacity and those who didn't work when they were aged between 1 and 6.

Descriptive Statistics

Descriptive statistics were used to describe the basic features of the data in the study. Seventy questionnaires were returned completed. Descriptive statistics demonstrated that the sample in this study was 70 participants, 31 whose mothers were in full time employment and 39 whose mothers were not in full time employment.

Specific Questions – Where Mother was in Full Time Employment

Four questions were asked of the group whose mothers were in full time employment (N=31).

Question 1: "What was the reason your mother worked", and offered three possible answers available i.e. Financial, Personal Choice and Other with a free text area. 77% selected the financial option while only 23% selected the personal choice option. No participant selected the other option.

Question 2: "Do you feel that your mother working had an impact on you" and this question offered three possible answers which were - positive impact, negative impact or no

impact. 68% felt that their mother working had a positive impact on them, 6% felt it had a negative impact while 26% felt that their mother working at this time had no impact on them.

Question 3: "Who was your primary carer was while your mother was in work". This question offered five possible answers i.e. Father, Grandparent, Other Relative, Crèche, and Childminder a number of options provided. The below table summarises the results:

Primary Care Giver	**Percentage**
Father	29%
Grandparent	13%
Other relative	16%
Crèche	26%
Childminder	16%

Question 4: "If you have children now or in the future, would you choose to work". 93.5% of the participants stated that they would.

Specific Questions – Where Mother was in Full Time Employment

Four questions were asked of the group of participants whose mothers were not in full time employment (N=39).

Question 1: "As far as you were aware, what was the reason your mother didn't work". The participants were offered three options – Personal Choice, No Employment Opportunities, Other (with a free text field). 66.7% stated that this was a personal choice to

not work, 12.8% stated that there were no employment opportunities while 20.5% state other reason.

Question 2: “Was your mother your full time carer during these years”. 87.2% of participants in this group answered yes and 12.8% answered no.

Question 3: “Do you feed that your mother being at home had a positive impact, negative impact or no impact on you”. 92.3% stated that it had a positive effect, 2.6% stated it had a negative effect and 5.1% stated no impact.

Question 4: “If you have children now or in the future, would you choose to work” A majority of participants 71.8% stating that they would.

Inferential Statistics

Hypothesis 1 stated that there would be differences in levels of self esteem, general health and hope between males and females, between groups whose mothers were in full time employment. An independent samples t-test was conducted to compare the levels of hope for males and females in the group whose mother was in full time employment. No significant differences (t (29) = -.920, p = .365) for males (M = 67.6250, SD = 7.40536) and females (M = 70.3913, SD = 7.29719) were reported. These results suggest that hope levels are not significantly different between genders when the mother worked. An independent samples t-test was conducted to compare the self esteem levels of males and females in the group whose mother was in full time employment. Furthermore there was no significant difference (t (29) = .192, p = .849) in the scores for males (M = 21.500, SD = 2.56348) and females (M = 21.2174, SD = 3.84893) were reported. Similarly these results suggest that self

esteem levels are not significantly different between either gender when the mother worked. Another independent samples t-test was conducted to compare the general health levels of males and females in the group whose mother was in full time employment. However there was a significant difference in the scores (t (28.816) = -2.399, p = .023) for males (M = 25.1250, SD = 1.35620) and females (M = 27.6522, SD = 4.49857). This would suggest that general health levels are significantly different between genders when the mother worked with males scoring lower than females on general health when the mother worked. This suggests that when the mother worked females had poorer general mental health in young adulthood.

Hypothesis 2 is divided into three sub categories:

2a: There will be a significant difference in Self Esteem between those young adults with mothers at home and those who had mothers in full time employment.

2b: There will be a significant difference in General Health between those young adults with mothers at home and those who had mothers in full time employment.

2c: There will be a significant difference in Hope between those young adults with mothers at home and those who had mothers in full time employment.

An independent samples t-test was conducted to compare self esteem levels in the group whose mother was in full time employment and the group whose mothers was not in full time employment. No significant differences (t (68) = = 1.444, p = .153) for the group whose mother was in full time employment (M = 21.2903, SD = 3.52320) and for the group whose mother were not in full time employment (M = 19.8718, SD – 4.47319) were reported. The results suggest that regardless of the mother's employment status, there is no significant

difference in self esteem levels in the two groups of young adults surveyed. An independent samples t-test was conducted to compare general health levels between the two groups. No significant differences (t (68) = .329, p = .743) for the group whose mother was in full time employment (M = 27, SD = 4.06612) and for the group whose mother was not in full time employment (M =26.7179, SD = 3.10304) were reported. The results suggest that regardless of the mother's employment status, there is no significant difference in general health levels in the two groups of young adults surveyed. An independent sample t-test was used to compare hope levels between the two groups. No significant differences (t (68) = -.707, p = .482) between the group whose mother was in full time employment (M=69.6774, SD = 7.30473) and for the group whose mother was not in full time employment (M = 70.8462, SD = 6.50319) was reported. The results suggest that regardless of the mother's employment status, there is no significant difference in hope levels in the two groups of young adults surveyed.

Hypothesis 3 stated there will be a significant relationship in levels of Self Esteem, General Health and Hope in young adults whose mothers were in full time employment when they were between the ages of 1 and <6years. To test this hypothesis a Pearson's Correlation Coefficient was conducted with the variables hope and self-esteem, hope and general health and finally self esteem and general health. In regards to hope and self esteem in this group, a negative non-significant correlation was reported (r = -.202, N = 31, p = .275) suggesting that within this group, rating surrounding feelings of hope are not significantly related to self esteem. With regard to hope levels and general health levels in this group, there was a weak relationship reported (r = .020, N = 31, p = .914) but the results are not significant which suggests that feelings of hope do not significantly relate to levels of general health. Finally with regard to self esteem levels and general health levels in this group there

was a negative non-significant correlation reported (r =-.135, N = 31, p = .469) suggesting that self esteem levels are not significantly related general health levels.

DISCUSSION

Previous research on the effects of maternal employment has concentrated on the experiences and outcomes within childhood. The links between early and extensive child care experience with elevated levels of aggression and externalizing problem behaviour are asserted by many, (Belksy 2007, Brooks-Gunn et al 2001, Simmons et al 1998, Schwarz et al 1974). The research of this thesis was developed on the basis of the aforementioned theorists, but it looked specifically at the psychological well being of young adults.

When conducting research for this thesis it became clear that investigations which specifically explored the effects of maternal employment on young adults retrospectively is sparse. The aim of the current research was therefore to investigate whether a mother working during the first six years of childhood would contribute to the young adult's levels of self esteem, hope and/or general health. The research looked at participants currently aged between 18 and 24 in two distinct groups - those whose mothers were in full time employment and those whose mothers were not in full time employment when they were between 1 and 6 years old. Levels of Self Esteem were measured using the Rosenberg Self Esteem Scale which is one of the most widely used and well validated self report measures of global self esteem. Levels of Hope were measured using the Synder Hope Scale which is a 12 item self report inventory designed to access an individual's level of hope with a goal setting framework, and General Health was measured using the General Health Questionnaire – this was used to demonstrate the levels of well-being and has been used in a variety of settings whereby validity and reliability has been established.

The predicted conclusion of this study was that there would be a difference in self esteem, general health and hope for those participants whose mothers were in full time employment and those who were didn't.

The first hypothesis of this study stated there will be a significant difference between the levels of Self Esteem, General Health and Hope between males and females for the group whose mothers were in full time employment. There is no significant difference between males and females on hope levels when the mother was in full time employment for males and females. There is also no significant difference reported between self esteem levels when the mother was in full time employment for males and females. Regarding general health, there is a significant difference between males and females in that males are lower than females on general health when the mother worked. In the General Health Questionnaire, a lower score is equal to a more positive the psychological outcome. What this means is that in terms of the group whose mother was in full time employment while they were children, there is no indication that the males will achieve a more positive psychological outcome in terms of self esteem and level of hope. However, in the general health variable, males scored lower than females leading to males achieving better mental health than females in the group whose mothers were in full time employment.

A psychologically healthy person is capable of thinking clearly, developing socially and learning new skills with ease. The General Health Questionnaire is a measure of the common mental health problems and considers domains of depression, anxiety, somatic symptoms and social withdrawal. The impact of this for the participants surveyed is significant as a person with psychological problems may experience disruptions in their developmental and educational tasks and as a result, may not be able to perform well. The

results of this analysis suggest that a substantial portion of the females have the potential to develop and experience psychological problems. The fact that their mother worked in full time employment when they were between 1 and >6 has put a significant number of participants at risk of psychological distress. It must be noted that the GHQ-12 is only a screening tool but the present findings would be a cause for concern. The results corroborate previous research conducted by Brooks – Gunn et al (2002) and Hoffman et al (1999) who found that there was a gender difference in that non maternal care.

The second hypothesis stated that there will be a significant difference in Self Esteem, General Health and Hope between those young adults with mothers at home and those who had mothers in full time employment when they were aged 1 - >6. The results show that in the hope scale the group whose mothers worked they had slightly higher hope levels than those who didn't, but not significantly so. Regarding self esteem the result indicates that people that's mothers worked have a slight variation in self-esteem levels but not significantly so. Finally regarding general health there is no significant difference. What this fundamentally and quite significantly means is that there is no different outcome in psychological well being regardless of whether the mother worked in full time employment or not. This result is substantial in itself given that there is numerous research that suggests maternal employment will have detrimental affects on the cognitive and behavioural outcome of the child (Belksy 2007, Brooks-Gunn et al 2001, Simmons et al 1998, Schwarz et al 1974). The results of this study challenge the negative association held by some that non maternal care can have negative effects of child outcomes as there was not significant difference in the levels of self esteem, hope and general health when comparing the two groups.

In researching material for this thesis, it is clear that maternal and non maternal child care does matter to children's psychological and behavioural development in childhood, and we know that more and more children are spending time in non maternal care in Ireland. However, the current study indicates that the effects experienced by children may not have a negative consequence in young adulthood in terms of self esteem, hope and general health. What is interesting about the two groups surveyed is that when they were asked about the impact of there mothers employment or non employment status on them, 92.3% of those whose mothers didn't work stated that it had a positive effect, 68% of those whose mothers worked in full time employment felt that their mother working had a positive impact on them. These results are significant for both groups in that a high proportion of the participants felt there was a positive impact on them, but it must be noted that the group whose mothers didn't work achieved a very significant result. In terms of further study, it may be interesting to explore this further to establish what the perceived positive affect was.

The third hypothesis examined the levels of self esteem, general health and hope in young adults whose mothers were in full time employment when they were between the ages of 1 and <6years. The expected outcome was that a significant relationship would exist between these variables. To test this hypothesis a Pearson's Correlation was conducted and the results indicated that no significant relationship existed between hope and self esteem, hope and general health, and self esteem and general health. This means that the variables are not dependant on each other i.e. one can have low self-esteem and still be quite hopeful. Interestingly, and although not hypothesised, the same dynamic existed in the group whose mothers were not in full time employment. This is somewhat unusual as one would expect there to be a relationship between the three variables researched which would corroborate Snyder's results in that a child's higher hopeful thinking is positively associated with self-

esteem or self-worth and negatively associated with symptoms of depression (Snyder, et al, 1997).

In assessing the results in general it is interesting to discover that regardless of whether the mother worked or not, the outcomes remained almost universal for both groups. It is well established that returning to work for mothers is often an emotionally challenging experience. There are concerns over the type of care chosen and whether it is the best option for the child. Concerns also exist in relation to separation from the child for long periods. Of all the impediments to a mother, guilt is very prominent. Mothers often try to compensate for the lack of time at home by parenting much more in the shorter time frame they have available with their child. The mother will blame herself for what she feels is the child's deprivation. These feelings of guilt signal the deep emotional attachment and sense of responsibility the mother feels towards the child. Attachment is a concept which mothers become familiar with from the moment of birth, and obtaining the most secure attachment with the child will provide the best outcomes (Bowlby, 1969). This research clearly identifies that the effect of maternal employment has limited outcomes in terms of self esteem, hope and general health for the child on a long term basis and therefore this research has the potential to aid the distress the working mother bears.

Although not hypothesised, the author was interested to delve deeper into the dynamics of the type of care that the child of the working mother was in to see if any statistical difference existed in terms of self esteem, hope and general health with regard to the type of care the child was placed in. An independent t-test was conducted which resulted in no significant difference being identified for self esteem levels, hope levels and general health levels when the young adult had his/her father (N–9) , grandparent (N-4), crèche (N-

8), or childminder (N-5) as his/her care provider. The sample size was small for each group and it may be interesting to further research this with a larger population.

An indicator of the impact of the maternal employment or non employment is answered by virtue of the final question posed in the survey. This survey asked both groups "if you have children now or in the future, would you choose to work". Where the mother was employed, 93.5% of participants stated that they would choose to work. In the group whose mother was at home, a significantly high proportion 71.8% also stated that they would choose to work. This result indicates that the ethos of society has changed and young people now feel a work ethic which has developed in line with the aforementioned social changes such as more educated and qualified females, and traditional gender-role attitudes being modified, women's roles have been reconceptualised, childrearing orientations are different, and the adult roles for which children are being socialised have changed.

Limitations

The weakness of this study rests with the fact that the duration between the mother's employment status and child outcome as determined by the psychological assessment in young adulthood provided in this study is a long one - there are many steps a child takes in between these age groups and therefore the influence of the young adults outcome can only be assumed. In addition to this the sample size was quiet small as there were only 70 participants. All of the participants were from an urban college environment so therefore the participants may not be representative of the general population. In addition to that there was an unequal distribution of males and females.

Further Research

Belsky (2003) believed that whether or not a child is disadvantaged by maternal employment largely depends on the quality of the alternative care relative to the quality of maternal care. The additional research identified no significant differences in this sample; however the sample size for each group was very small. This may be an area which could be further developed through research because it is sometimes assumed that for very young children a home-like environment with friends or relatives is better for children than formal early childhood education environments. It may be interesting to look at the type of child interactions the child engages in rather than the type of care – be it family, crèche etc. This is interesting as there are numerous theoretical assumptions made for the type of alternative care; with Ahnert and Lamb (2003) pointing out that non-maternal care cannot be substituted for maternal care, as it is different in nature. Belsky (2001) also points our the virtually all of the work highlighting the risks associated with early and continuous child care can be critics because of its failure to take into account the quality of care.

Snyder (1994) stated that caregivers foster hope development in children and found a significant and positive correlation suggesting that guardian hope may be related to the development of children's hope. Perhaps an area of future study could be to establish if there is any significant relationship between the hope levels of the mother in relation to the hope level of the young adults surveyed. This would also be interesting in terms of self esteem and general health.

In addition to this, further studies could potentially examine a larger sample which is obtained from a cross section of society – the population selected for this survey may not be a true representative of general society.

Conclusion

The reviewed research indicates that the consequences of not providing favourable environments for children are likely to be negative for the child in childhood. With regard to the long-term impact of maternal employment, the direction of this research suggests maternal employment has no significant negative or positive effects on young adults retrospectively in terms of self esteem and hope although there is a significant difference between males and females in that males are lower than females on general health when the mother worked. Even though a significant difference was found between males and females in the group whose mothers worked, there was no significant difference when general health was analysed against the two groups. The fact that there is a significant result for general health is interesting and indicates that a portion of the females surveyed have the potential to develop and experience psychological problems. However, it must be noted that the GHQ-12 is only a screening tool and may not tap into the severity of mental disturbances. With regard to self esteem and hope, the results suggest that if there are any negative effects of maternal employment in the first 6 years of childhood they are probably offset by later life experiences.

In considering the effects of maternal employment retrospectively it must be remembered it is the combination of factors in the various contexts of children's lives that have an impact on their development, not any one factor alone. However, the outcome of the participants surveyed indicates that regardless of the mother's employment status, the psychological outcome is not detrimental. This is positive because our ever changing society which only recently accepted women as the equal of men is becoming more and more resourced by the working mother. Bearing in mind that until recently women with demanding careers didn't have children, there is a major shift which is removing the responsibility for Ireland's children from the mother alone. This research can add to the substantial information

available which presumes that maternal employment is detrimental and if nothing else can aid a shifting view which reflects that mothers need not burden themselves with guilt. In other words, it appears from the research conducted that a mother's role in children's developmental wellbeing creates an almost standard outcome in terms of self esteem, hope with the only significant impact being in terms of males experiencing lower general health. The more women who participate in politics and business, the more they will give a voice to the needs of women and their families. At the end of the day, a happy and healthy child in a low stress family or child care environment will develop and are more likely to contribute positively to society.

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Appendix A

Central Statistics Office -

QNHS Q22000cq - Estimated female members of family units where the female has at least one child aged under 5 years classified by ILO Economic Status

	1 In employment	2 Unemployed	3 Not economically active	Total
	Thou	Thou	Thou	Thou
a Does not have at least one child aged under 5	574.3	25.7	693.5	1293.5
b Has at least one child aged under 5	112.7	6.8	92.4	211.9
Total	687	32.5	785.9	1505.4

QNHS Q22001cq - Estimated female members of family units where the female has at least one child aged under 5 years classified by ILO Economic Status

	1 In employment	2 Unemployed	3 Not economically active	Total
	Thou	Thou	Thou	Thou
a Does not have at least one child aged under 5	597.8	23.7	699.8	1321.3
b Has at least one child aged under 5	113	4.1	95.7	212.8
Total	710.8	27.8	795.5	1534.1

QNHS Q22002cq - Estimated female members of family units where the female has at least one child aged under 5 years classified by ILO Economic Status

	1 In employment	2 Unemployed	3 Not economically active	Total
	Thou	Thou	Thou	Thou
a Does not have at least one child aged under 5	622.7	26	701.6	1350.3
b Has at least one child aged under 5	114.6	5.2	99.8	219.5
Total	737.3	31.1	801.4	1569.8

QNHS Q22003cq - Estimated female members of family units where the female has at least one child aged under 5 years classified by ILO Economic Status

	1 In employment	2 Unemployed	3 Not economically active	Total
	Thou	Thou	Thou	Thou
a Does not have at least one child aged under 5	639.9	28	705.7	1373.6
b Has at least one child aged under 5	115.8	4.5	103.9	224.3
Total	755.8	32.6	809.6	1597.9

QNHS Q22004cq - Estimated female members of family units where the female has at least one child aged under 5 years classified by ILO Economic Status

	1 In employment	2 Unemployed	3 Not economically active	Total
	Thou	Thou	Thou	Thou
a Does not have at least one child aged under 5	657.7	26.4	708.4	1392.5
b Has at least one child aged under 5	119.1	5.2	107.9	232.2
Total	776.8	31.6	816.2	1624.7

QNHS Q22005cq - Estimated female members of family units where the female has at least one child aged under 5 years classified by ILO Economic Status

	1 In employment	2 Unemployed	3 Not economically active	Total
	Thou	Thou	Thou	Thou
a Does not have at least one child aged under 5	692.3	29.7	695.1	1417.2
b Has at least one child aged under 5	132.3	7.1	103.2	242.6
Total	824.6	36.8	798.4	1659.8

QNHS Q22006cq - Estimated female members of family units where the female has at least one child aged under 5 years classified by ILO Economic Status

	1 In employment	2 Unemployed	3 Not economically active	Total
	Thou	Thou	Thou	Thou
a Does not have at least one child aged under 5	727.9	33.7	697.5	1459.2
b Has at least one child aged under 5	133.1	6.6	99.2	238.9
Total	861.1	40.3	796.7	1698.1

QNHS Q22007cq - Estimated female members of family units where the female has at least one child aged under 5 years classified by ILO Economic Status

	1 In employment	2 Unemployed	3 Not economically active	Total
	Thou	Thou	Thou	Thou
a Does not have at least one child aged under 5	765.1	36.2	691.1	1492.4
b Has at least one child aged under 5	142.1	6	100.1	248.2
Total	907.3	42.2	791.2	1740.7

QNHS Q22008cq - Estimated female members of family units where the female has at least one child aged under 5 years classified by ILO Economic Status

	1 In employment	2 Unemployed	3 Not economically active	Total
	Thou	Thou	Thou	Thou
a Does not have at least one child aged under 5	774.2	36.8	699.9	1511
b Has at least one child aged under 5	148.4	5.8	108.6	262.8
Total	922.7	42.6	808.5	1773.7

QNHS Q22009cq - Estimated female members of family units where the female has at least one child aged under 5 years classified by ILO Economic Status

	1 In employment	2 Unemployed	3 Not economically active	Total
	Thou	Thou	Thou	Thou
a Does not have at least one child aged under 5	731.2	63.9	707.4	1502.6
b Has at least one child aged under 5	155.3	13.8	115.2	284.2
Total	886.5	77.7	822.6	1786.8

QNHS Q22010cq - Estimated female members of family units where the female has at least one child aged under 5 years classified by ILO Economic Status

	1 In employment	2 Unemployed	3 Not economically active	Total
	Thou	Thou	Thou	Thou
a Does not have at least one child aged under 5	701.6	75.8	715.9	1493.2
b Has at least one child aged under 5	161.4	17.8	115.1	294.3
Total	863	93.6	831	1787.5

QNHS Q22011cq - Estimated female members of family units where the female has at least one child aged under 5 years classified by ILO Economic Status

	1 In employment	2 Unemployed	3 Not economically active	Total
	Thou	Thou	Thou	Thou
a Does not have at least one child aged under 5	685.1	78.8	724.3	1488.3
b Has at least one child aged under 5	166.2	20	109.7	295.9
Total	851.3	98.8	834	1784.2

Appendix B

Dublin Business School of Arts
Undergraduate Research Questionnaire

14th December 2011

Dear participant,

I am currently completing a B.A. Psychology degree with Dublin Business School of Arts, and as part of my final year I am required to complete a research project. The area that I am examining is the affect of maternal employment on a child's future development.

I am asking for your assistance in my research project by completing the questions attached, which should take approximately 15 minutes to complete. There are no right or wrong answers to the questions asked.

Participation in this research is entirely voluntary. Each individual response will be completely confidential. All questionnaires are anonymous, so your answers cannot be traced back to you. Only summary level overall findings will be reported. If you have any questions, or would like to find out more about my research please feel free to contact me on (01) [redacted]

I hope you will be able to take the time to complete and return this questionnaire. As I am working to strict deadlines I would be grateful if you would return the questionnaire as quickly as possible.

My research would not be possible without your help, so I am truly grateful for your time.

Many Thanks

Brenda Fields

This questionnaire should only be completed by persons currently aged between 18 and 24 years of age whose mother lived with them between the ages of 1 and 6 years.

PART 1

Male _____

Female _____

Age: _____

When you were aged between 1 and 6 years old – was your mother in full time employment

Yes _____ **Please go to page 4**

No _____ **Please go to page 5**

This section should be completed if your mother <u>was</u> in full time employment when you were aged between 1 and 6 years old

If your mother **was** in full time employment – what was the reason your mother worked?

Financial _____

Personal Choice _____

Other – please specify _____

Who was your primary carer while your mother was in work?

Father _____

Grandparent _____

Other Relative _____

Crèche _____

Child Minder _____

Other (please specify) _____

Do you feel that that your mother working outside the home in these years had a:

- Positive impact on your life _____
- Negative impact on your life _____
- No impact on your life _____

Please state why

_____

_____

Please go to page 6 and complete part 2, 3, 4 and 5 of the questionnaire

This section should be completed if your mother <u>was not</u> in full time employment when you were aged between 1 and 6 years old

If your mother **was not** in full time employment – was she in the home place?

Yes _____

No _____

Was your mother your full time carer in these years?

Yes _____

No _____

As far as you are aware, what was the reason your mother did not work full time?

No employment opportunities _____

Personal Choice _____

Other – please specify _____

Do you feel that that your mother being at home with you for these years had a:

- Positive impact on your life _____
- Negative impact on your life _____
- No impact on your life _____

Please state why

_____

_____

Please go to page 6 and complete part 2, 3, 4 and 5 of the questionnaire

PART 2

Must be completed by all participants

Read each item carefully. Using the scale shown below each question, please select the answer that best describes you by ticking the box:

I can think of many ways to get out of a jam

Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

I energetically pursue my goals

Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

I feel tired most of the time

Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

There are lots of ways around any problem

Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

I am easily downed in an argument

Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

I can think of many ways to get the things in life that are important to me

Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

I worry about my health

Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

Even when others get discouraged, I know I can find a way to solve the problem

Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

My past experiences have prepared me well for my future

Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

I've been pretty successful in life

Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

I usually find myself worrying about something

Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

I meet the goals that I set for myself

Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

PART 3
Must be completed by all participants

Read each item carefully. Using the scale shown below each question, please select the answer that best describes you by ticking the box:

I feel that I am a person of worth, at least on an equal plane with others

Strongly Agree	Agree	Disagree	Strongly Disagree

I feel that I have a number of good qualities

Strongly Agree	Agree	Disagree	Strongly Disagree

All in all, I am inclined to feel that I am a failure

Strongly Agree	Agree	Disagree	Strongly Disagree

I am able to do things as well as most other people

Strongly Agree	Agree	Disagree	Strongly Disagree

I feel I do not have much to be proud of

Strongly Agree	Agree	Disagree	Strongly Disagree

I take a positive attitude toward myself

Strongly Agree	Agree	Disagree	Strongly Disagree

On the whole, I am satisfied with myself

Strongly Agree	Agree	Disagree	Strongly Disagree

I wish I could have more respect for myself

Strongly Agree	Agree	Disagree	Strongly Disagree

I certainly feel useless at times

Strongly Agree	Agree	Disagree	Strongly Disagree

At times I think I am no good at all

Strongly Agree	Agree	Disagree	Strongly Disagree

PART 4
Must be completed by all participants

Read each item carefully. Using the scale shown below each question, please select the answer that best describes you by ticking the box:

Have you recently - been able to concentrate on whatever you're doing

Better than usual	Same as usual	Less than usual	Much less than usual

Have you recently - lost much sleep over worry

Better than usual	Same as usual	Less than usual	Much less than usual

Have you recently - felt that you are playing a useful part in things

Better than usual	Same as usual	Less than usual	Much less than usual

Have you recently - felt capable of making decisions about things

Better than usual	Same as usual	Less than usual	Much less than usual

Have you recently - felt constantly under strain

Better than usual	Same as usual	Less than usual	Much less than usual

Have you recently - felt you couldn't overcome your difficulties

Better than usual	Same as usual	Less than usual	Much less than usual

Have you recently - been able to enjoy your normal day to day activities

Better than usual	Same as usual	Less than usual	Much less than usual

Have you recently - been able to face up to your problems

Better than usual	Same as usual	Less than usual	Much less than usual

Have you recently - been feeling unhappy and depressed

Better than usual	Same as usual	Less than usual	Much less than usual

Have you recently - been losing confidence in yourself

Better than usual	Same as usual	Less than usual	Much less than usual

Have you recently - been thinking of yourself as a worthless person

Better than usual	Same as usual	Less than usual	Much less than usual

Have you recently - been feeling reasonable happy, all things considered

Better than usual	Same as usual	Less than usual	Much less than usual

PART 5
Must be completed by all participants

If you have children now or have children in the future, and if you have a choice to work or not, would you –

Choose to work _____

Choose not to work _____

Please state why?

_____

_____

PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS

If this questionnaire has affected you in any way these support services may assist you:

Samaritans	**Emotional Support Service**	**(01) 8727700**
Cross Care	**Young Adult Support Services**	**(01) 8308188**

Thank you very much for your time and cooperation

Appendix C

Independent T-Test results illustrating the difference between the mean of scores between gender on the hope scale, the self esteem scale and the general health scales.

Hope

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Hope_Total	Male	8	67.6250	7.40536	2.61819
	Female	23	70.3913	7.29719	1.52157

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Hope_Total	Equal variances assumed	.546	.466	-.920	29	.365	-2.76630	3.00599	-8.91424	3.38163
	Equal variances not assumed			-.914	12.088	.379	-2.76630	3.02821	-9.35889	3.82628

Self Esteem

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
SE_Total	Male	8	21.5000	2.56348	.90633
	Female	23	21.2174	3.84893	.80256

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
SE_Total	Equal variances assumed	2.196	.149	.192	29	.849	.28261	1.46992	-2.72371	3.28893
	Equal variances not assumed			.233	18.636	.818	.28261	1.21059	-2.25454	2.81976

General Health

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
GHQ_Total	Male	8	25.1250	1.35620	.47949
	Female	23	27.6522	4.49857	.93802

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
GHQ_Total	Equal variances assumed	12.145	.002	-1.549	29	.132	-2.52717	1.63136	-5.86368	.80933
	Equal variances not assumed			-2.399	28.816	.023	-2.52717	1.05346	-4.68235	-.37200

Descriptive statistics: all groups.

Statistics

		Hope_Total	SE_Total	GHQ_Total
N	Valid	70	70	70
	Missing	0	0	0
Mean		70.3286	20.5000	26.8429
Median		69.0000	20.0000	26.0000
Mode		69.00	20.00	24.00
Std. Deviation		6.84343	4.11343	3.53711
Variance		46.833	16.920	12.511

Independent T-Test results illustrating the difference between the mean of scores between each group on the hope scale, the self esteem scale and the general health scales.

Hope

Group Statistics

	Mother in full time employment	N	Mean	Std. Deviation	Std. Error Mean
Hope_Total dimension 1	Yes	31	69.6774	7.30473	1.31197
	No	39	70.8462	6.50319	1.04134

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means	
		F	Sig.	t	Df
Hope_Total	Equal variances assumed	.816	.369	-.707	68
	Equal variances not assumed			-.698	60.690

Independent Samples Test

		t-test for Equality of Means		
		Sig. (2-tailed)	Mean Difference	Std. Error Difference
Hope_Total	Equal variances assumed	.482	-1.16873	1.65268
	Equal variances not assumed	.488	-1.16873	1.67501

Independent Samples Test

		t-test for Equality of Means	
		95% Confidence Interval of the Difference	
		Lower	Upper
Hope_Total	Equal variances assumed	-4.46660	2.12914
	Equal variances not assumed	-4.51847	2.18100

Self esteem

Group Statistics

	Mother in full time employment	N	Mean	Std. Deviation	Std. Error Mean
SE_Total	dimension Yes	31	21.2903	3.52320	.63278
1	No	39	19.8718	4.47319	.71628

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means	
		F	Sig.	t	df
SE_Total	Equal variances assumed	.266	.608	1.444	68
	Equal variances not assumed			1.484	67.998

Independent Samples Test

		t-test for Equality of Means		
		Sig. (2-tailed)	Mean Difference	Std. Error Difference
SE_Total	Equal variances assumed	.153	1.41853	.98208
	Equal variances not assumed	.142	1.41853	.95576

Independent Samples Test

		t-test for Equality of Means	
		95% Confidence Interval of the Difference	
		Lower	Upper
SE_Total	Equal variances assumed	-.54119	3.37824
	Equal variances not assumed	-.48866	3.32572

General Health

Group Statistics

	Mother in full time employment	N	Mean	Std. Deviation	Std. Error Mean
GHQ_Total dimension 1	Yes	31	27.0000	4.06612	.73030
	No	39	26.7179	3.10304	.49688

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means	
		F	Sig.	t	df
GHQ_Total	Equal variances assumed	2.660	.108	.329	68
	Equal variances not assumed			.319	54.914

Independent Samples Test

	t-test for Equality of Means		
	Sig. (2-tailed)	Mean Difference	Std. Error Difference

GHQ_Total	Equal variances assumed	.743	.28205	.85666
	Equal variances not assumed	.751	.28205	.88330

Independent Samples Test

		t-test for Equality of Means	
		95% Confidence Interval of the Difference	
		Lower	Upper
GHQ_Total	Equal variances assumed	-1.42739	1.99149
	Equal variances not assumed	-1.48819	2.05230

Pearson's Correlation indicating the relationship between the variables – Self Esteem, Hope and General Health.

		Hope_Total	SE_Total	GHQ_Total
Hope_Total	Pearson Correlation	1	-.202	.020
	Sig. (2-tailed)		.275	.914
	N	31	31	31
SE_Total	Pearson Correlation	-.202	1	-.135
	Sig. (2-tailed)	.275		.469
	N	31	31	31
GHQ_Total	Pearson Correlation	.020	-.135	1
	Sig. (2-tailed)	.914	.469	
	N	31	31	31

Descriptive Data

When the mother was employed descriptive statistics

Question 1: What was the reason your mother worked

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Financial	24	77.4	77.4	77.4
	Personal Choice	7	22.6	22.6	100.0
	Total	31	100.0	100.0	

Question 2: Do you feel that your mother working outside the home had a...

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Positive Impact	21	67.7	67.7	67.7
	Negative Impact	2	6.5	6.5	74.2
	No impact	8	25.8	25.8	100.0
	Total	31	100.0	100.0	

Question 3:Who was your primary carer while your mother was in work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Father	9	29.0	29.0	29.0
	Grandparent	4	12.9	12.9	41.9
	Other Relative	5	16.1	16.1	58.1
	Creche	8	25.8	25.8	83.9
	Child Minder	5	16.1	16.1	100.0
	Total	31	100.0	100.0	

Question 4: If you have children now or in the futire, and if you have a choice to work or not - would you

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Choose to work	29	93.5	93.5	93.5
	Choose not to work	2	6.5	6.5	100.0
	Total	31	100.0	100.0	

ANOVA Table[a]

		Sum of Squares	df	Mean Square	F	Sig.
Hope_Total * Who was your primary carer while your mother was in work	Between Groups (Combined)	442.874	4	110.719	2.486	.068
	Within Groups	1157.900	26	44.535		
	Total	1600.774	30			
SE_Total * Who was your primary carer while your mother was in work	Between Groups (Combined)	5.765	4	1.441	.102	.981
	Within Groups	366.622	26	14.101		
	Total	372.387	30			
GHQ_Total * Who was your primary carer while your mother was in work	Between Groups (Combined)	37.486	4	9.372	.531	.714
	Within Groups	458.514	26	17.635		
	Total	496.000	30			

ANOVA Table[a]

		Sum of Squares	df	Mean Square	F	Sig.
Hope_Total * Who was your primary carer while your mother was in work	Between Groups (Combined)	442.874	4	110.719	2.486	.068
	Within Groups	1157.900	26	44.535		
	Total	1600.774	30			
SE_Total * Who was your primary carer while your mother was in work	Between Groups (Combined)	5.765	4	1.441	.102	.981
	Within Groups	366.622	26	14.101		
	Total	372.387	30			
GHQ_Total * Who was your primary carer while your mother was in work	Between Groups (Combined)	37.486	4	9.372	.531	.714
	Within Groups	458.514	26	17.635		
	Total	496.000	30			

a. The grouping variable Who was your primary carer while your mother was in work is a string, so the test for linearity cannot be computed.

Descriptive statistics when the mother was not in full time employment

Question 1: If your mother was not in full time employment - was she in the home place

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	39	100.0	100.0	100.0

Question 2:As far as you are aware, what was the reason your mother didnt work?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No employment opportunities	5	12.8	12.8	12.8
	Personal Choice	26	66.7	66.7	79.5
	Other	8	20.5	20.5	100.0
	Total	39	100.0	100.0	

Question 3:Was your mother your full time carer during these years?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	34	87.2	87.2	87.2
	No	5	12.8	12.8	100.0

Question 3:Was your mother your full time carer during these years?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	34	87.2	87.2	87.2
	No	5	12.8	12.8	100.0
	Total	39	100.0	100.0	

Question 4: Do you feel that your mother being at home with you for these years had a...

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Positive Impact	36	92.3	92.3	92.3
	Negative Impact	1	2.6	2.6	94.9
	No Impact	2	5.1	5.1	100.0
	Total	39	100.0	100.0	

Question 5: If you have children now or in the futire, and if you have a choice to work or not - would you

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Choose to work	28	71.8	71.8	71.8

Choose not to work	11	28.2	28.2	100.0
Total	39	100.0	100.0	

Independent t-tests - results illustrating the difference between the mean of scores when father was full time carer on the hope scale, the self esteem scale and the general health scales.

Father

Group Statistics

	Mother in full time employment	N	Mean	Std. Deviation	Std. Error Mean
HopeTotal	Yes	9	68.6667	5.78792	1.92931
	No	39	70.8462	6.50319	1.04134
SETotal	Yes	9	21.0000	4.94975	1.64992
	No	39	24.2051	2.63758	.42235
ghqtotal	Yes	9	25.8889	2.75882	.91961
	No	39	26.7179	3.10304	.49688

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
HopeTotal	Equal variances assumed	.036	.850	-.923	46	.361	-2.17949	2.36101	-6.93195	2.57298
	Equal variances not assumed			-.994	13.106	.338	-2.17949	2.19240	-6.91199	2.55301
SETotal	Equal variances assumed	4.281	.044	-2.740	46	.009	-3.20513	1.16987	-5.55995	-.85031
	Equal variances not assumed			-1.882	9.075	.092	-3.20513	1.70312	-7.05302	.64276
Ghqtotal	Equal variances assumed	.835	.366	-.736	46	.465	-.82906	1.12640	-3.09639	1.43827
	Equal variances not assumed			-.793	13.118	.442	-.82906	1.04526	-3.08515	1.42704

Independent t-tests - results illustrating the difference between the mean of scores when grandparent was full time carer on the hope scale, the self esteem scale and the general health scales.

Group Statistics

	Mother in full time employment	N	Mean	Std. Deviation	Std. Error Mean
HopeTotal	Yes	4	76.0000	7.87401	3.93700
	No	39	70.8462	6.50319	1.04134
SETotal	Yes	4	22.5000	1.29099	.64550
	No	39	24.2051	2.63758	.42235
ghqtotal	Yes	4	28.7500	5.90903	2.95452
	No	39	26.7179	3.10304	.49688

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
HopeTotal	Equal variances assumed	.051	.823	1.484	41	.145	5.15385	3.47200	-1.85800	12.165
	Equal variances not assumed			1.266	3.433	.285	5.15385	4.07239	-6.92870	17.236
SETotal	Equal variances assumed	1.336	.254	-1.267	41	.212	-1.70513	1.34569	-4.42281	1.012
	Equal variances not assumed			-2.210	6.031	.069	-1.70513	.77139	-3.59029	.180
ghqtotal	Equal variances assumed	3.009	.090	1.142	41	.260	2.03205	1.77880	-1.56031	5.624
	Equal variances not assumed			.678	3.172	.544	2.03205	2.99601	-7.21682	11.280

Independent t-tests - results illustrating the difference between the mean of scores when creche was full time carer on the hope scale, the self esteem scale and the general health scales.

Group Statistics

	Mother in full time employment	N	Mean	Std. Deviation	Std. Error Mean
HopeTotal	Yes	8	64.7500	6.27353	2.21803
	No	39	70.8462	6.50319	1.04134
SETotal	Yes	8	24.2500	1.75255	.61962
	No	39	24.2051	2.63758	.42235
ghqtotal	Yes	8	28.1250	4.18970	1.48128
	No	39	26.7179	3.10304	.49688

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
HopeTotal	Equal variances assumed	.024	.876	-2.428	45	.019	-6.09615	2.51039	-11.15235	-1.03996
	Equal variances not assumed			-2.488	10.334	.031	-6.09615	2.45031	-11.53200	-.66030
SETotal	Equal variances assumed	1.874	.178	.046	45	.964	.04487	.97823	-1.92539	2.01513
	Equal variances not assumed			.060	14.441	.953	.04487	.74987	-1.55884	1.64859
ghqtotal	Equal variances assumed	2.418	.127	1.100	45	.277	1.40705	1.27914	-1.16927	3.98338
	Equal variances not assumed			.901	8.644	.392	1.40705	1.56240	-2.14967	4.96377

Independent t-tests - results illustrating the difference between the mean of scores when childminder was full time carer on the hope scale, the self esteem scale and the general health scales.

Group Statistics

	Mother in full time employment	N	Mean	Std. Deviation	Std. Error Mean
HopeTotal	Yes	5	70.4000	5.50454	2.46171
	No	39	70.8462	6.50319	1.04134
SETotal	Yes	5	25.2000	1.30384	.58310
	No	39	24.2051	2.63758	.42235
ghqtotal	Yes	5	26.2000	6.22093	2.78209
	No	39	26.7179	3.10304	.49688

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
HopeTotal	Equal variances assumed	.082	.776	-.146	42	.884	-.44615	3.04713	-6.59551	5.70320
	Equal variances not assumed			-.167	5.541	.873	-.44615	2.67290	-7.12012	6.22781
SETotal	Equal variances assumed	1.534	.222	.824	42	.414	.99487	1.20697	-1.44089	3.43064
	Equal variances not assumed			1.382	9.036	.200	.99487	.71999	-.63285	2.62259
ghqtotal	Equal variances assumed	3.364	.074	-.310	42	.758	-.51795	1.67254	-3.89328	2.85738
	Equal variances not assumed			-.183	4.259	.863	-.51795	2.82611	-8.17997	7.14407