ABSTRACT

Title of Document:
CHILDREN'S SCHOOLING AND MATERNAL WELL-BEING: EVALUATING THE ROLE OF ELEMENTARY SCHOOLS AS SOCIAL INSTITUTIONS IN MOTHERS' LIVES

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Doctor of Philosophy, 2011

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Motherhood is accompanied by costs to well-being, and the mechanisms that negatively affect mothers' health are not clearly defined. Using a stress process perspective, this dissertation examines the role of strains associated with children's education to explain racial/ethnic and class variation in maternal well-being. Using mixed methods, I argue that much of the literature on family-school "partnerships" ignores the ways in which schools affect family life. Additionally, stress process literature fails to analyze stressors within schools, which house a myriad of potential difficulties for mothers. In short, while much research considers *children's* success in

school, we know little about how this social institution affects mothers' lives and relationships.

Multi-level modeling with the Early Childhood Longitudinal Study-Kindergarten Cohort (ECLS-K, N=6,995), illustrates which strains affect mothers' self-rated health and depressive symptoms. Key strains associated with children's health and school problems include children's disabilities, poor health, and poor behavior. Strains associated with mothers' own time pressures include looking for work, employment transitions during elementary school, and missed events/activities at the school. Strains in the school context include the proportion of students in poverty and the school neighborhood conditions. Longitudinal analyses show that school context is a central mediator of the relationship between mothers' racial/ethnic status and self-rated health and depressive symptoms, explaining health differences between African-American and white mothers and accounting for nearly one-third of the differences between Latina and white mothers.

Finally, I explore whether social integration through school involvement benefits mothers. Though associated with improved well-being, school involvement does little to mitigate the effects of schooling strains. In-depth interviews with a racially/ethnically diverse group of 27 middle class mothers show that school involvement often comes at a cost to mothers in terms of time with family, difficult interactions with fellow parents, and concerns for an equitable distribution of labor at the school. Moreover, mothers' motivations for involvement vary with some mothers, more commonly mothers of color,

focused solely on involvement as a component of good mothering, while other mothers, mainly the white mothers in the sample, also refer to their involvement as an opportunity to expand their own friendship networks.

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By

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Dissertation submitted to the Faculty of the Graduate School of the
University of Maryland, College Park, in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
2011

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Dedication

I dedicate this dissertation to my mother, Anne Warner. She has given me

love and support every inch of the way as I followed in her footsteps.

Acknowledgements

I am grateful for the support and assistance I received from members of the University of Maryland community. I thank my committee members, Melissa Milkie, Patricia Hill Collins, Robert Croninger, Annette Lareau, and Kris Marsh. All of these faculty members have provided extensive support and thoughtful comments. This committee pushed me both conceptually and methodologically, each offering his/her own very valuable contributions. I am also lucky to have a wonderful community of fellow graduate students, especially Alex Bierman, Sarah Kendig, Brittany McGill, and Betsy Thorn. Not only were they excellent sounding boards for many methodological and conceptual questions, but they also provided the very important understanding, friendship, and commiseration essential to the completion of any dissertation.

I am so grateful to my intrepid advisor, Melissa Milkie, who has helped me navigate graduate school from the very start to the finish, sharing her ideas, wisdom, and especially her gentle friendship. I owe her my deepest thanks for so many things in addition to this dissertation. Most of all, I owe her much for my professional development, the faith she has shown in me, and the way in which she always encourages me to do more.

I also want to extend my appreciation to Annette Lareau, who continually made the extra effort on my behalf, reading drafts, giving encouragement, offering comments and criticism, and providing thoughtful advice of both a professional and personal nature. It is a pleasure simply to

spend time with her, and she is always enthusiastic about my research and ideas, pushing me to look more deeply into my findings.

The anonymous mothers interviewed for this dissertation and those that shared casual conversations and observations with me have my sincerest gratitude. Without them, their trust, and their generosity much of this dissertation would not have been possible. They are voices for many of the mothers that work hard to help their children through elementary school, and I am thankful for their assistance.

Last, my family and friends have provided constant support and enthusiasm for this project, especially my sister, my parents, and my mother- and father-in-law. My husband Sean Griffin always reminded me of the finish line and the success within my grasp - reassuring me, supporting me, and distracting me at all the right times. Jack kept me on my toes, making me laugh every day, and Annie provided the most joyful deadline for completion I ever could have wanted.

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CHAPTER ONE: *Introduction: Maternal Health, Schools, and Inequality*

INTRODUCTION AND OVERVIEW

While sociological research suggests that parenthood adversely affects individual well-being (Umberson, Pudrovska, and Reczek 2010), and likely more so for women in particular (McLanahan and Adams 1987), we know less about the specific mechanisms associated with parenting that negatively affect health and well-being, particularly for mothers of school-age children. Current social psychological research often points to strains associated with multiple roles, job conditions, time with children, time pressures, and family structure (Milkie et al. 2010; Moen and Yu 2000; Roxburgh 2004; Schnittker 2007). Although there are few studies using nationally representative samples of mothers' experiences with schooling of elementary-aged children, qualitative findings show that mothers report being upset, frustrated, and anxious over meetings with teachers, assisting children with homework, children's peer relationships and playground experiences, and generally organizing elementary-aged children's daily lives amid competing demands for both middle and working class mothers (Reay 1998). Recent media reports suggest that moms are "frazzled" by the demands schools place on their time (Stout 2010), in part perhaps because of mothers' deep concern for children at school (Warner 2010).

Systematic analysis of the role of children's schooling in mothers' lives is scant, despite the fact that schools are a dominant social institution with which the majority of mothers interact on a daily basis. In fact, much research evaluates schools as dominant social institutions in shaping children's lives and their future prospects (e.g., Bowles and Gintis 1976; Lareau 2003; Alexander, Entwisle, and Thompson 1987), schools are rarely evaluated as social institutions affecting mothers. Given mothers' frequent interactions with schools, and key concern for children's academic and social success (Reay 1998; Warner 2010), this is an important oversight. This dissertation systematically evaluates schools as a social institution influencing mothers' daily lives. While some of the strains that occur within elementary school may also occur outside of it, the nature of schools as structured institutions shapes mothers' experiences as they navigate these difficulties. Therefore, this dissertation determines ways in which children's experiences in the school setting affect maternal well-being, focusing on the particular types of strains associated with maternal health, the potential for these strains to mediate social status differences in maternal health, and the benefits (and costs) to maternal health associated with social integration in the school setting. This dissertation makes the following contributions. First, it conceptualizes education as a fundamental institution in mothers' lives and identifies specific institutional stressors that affect mothers over a large portion of their adulthood. Second, it shows how these school-related stressors may differentially affect mothers' well-being across social statuses. Finally, I

contextualize the role of social integration in the school setting, identifying the positive and negative consequences of mothers' integration and involvement in children's schools, extending the literature on parental school involvement to include effects on maternal well-being rather than a single focus on child outcomes, and expanding the stress process perspective beyond attention to social support to explore the role of social integration as a potential resource for mothers in the school setting.

To make each of these contributions, this dissertation uses a stress process perspective and mixed methods analysis. The stress process perspective emphasizes the importance of institutional structures in shaping individuals' daily experiences and exposure to strains and notes the centrality of social statuses in terms of the level and degree of strains one may experience as well as likelihood of experiencing poor health or well-being regardless of exposure to social stressors (Pearlin 1999). In keeping with the stress process model and theories of mothering, I look closely at potential inequalities in exposure to strains, considering variation across social statuses of race/ethnicity and social class, and consider possible mitigating effects associated with social integration.[1]

Quantitative analyses utilize cross-sectional and longitudinal data from the Early Childhood Longitudinal Study, Kindergarten Cohort (ECLS-K); qualitative analyses are from in-depth interviews and participant observation

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[1] While the stress process perspective generally assumes that social integration is a resource to mitigate stress, it is possible that involvement and integration in a child's schooling could have negative effects, placing additional stress on mothers' lives. I allow for this relationship despite the general assumption of positive effects on well-being that is associated with the stress process model.

with 27 middle-class mothers of elementary-aged children. This dissertation addresses three central research questions: (1) How are strains in children's elementary schooling process associated with mothers' health? (2) Are these strains mechanisms for understanding racial/ethnic and class variation in maternal well-being? (3) What role do mothers' supportive resources play in benefiting (or negatively affecting) maternal well-being or mitigating some of the strains associated with children's elementary schooling?

There are two issues motivating this study. 1) Mothers' mental and physical health is an important social problem. Due to the gendered nature of mothers' interactions with schools and children, a focus on the connections between educational institutions and mothers' health is critical. 2) Understanding how the school setting is associated with maternal well-being informs research on social stratification; social status inequalities are a critical part of the school setting and mothers' likelihood of experiencing mental and physical health problems.

MOTIVATION 1: MOTHERS' MENTAL AND PHYSICAL HEALTH AS A SOCIAL PROBLEM

This dissertation addresses a key social problem by considering the institutional mechanisms that lead to negative health outcomes among mothers and inequalities in maternal mental and physical health. Gaining a better understanding of the ways in which schooling strains affect maternal health is important for two reasons. First, mothers do much of the work associated with children's education and the contribution to knowledge about

how mothering work associated with children's schooling may negatively affect maternal well-being has significant implications for gender equality. Second, maternal health is of central importance not only to mothers' general well-being and happiness, but also for children's health and well-being. In this section, I address each of these in turn.

Mothers' Responsibility for Children's Schooling and Gender Inequalities

Mothers are an ideal starting place to study the effects of children's schooling experiences on parental well-being. Mothers bear the responsibility for many aspects of children's lives: physical and psychological development, daily organization, and even intellectual development (Arendell 2001; 2000a). Women are more likely than men to provide the bulk of unpaid labor (child care and housework) in the home. In a nationally representative sample of parents, fathers perform 60 percent of the paid work on average while mothers perform 60 percent of the unpaid work in the home (Bianchi, Robinson, and Milkie 2006). This time spent with children introduces numerous daily hassles, which increase in intensity as children age from infancy to early childhood (Crnic and Booth 1991; Crnic and Greenberg 1990). The nature of care work associated with motherhood extends to the school setting but is under theorized and under examined.

The potential demands associated with elementary school are great. Elementary school is a government-mandated social institution[2], and schools

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[2] All states require children to receive public or private education or homeschooling. Entry is usually required by age six, though some states have set the threshold as high as eight.

bring daily scheduling requirements, concerns about children's behavior and safety, and academic pressures to mothers' lives. State budget reductions in educational spending, increasing restrictions on federal funds, and greater restrictions on property tax rates and school discretionary spending have added to public schools' needs (Addonizio 2000; Zimmer et al. 2001). Schools are increasingly turning to parents to help supplement these shortfalls by giving time, arranging and providing financial donations through suggested contribution levels, and managing additional fundraising activities (Addonizio 2000; Brunner and Imazeki 2004). Simply put, mothers perform the bulk of this significant amount of work associated with children's schooling.

Schools require a disproportionate amount of time for mothers compared to fathers. These demands on mothers' time have hit the media with discussions of "frazzled" school volunteer moms, the "volunteer binge" mothers experience with the entry to elementary school, and fears of the repercussions of saying "no" (Belkin 2010; Dvorak 2010; Stout 2010). In her qualitative study of parent involvement in children's schooling, Lareau (2000a) reports that both working- and middle-class mothers handle the bulk of the interactions with children's schools. Fathers often expressed an interest in children's schooling, but did not do the "work" of schooling, like helping with homework, or arranging pick-ups and drop-offs and so are less likely than mothers to know their child's teacher's name or the names of classmates and

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Attendance is required in a majority of states until the age of 16 (NCES 2008a). A small minority of children receive homeschooling – approximately 1.5 million, or 2.9 percent of the school-aged population in 2007 (NCES 2008b).

parents (Lareau 2000b).[3] Given the time schooling can require and the importance of children's smooth integration and success in the world of education, why don't we know more about how children's elementary school experiences affect their mothers' health?

There is also a significant emotional component to the work that mothers do in children's education. The social institution of American schooling plays many roles in society: the production of knowledge, the reproduction of social inequalities, the creation of peer networks and socialization, and as an ecological context for children's daily lives. Because of the intricate connections between young children's lives and schooling, there are also many ways in which schooling affects the lives of mothers. Mothers approach children's schooling within a cultural context of motherhood featuring an emotional intensity that demands mothers sacrifice self interest in pursuit of a fully child-centered life (Collins 2000; Douglas and Michaels 2004; Hays 1996). Research on family-school relationships provides evidence of the emotional intensity with which mothers across social statuses view children's school experiences (Griffith and Smith 2005; O'Brien 2008; Reay 1998; Warner 2010). Mothers make significant efforts to protect children's feelings and happiness at school, often e-mailing teachers, attending school lunches, or simply worrying over how their child feels at school (Warner 2010).

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[3] While fathers are also involved in children's schooling to some extent, mothers are an important starting place for this research given the greater likelihood that they are responsible for negotiating children's daily lives, schedules at school, and maintaining the family calendar around involvement (Arendell 2001). This is address further in Chapter Three in my discussion of methods.

The above research suggests that mothers are more likely to encounter strains associated with children's schooling because they tend to be more involved on average. Additionally, mothers' may be more susceptible to experiencing negative health outcomes as a result of strains compared to men in similar situations. On average, women have worse mental health than men following the transition to parenthood (McLanahan and Adams 1987), though married women fare better than single (Nomaguchi and Milkie 2003). Research on work and family role combinations suggests that women experience greater distress or anxiety than men as a result of strains. For example, divorced women, full-time employed women, and affluent women experience greater depression as a result of time pressures compared to men in similar social statuses (Robinson and Godbey 1998; Roxburgh 2002). Women and men associate different meanings with work and family roles, affecting feelings of guilt and self-concept (Simon 1995). Work and family characteristics, such as long work hours or perceived unfairness in the division of labor, influence men and women's well-being differently (Milkie and Peltola 1999).

This dissertation makes a significant contribution by conceptualizing and identifying the particular strains associated with children's educational experiences that affect maternal health. This is significant because understanding more nuances about experiences linked to maternal well-being is important, but also because it potentially identifies a gendered consequence to the division of labor associated with child care that may affect other areas of

women's lives (e.g. work, sleep, social integration, free time) more significantly compared to men.[4] Mothers' work in schools is gendered work, often rendered invisible or unnoticed. If children's schooling conditions improve, mothers' well-being in relation to the schooling process may improve as well; an outcome important not only for individual mothers, but also for women as a group.

Mothers' Mental and Physical Health Problems and Child Well-Being

Mothers' mental and physical health is also a key social concern because maternal well-being is closely tied to child well-being and children's future outcomes. The causal nature of this relationship is difficult to estimate, and mothers' and children's health are inter-related (Elgar, et al. 2004; Gross, et al 2008). In fact, researchers cite the potential for a cyclical association between maternal and child well-being. Gross et al. (2008) document a reciprocal relationship between parental depression and child behavior among children aged two to four.

In this dissertation, I focus on the ways in which children's health affects maternal well-being, but here I underscore that mothers' well-being has an

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[4] I do not make a direct comparison between mothers and fathers in this dissertation. While there are some father respondents in the sample and administrators accepted parent responses from any guardian over age 18 that was knowledgeable about the child, ECLS-K administrators specifically targeted mother respondents for the parent surveys. According to the kindergarten user's manual, and telling of gendered responsibilties, "Respondents for the parent interview were selected according to the following order of preference: 1. The child's mother; 2. Another parent or guardian; and 3. Another household member" (NCES 2000). Given this order of preference, a comparison of mothers and fathers in this sample would be biased toward the experiences of single, residential fathers. Additionally, the parent survey does not offer a question about drug/alcohol use over time, also perhaps favoring gendered responses to anxiety and stress in the form of internalizing behaviors (depressive symptoms) rather than externalizing symptoms (alcohol/drug use).

effect on children's lives and so it is an important social problem.[5] The following section suggests that mothers' own stress and anxiety can also have implications for child well-being, so a better understanding of the mechanisms that create health difficulties and inequalities among mothers is vital.

Children of mothers with depression are more likely to experience problem behaviors later in life (Dodge 1990; Downey and Coyne 1990; Luoma, et al. 2001; Lovejoy, et al. 2000; Turney 2011). For example, recent findings using ECLS-K data suggest that parental depression in kindergarten is also associated with lower reading and math achievement in fifth grade (Bodovski and Youn 2010). Mothers that have a hard time with children's schooling may not be able to provide support and assistance for children throughout their education..

Mothers' poor health can also have significant implications for family life. Epidemiological data suggests that patients who report fair or poor self-rated health are at a much greater risk for mortality (McGee, et al. 1999). Poor self-rated health is associated with morbidity and mortality for mothers (Jylha 2009) and may also compound problems associated with the generational transmission of inequality. Mothers that report poor health may face a number of pressures and strains in other aspects of their lives. Children can often

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[5] I address the association between child poor health or disability and maternal poor health in Chapter Two of this dissertation in the discussion of the specific strains associated with children's schooling under consideration. Elgar and colleagues (2004) suggest that it is equally important to study both the potential for maternal health to adversely affect child well-being and vice versa, but also note the many cases in which a child's problem may create difficulties for a parent but the parent offers a stable supportive resources nonetheless as well as cases where a child may do the same for the parent. This dissertation evaluates whether children's problems are associated with more depressive symptoms or poor health, but not whether mothers meet clinical criteria for diagnosable problems or illnesses.

sense these difficulties, and mothers' poor health may also take a toll on children's happiness at home. For example, Galinsky (2000) notes children of working parents report that they wish their parents were less stressed and tired, not for more "quality time" with a parent. Therefore, perhaps children experience the negative effects of lower well-being in parents (measured through stress or anxiety or poor health) more so than they do less actual time with parents.

This dissertation contributes to knowledge about mothers' caregiving responsibilities and potential implications for children. Mothers' are more likely to be involved in children's education and more likely to experience depressive symptoms and role strains associated with parenthood. Each of these components of mothers' lives may affect their well-being and their ability to navigate daily life with their children.

MOTIVATION 2: SOCIAL STRATIFICATION IN MATERNAL WELL-BEING AND EDUCATION AS SOCIAL PROBLEMS

This dissertation is also motivated by class and racial/ethnic inequalities among mothers as a key social problem. Mothers may experience mental or physical health problems differentially according to their social status. Additionally, mothers may experience inequalities within the school setting as a result of discrimination based on social status characteristics. In this section I first address the current literature outlining social status inequalities in health and well-being. Next, I discuss issues of social stratification in the educational

system and their relevance for maternal involvement and well-being in the school setting.

Social Stratification in the Experience of Poor Mental and Physical Health

Individuals differentially experience problems associated with mental and physical health based on their social location in society. Individuals' overall well-being is a central societal concern, and the significant inequalities in health are studied cross-nationally in relation to a number of potential strains. Individual well-being affects multiple aspects of daily experience and extends to interactions with other institutions. For example, mothers experiencing problems at a child's school may experience problems at work as a result of pressing school demands. Similarly, poor well-being may affect mothers' interactions with family members, work, and schools. In many cases individuals' social statuses may play a significant role in determining their health status and, subsequently, their quality of life. A major contribution of this dissertation is in identifying social status differences in the health of mothers of elementary-aged children and in conceptualizing and testing key strains associated with children's schooling experiences that explain racial/ethnic and class variation in the experience of poor mental or physical health.

Socioeconomic status is highly associated with individuals' health outcomes. Adults with less than a college education experience worse

physical health outcomes compared to those with at least a college degree (Fiscella and Williams 2004; Giordano and Lindstrom 2010; Williams and Collins 1995). And, while health can influence socioeconomic status (e.g. through an inability to work), longitudinal research suggests that low education precedes a decline in health (Fiscella and Williams 2004). The experience of psychological distress also varies across class status, with middle and upper class individuals less likely to experience distress (Eaton and Muntaner 1999; Kessler and Cleary 1980; Turner and Lloyd 1999). Much of these differences between classes are not based only on exposure to stressors, but rather individual responses to this exposure (Kessler and Cleary 1980). Responses to stress vary by the financial circumstances under which individuals experience strains. Individuals with low income and high time pressure at work experience more depression than individuals with high income and high time pressure at work (Roxburgh 2004).

Less research details socioeconomic differences in well-being among parents and mothers in particular, but findings support epidemiological studies. For example, economic hardship may be felt acutely by parents and mothers in particular (Jackson, et al. 2000; Ross and Van Willigen 1996). Since mothers typically hold responsibility for the daily household routine, including grocery shopping and paying for child care, economic pressures are associated with anger more for mothers than fathers (Ross and Van Willigen 1996). Between children's infancy and first grade, mothers with low education, unstable relationships, and economic hardship show worse depression

trajectories (chronic or increasing) over time (Campbell et al. 2007). Low

income mothers especially may face significant challenges in mothering

children through elementary school. A lack of economic resources can make

all aspects of basic caregiving for children more difficult: transportation to run

errands can be costly, meal choice can be limited by food stamps, and small

repairs can have major implications (Lareau 2003). The inability to afford

trustworthy child care may be particularly distressing for low-income mothers

(Dodson and Bravo 2005). Together, job instability, low wages, and the need

for multiple jobs led one former welfare mother to describe her family life as

"chaos" (Scott, et al. 2004). These qualitative findings also indicate the toll

that few socioeconomic resources take on maternal well-being.

There are also racial/ethnic inequalities in individuals' experiences of

poor mental or physical health. Individuals of color, particularly African-

Americans, experience worse mental and physical health compared to whites,

with higher rates of morbidity and mortality (Hayward, Crimmins, Miles, and Yu

2000; Williams and Collins 1995). Thomas, et al. (2010) find that on average

Blacks report worse self-rated health and experience worse clinical health

compared to whites, but that clinical health factors do not account for all the

self-rated health differences between Blacks and whites. The results

associated with racial/ethnic differences in mental health are more mixed:

studies find few differences in the mental health of Blacks and whites and

between Asians and whites (Vega and Rumbaut 1991; Williams and Harris-

Reid 1999). The role of nativity makes the picture even more complicated

among Hispanics, where immigrant status plays a role in understanding health differences. In terms of self-rated health, first generation immigrants report better self-rated health compared to third generation immigrants (Acevedo-Garcia, et al. 2010).[6]

A review of 53 community studies suggests an association between the experience of racial discrimination and poor health, with worse mental health outcomes in particular (Williams, Neighbors, and Jackson 2003). Given the dominant role that racial discrimination and structural inequalities play in determining health status, reviews tend to conclude that Blacks and Hispanics face worse mental and physical health compared to whites (Schnittker and McLeod 2005).

Unfortunately, the lack of conclusive results in population-based studies also suggests that there are few conclusive results specific to racial/ethnic differences in health among mothers. African-American and Hispanic mothers are at higher risk of postpartum depression compared to white mothers (Howell, Mora, Horowitz and Leventhal 2005)[7], and African-American mothers of toddlers are at higher risk of elevated depressive symptoms (McLennan, Kotelchuck, and Cho 2001). Poor, single mothers receiving welfare or former welfare dependents are also at significantly higher risk of developing mental or physical health problems compared to the population, but there are no

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[6] There is a large body of research documenting an immigrant health advantage (see Franzini and Fernandez-Esquer 2004 for a discussion). Immigrant status and its importance for mothers within the education system is beyond the scope of this dissertation, but an important question for future research.
[7] This is a clinical sample of 655 mothers based on a telephone survey of patients.

racial/ethnic differences in health problems among single-mother welfare recipients (Danziger, Kalil, and Anderson 2000).

There are multiple pathways associated with population-based racial/ethnic health inequalities. Social psychological research focuses on the role of identity, social stressors, and social support in understanding these inequalities (Schnittker and McLeod 2005). Differences in levels of exposure to stressors are an oft-cited reason for racial/ethnic inequalities in depressive symptoms (George and Lynch 2003). Several studies suggest that racial differences in health and well-being are dependent on economic conditions (Ross and Wu 1995; Schulz, et al. 2000; Williams, Takeuchi, and Adair 1992). For example, Schulz, et al. (2000) find that once poverty and experiences of unfair treatment are taken into account, there are no significant racial differences in psychological well-being (in low poverty areas). Hayward, et al. (2000) suggest that chronic conditions emerge over every aspect of the life course – childhood, adolescence, adulthood, and old age – yet the mechanisms that link health problems to race/ethnicity throughout the life course remain unclear.

In some ways, the mechanisms that lead to socioeconomic and racial/ethnic inequalities in mental and physical health are as important as the social statuses themselves. Schnittker and McLeod (2005) argue that now is the time to address the social psychological mechanisms associated with health disparities, emphasizing the importance of mechanisms that address both structural context and individual interactions. The structural limitations

associated with social status are an important means to better understanding health inequalities, as are the individual ways in which people internalize these limitations. In short, the disadvantages associated with individuals' social locations that lead them to experience particular strains are of central importance. This dissertation explores several potential mechanisms associated with children's schooling experiences that may lead to the mental and physical health inequalities documented in previous research.

Social Stratification in Education

This dissertation contributes to the significant social problem of stratification in education by linking educational inequalities to maternal health and well-being. Mothers will encounter inequalities when their lives become linked to the educational system. This section outlines key issues in social stratification in education. Most of the literature on educational inequalities focuses on the effects of educational inequalities on children and their success; in this section I suggest the ways in which these inequalities are also likely to affect mothers' lives.

A great deal of sociological thought details the ways in which schools can reproduce social inequality. Schools fail to promise social mobility to all students, but rather legitimate the knowledge structures promoted by dominant groups (e.g. Bourdieu 1977, 2002; Bowles and Gintis 1976; Friere 2003; Oakes 1985; Willis 1977). Research often focuses on the important issues of students' long-term educational attainment and achievement (e.g., Grodsky,

Warren, and Felts 2008; Ho and Willms 1996; Jencks, et al. 1972), and elementary school sets the stage for many of these later outcomes (Entwisle, Alexander, and Olson 2005). Social class and race/ethnicity are both powerful determinants of parental school involvement as well as predictors of educational inequalities (Bourdieu 2002; Bourdieu and Passeron 1990; Horvat 2003; Kozol 2005; Lareau 2000a, 2003; Reay and Ball 1997). In short, children's elementary school experiences may be emotionally fraught and stressful for mothers, with the likelihood that these strains will vary according to mothers' structural locations in society.

The inequalities that students face are likely to extend to their mothers. Students of color may face a number of obstacles to educational success in the form of discrimination, unequal access to magnet programs, and low expectations from teachers and school administrators (Alexander et al. 1987; Downey et al. 2004; Oakes 1985; Staiger 2004). These racial disparities may also mean that schools represent a more stressful and demanding environment for mothers of students of color, causing African-American and Latina mothers in particular to experience higher levels of distress or poor health associated with children's education.

Additionally, mothers face inequality in their ability to intervene and interact with children's schools. Middle and upper class parents are more involved in schools (in terms of attendance at school events, PTA meetings, and parent-teacher conferences) compared to working class and poor parents (Diamond and Gomez 2004; Ho and Willms 1996; Lareau 2000a, 2003). The

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extent to which levels of parent involvement in children's schooling varies

across race/ethnicity is unclear. One line of studies suggests that white

parents show the highest levels of interactions with schools in terms of visits to

the school and conversations with teachers (Chavkin and Williams 1993; Gosa

and Alexander 2007; Ogbu 2003). Recently, however, evidence suggests that

with controls for social class, African-American parents may be more active in

schools (Kao and Rutherford 2007), or that African-American and Hispanic

parents have high involvement when their racial identity matches that of the

teachers (Kerbow and Bernhardt 1993). Other studies have found no strong

racial/ethnic differences in parents' engagement with schools with controls for

socioeconomic status in place (Ho and Willms 1996; Sheldon 2002).

These racial/ethnic and class inequalities in mothers' potential social

integration at the school also has significant implications for children's long-

term outcomes. Mothers' ability to help children negotiate the school setting

has significant implications for the social reproduction of existing inequalities.

Parents' participation and intervention in the educational system has positive

implications for children's long-term academic success (Bodovski and Farkas

2008; Domina 2005; Ho and Willms 1996; Jeynes 2007; Kao and Rutherford

2007; Lareau 2000a). This is true in terms of children's actual test scores and

grades (Bodovski and Farkas 2008; Jeynes 2007), and in terms of teachers'

perceptions of students (Izzo, et al. 1999). And, their ability to interact with

schools, teachers, and administrators may very well be limited by the strains

the educational system brings to their lives. This research focuses on

inequalities in level of involvement and subsequent effects on children, but research does not address whether these inequalities affect mothers. The social and cultural capital parents and children carry with them into the school environment is a particular aspect of educational inequality that is also likely to affect mothers' comfort and happiness with a child's schooling. Teachers and schools may make judgments based on the nature of parents' interactions with the school as well as children's styles of dress or demeanor (Farkas, et al. 1990; Lareau and Horvat 1999; Carter 2003). Lareau and Horvat (1999) document "moments of exclusion" for Black parents who criticize a child's teacher or school. Such negative interactions not only affect a child, but also the mother and her sense of belonging at the school.

This dissertation focuses on racial/ethnic and class differences in maternal well-being within the school context. A stress process perspective emphasizes the importance of social institutions in structuring the strains and supportive resources to which an individual is exposed. As cited above, the issue of social reproduction in education is a significant social problem, and one that may very well extend to affect the well-being of mothers as well as their children. This dissertation will conceptualize and identify key strains associated with children's schooling, the extent to which these strains explain racial/ethnic and class differences in maternal well-being, and consider the potential costs and benefits of social integration at the school in term of maternal well-being.

This dissertation will assess the specific ways in which mothering children through elementary school affects maternal well-being. Mothers perform the bulk of the work associated with children's schooling, and their well-being is not only important on an individual level, but also has significant implications for child well-being and success. Additionally, mothers face significant social stratification in the likelihood of experiencing mental and physical health problems and in their interactions with the educational system. This dissertation will speak to these central social problems through three main contributions. First, it conceptualizes education as a fundamental institution in mothers' lives and identifies specific institutional stressors that affect mothers over a large portion of their adulthood. Second, it shows how these school-related stressors may differentially affect mothers' well-being based on social status. Finally, I contextualize the role of supportive resources in the school setting, identifying the positive and negative consequences of mothers' social integration and involvement in children's schools, extending the literature on parental school involvement.

Figure 1.1 provides a graphical illustration of the conceptual model for this dissertation, adapted from Pearlin's stress process model. The figure incorporates mothers' social statuses, key school stressors, and potential supportive resources. Class and racial/ethnic statuses encircle the model, affecting multiple aspects of mothers' lives as well as their relationship with children's schooling. I address the following research questions:

(1) How are strains in children's elementary schooling process associated with mothers' health?

(2) Are these strains mechanisms for understanding racial/ethnic and class variation in maternal well-being?

(3) What role does social integration at the school play in benefiting (or negatively influencing) maternal well-being or buffering some of the strains associated with children's elementary schooling?

[Figure 1.1. about here.]

This dissertation is organized as follows. In Chapter 2, I discuss the theoretical framework of the stress process model, the interpretation of social status as a structural constraint, and review the literature on the key strains and supportive resources under investigation as independent variables in this dissertation. Chapter 3 details the data, measures, and analysis plan for the dissertation, addressing both the quantitative and qualitative approaches I will use. The first results chapter, Chapter 4, answers research questions (1) and (2) above, focusing on cross-sectional data from the kindergarten year of the ECLS-K data. Chapter 4 will consider the types of strains associated with children's entry into kindergarten, their direct effects on maternal mental and physical health, and the extent to which they explain racial/ethnic and class differences in maternal health. These results will give a baseline of mothers' health at kindergarten entry. Chapter 5 will also answer research questions (1) and (2) above, but using longitudinal data from the ECLS-K from children's kindergarten to third grade year. Results will indicate the extent to which

structural differences in mothers' social positions continue to explain changes

in mental and physical health between kindergarten and third grade, the direct

effects of types of cumulative strains on mothers' health between kindergarten

and third grade, and the extent to which these strains explain racial/ethnic and

class differences in health over time. Chapter 6 focuses on research question

(3) above using longitudinal data from the ECLS-K from children's

kindergarten, first, and third grade years as well as interviews and observation

with 27 racially/ethnically diverse middle-class mothers of elementary-aged

children. These results will show how social integration at the school is costly

to or beneficial for maternal well-being, exploring racial/ethnic and class

differences in the direction of the effects of social integration at the school on

mothers' health. Chapter 7 discusses the conclusions and implications of this

dissertation.

CHAPTER TWO: *Theory and Literature Review: The Stress Process, Structural Inequalities, and Schooling Strains*

In this chapter I first discuss the major theoretical perspective used in this dissertation – the stress process perspective. Next, this chapter addresses the way in which social status is defined and conceptualized throughout the dissertation. I then include a detailed section of background literature that addresses the three key conceptualizations of schooling strains expected to affect maternal well-being and then details key components and relevant literature for each of these conceptualizations. I close with a discussion of the relevant literature addressing social support resources (social integration at the school) and maternal well-being.

EMPLOYING A STRESS PROCESS PERSPECTIVE

Sociologists are concerned not only with the effects of stressors on individuals' well-being, but on the proximal origins of stress (Pearlin 1999). It is important to identify the components of daily life that affect individual well-being, such as the specific circumstances of children's schooling that may affect mothers' lives. The stress process model offers a time-tested approach to understanding the social origins of stressors and the ways in which individual responses to such stressors might vary according to social status and institutional contexts.

The stress process model posits that stressors, stress mediators, and

stress outcomes are influenced by the larger structural conditions in which

individuals find themselves (Pearlin 1989). Social institutions and individual

social statuses are central components of these larger social structures in the

stress process perspective. Pearlin (1999: 398) writes, "The statuses of

people then are connected to virtually every component of the stress process."

Mediating and moderating resources are also an important component of the

stress process. These resources, such as social support, self-concept, and

coping, may help alleviate the strains caused by certain stressors. The lack of

such resources may also exacerbate the effects of stressors, and the

possession of moderating resources may also depend on social statuses or

institutional context, suggesting potential mediating effects (Pearlin 1999).

This dissertation applies key components of the stress process to better

understand the origins of mothers' stressors within a key but under analyzed

institutional structure – the educational system. It focuses on social statuses,

stressors, and moderating resources, which are central to the stress process

model. I discuss each of these in turn. The educational system is a central

institutional context for the mothers of elementary-aged children. As children

enter kindergarten, parents release their child to a social institution that exerts

a powerful influence over family life. Moreover, race and class inequalities are

significant social problems within the educational system (Kozol 2005; Lareau

2000a; Oakes 1985), and mothers, too, experience stressors within the

constraints of the social circumstances surrounding children's education. The

school is a key ecological context for children (Brofenbrenner 1979), and children's significant experiences at school may also result in parenting strains associated with children's schooling. Ecological stressors may result for parents as the contextual stress experienced by a group within a field combines with individual level stressors (Aneshensel and Sukoff 1996; Wheaton 1999). Moreover, the strains associated with schooling are not uniform; some groups of parents may experience greater exposure to particular stressors (Pearlin 1999), such as in the case of social class status and school quality. Moderating resources may also prove helpful for parents of elementary-aged children. Stress process research cites resources on which individuals may draw to alleviate some of the negative effects of stressors. Pearlin, et al. (1981: 340) refer to social supports as "the access to and use of individuals, groups, or organizations in dealing with life's vicissitudes." For example, mothers may find that assistance from a spouse or partner or social integration at the school offers supporting resources despite potential challenges that are also associated with children's schooling.

The family is a central context for the stress process, as it houses relationships with "powerful emotional stakes" and often functions to meet individuals' emotional and instrumental needs (Pearlin and Turner 1987: 143). The stress process model also has a long history of use in relation to parenting and caregiver stress (Milkie, Bierman, and Schieman 2008; Pearlin, et al. 1990; Pearlin and Turner 1987). Research recognizes that caregiving can quickly expand to become a significant burden, particularly in cases of

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chronic illness or aging (Pearlin, Aneshensel, and LeBlanc 1997; Pearlin et al. 1990). Pearlin (1983: 369) explores parenthood as a key social role, and notes that if "parents evaluate their children as being on a trajectory that deviates from cherished goals, there is likely to be considerable strain." Existing scales of parenting strains emphasize role overload, family conflict, competence, parenting self-efficacy, attachment, personality, and commitment to parenting (Abidin 1992; Pearlin, et al. 1990).

Stressors do not occur at one moment in an individuals' life, but rather over time; experiences at one point in time can emerge as effects later (Pearlin 1999). The strains associated with parenting change as children age, and the changing contexts associated with children's growth is under-investigated (Galinsky 1987; Nomaguchi 2009). We know more about some ages than others. The transition to parenthood brings new difficulties as adults enter a new social role and must negotiate constant care demands of very young children (Claxton and Perry-Jenkins 2008; Nomaguchi and Milkie 2003; Ostberg and Hagekull 2000). Adolescent and young adulthood are also associated with parenting challenges as children gain more independence, consider risky behaviors, and focus more on peer relationships (Furstenberg 2000; Kurz 2006; Shanahan, et al. 2007). There is little noted, however, about how children's entry into schooling affects mothers' well-being. This dissertation focuses on mothering children through early elementary school – kindergarten to third grade – pairing cross-sectional results during kindergarten with longitudinal analysis extending to third grade. Thus, it is

possible to view mothers' well-being at two points in time as mothers experience new aspects of their child's schooling. Nomaguchi (2009) finds that mothers' global happiness decreases as children move from preschool age to elementary school and adolescence, despite the common wisdom that the stressors associated with having children decrease as children reach school age. Nomaguchi (2009) suggests that this is because mothers have less influence on children's lives as they age, social integration associated with parenting decreases, and mothers are increasingly responsible for organizing children's lives outside of school. In short, the stress process perspective can be used to understand mothers' experiences with children's schooling. Aspects of the stress process model – strains, social status, and supportive resources – are investigated in this dissertation, all within the context of children's schools as structuring forces.

CONCEPTUALIZING SOCIAL STATUSES

A major component of the stress process model is social statuses. This dissertation focuses on the racial/ethnic and social class inequalities that structure and limit the opportunities of mothers of elementary-aged children. There is some commonality of experience among mothers as a single group in their effort to navigate elementary school settings, particularly in the sense that mothers face different obstacles and outcomes compared to fathers. However, the larger focus of this dissertation rests on exploring differences among mothers across social statuses. The mothers in these analyses

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consist of women with diverse experiences and backgrounds that define the forms of oppression and privilege that color their interactions with children's elementary schools. It is my intention to expose the inequalities in the ways in which mothers experience elementary school, particularly in relation to their own well-being.

Mothers' experiences vary dramatically across social status and institutional context. Critics argue that white, middle class childrearing activities act as standards of comparison – starting points – for analyzing other groups' experiences (Collins 1999; Glenn 1994; King 1988). For example, Collins (1999) suggests that the nation state relies on images of white, middle class, heterosexual families to the political exclusion of multiple groups through welfare policy, infertility treatments, adoption policy, and employment opportunities. As a result, we gain only a partial perspective of motherhood (Collins 1994). Theorists increasingly argue for more flexible and dynamic views of mothering, incorporating diversity not only in terms of race and ethnicity, but also class status, citizenship, and family structure (Collins 1999; Glenn 1994; Smith 1993). I approach my analysis of race/ethnicity and class from a structural perspective. A structural interpretation suggests that these inequalities are a product of systematic discrimination and hierarchy in larger social systems, not limited to a single ideology or interactions between individuals (Bonilla-Silva 1996). Mothers' experiences in elementary school are shaped by the foundations of hierarchy in the educational system as well as in their individual interactions with teachers, administrators, and their own

children. Looking at school conditions as well as individual experiences pushes the analysis of racial/ethnic differences towards an understanding of a "racialized social structure" that exists both among individuals and within institutions (Winant 2000: 181).

When examining race/ethnicity, I use the ascribed categories given in large, government-based data collection efforts – Black/African-American, Hispanic/Latina,[8] White, Asian, and mothers of "other" races, which includes mothers of two or more races or American Indians. While race/ethnicity is a shifting category in the United States, socially constructed rather than based on biological and genetic differences, the limitations of analysis with large surveys necessitate a consideration of race according to these dominant cultural terms. Analyses are based on the ways in which participants (either in the large scale survey or in qualitative interviews) have identified themselves in accordance with these categories. I use both Black and African-American as descriptors since both of these are used in the literature. Similarly, I use both Latina and Hispanic to refer to the same ethnic group of women. Since some mothers may identify with one group over another, and I do not distinguish based on country of origin (in quantitative analyses), I also use these terms interchangeably. Finally, I use these larger racial/ethnic categories to conceptualize the inequalities facing different groups of mothers

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[8] I use both the terms Hispanic and Latina to refer to mothers originating from Spanish speaking countries. I generally use Latina, referring to mothers of Latin American origins. However, qualitative respondents often self-identified as "Hispanic" to an open-ended question about race/ethnicity, suggesting that Hispanic may also be a broader and acceptable description of their ethnic origins. In a survey of Dominicans, Itzigsohn and Dore-Cabral (2000) found that 47 percent identify as Hispanic, while 17 percent identify as Latino. There does not seem to be consensus on the specific terminology for identifying ethnic origins when generalizing to a broader population outside of the country of origin.

with the hopes that future qualitative and quantitative research can offer

further refinement. I encourage the reader to question these categories and

explore the extent to which they may also hide oppression or privilege in U.S.

schooling among mothers within these groupings.

To better understand social class inequalities, I include education level

as an indicator of social class status, while recognizing that income and

occupation or a combination of all three are also possible definitions of social

class. Research on social stratification offers a number of ways to measure

social class – largely focusing on education and occupation – with little

consensus on the best approach (Chan and Goldthorpe 2007; Sorensen 2000;

Wright 2002). Education is often used as a measure of socioeconomic status

in health research (Williams and Collins 1995). Other research has

documented that income inequalities in health are greater than that of

education (Krieger and Fee 1994).[9] Education offers a means of considering

individuals' social networks as well as their earning capacities, an optimal

combination for incorporating mothers' social integration at the school into the

analyses. Moreover, given that the institutional structure with which mothers

must interact is schools themselves, education level is a useful way to

measure class status here.

In this dissertation, racial/ethnic and class inequalities are generally

examined independently, particularly in quantitative analyses.[10] I do not rank

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[9] I also include household income as a control to capture the economic inequalities also
present in mothers' mental and physical health experiences.
[10] This dissertation does not take an intersectional approach, which also emphasizes
structural inequalities and the importance of social statuses. Intersectionality calls our

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one type of inequality as more important than another, but I also recognize

that different types of inequalities may influence different areas of one's life.

Glenn (1994) argues that researchers must recognize the centrality of the

situation; the meaning of motherhood changes in relation to the particular

question, e.g., employment, abortion, welfare, or citizenship. The institution

which structures interactions, schools in this case, is central to identifying key

social inequalities under investigation. For example, in the school context,

differences in education may shape the extent to which time pressure strains

affect mothers, particularly in the amount of help they are able to outsource:

hiring tutors or after-school nannies, affording quality child care centers, and

gaining work place flexibility. However, racial/ethnic inequalities may have

significant implications for the strains mothers experience in relation to

children's emotional/behavioral problems and disability, particularly given the

current structural inequalities facing Black boys in an educational system that

is more likely to place them in special education classes and less likely to

place them in advanced placement classes (Noguera 2003; O'Connor and

Fernandez 2006). I recognize the importance of simultaneity and mothers'

social location in terms of race *and* class, and hope that future research on

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attention to interlocking systems of privilege. Collins (2000: 18) refers to this as a "matrix of domination," where "oppression cannot be reduced to one fundamental type, and that oppressions work together in producing injustice." The simultaneity of these systems is key to an intersectional approach; race, class, gender, and sexuality are not independent, but rather strongly relational to each other, and work in unique ways depending on the institutional or interactional setting (King 1988; Zinn and Dill 1996). Future research would do well to incorporate interaction effects among mothers' combined statuses, but this dissertation focuses on exploratory findings that can provide a baseline for such future analyses.

mothering work in children's schools is extended to include multiple social locations in the analyses.[11]

GROWING PAINS: FACING AN ARRAY OF POTENTIAL SCHOOLING STRAINS

The central focus on the stress process is identifying and analyzing strains (also called stressors) that influence health. In this dissertation, I conceptualize three key categories of strains mothers may experience during children's elementary schooling. First, children's success at school may be a pressing concern for mothers. Problems with children's health and behavior in school contexts may be particularly challenging for mothers of children with diagnosed disorders (Emerson 2003). In addition to the poor behaviors themselves, implicit pressures on mothers in the form of a sense of failure for not conforming to the institutional expectations for children's behavior or performance may contribute to distress (Singh 2004). Second, introducing children to elementary school is a time-intensive, logistical challenge. Schools can require assistance with homework, fitting school start and end times into complicated family schedules, and transporting children to extra-curricular activities. For employed mothers, arranging quality child care before and after school is a central issue (Henly and Lyons 2000). Third, given that children spend such a significant portion of their time at school, the school context is of

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[11] There are additional social locations potentially important for intersectional analysis – in particular, nativity and sexuality. I do not distinguish across nationalities in quantitative analyses, though immigrant status often accompanies experiences of inequality in the U.S. educational system. Future work would benefit greatly from the investigation of what immigrant status may mean for maternal well-being and educational experiences, but it is beyond the scope of this dissertation.

great concern. The physical surroundings, teaching quality, material resources, student body composition, and classroom size are all quality-related factors that may influence children's learning (Condron 2009) and well-being (Milkie and Warner 2011). The effects of schooling strains such as these on mothers' health have not been addressed in stress process research. In the following section I discuss literature related to the three conceptualizations of schooling strains discussed above in addition to the supportive resources mothers may have available in the school setting to mitigate strains.

Stressor I: Child Health and School Problems

Through an extensive review of the literature, I identify the strains associated with child health and school problems that surround children's poor health or diagnosed disability, behavior at school, and academic success at school.

Child Poor Health or Disability: Research shows that parents of children with developmental or mental health problems report worse health and poorer psychological well-being (Bourke, et al. 2008; Emerson 2003; Gross et al,. 2008; Ha, et al. 2008; Simon 1992; Umberson, Pudrovska, and Reczek 2010), and this relationship is further complicated by employment, family structure, and child age (Gross et al. 2008; Ha, et al. 2008; Simon 1992). Mothers with disabled children may face a very unique set of strains within the school setting, and there is a rich literature tracing the complicated relationships of parents and children with disabilities across the life course.

Research considers mothers' health in relation to very particular mental or physical health problems and with reference to the potential resources families may have at their disposal. For example, among mothers of children with chronic illnesses or diagnosed mental problems, the extent of the child's behavioral problems, level of community participation, and everyday functioning have a significant bearing on maternal health and well-being (Bourke, et al. 2008; Floyd and Gallagher 1997). Parents of children with developmental disabilities diagnosed at young ages show the ability to accommodate the life changes such diagnoses bring, while later more serious diagnoses in adolescence can have more negative effects (Seltzer, et al. 2001). This dissertation will test the extent to which a diagnosis made during elementary is associated with a change in maternal mental or physical health.

Behavior: Children's behavior problems at school may also be particularly concerning to mothers. First, simply the presence of emotional or behavioral problems, as assessed by teachers, can be quite challenging for mothers, even outside of the school context. Often studies use a child behavior checklist to test for disabilities among toddler and preschool-aged children rather than a formal diagnosis of a disorder, and this research indicates that poor behavior ratings are associated with worse health and more depression for mothers (Gross et al. 2008; Feske et al. 2001; Umberson, Pudrovska, and Reczek 2010). This dissertation will test the extent to which school-age children's poor behavior affects mothers, controlling for previous diagnosis of a disability. Children's behavioral problems may have a

significant effect on the nature of the child's school experiences. Teachers' perceptions of child behavior and personality even in first grade can be an important indicator of future academic outcomes (Entwisle, Alexander, and Olson 2005; Rimm-Kaufman and Pianta 2000). Indeed, internalizing and externalizing problems in elementary school are linked to long-term academic success, such as college attendance and high school graduation (McLeod and Kaiser 2004).[12]

Research shows the anxiety and sense of responsibility that accompanies mothering (McMahon 1995), and these feelings can extend to the school setting. The new demands children encounter in elementary school may also cause stress for parents because the child or parent feels pressure for the child to meet rigid behavior expectations. Not only the poor behaviors themselves, but also the pressures mothers feel from social institutions for a child to perform may contribute to mothers' feeling of distress or poor health. Griffith and Smith (2005: 33) argue that there is a "moral dimension" to mothering work in the schools. In community settings, a "culture of mother-blame" can place responsibility for children's behaviors, good or bad, on mothers (Singh 2004). In qualitative research, mothers report that schools and neighborhoods often reinforce feelings of inadequate mothering of children with emotional or behavioral problems (Singh 2004).

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[12] Behavioral and academic problems at school can also take a toll on children, further jeopardizing their long-term educational success and attitude about school (Ackerman, et al. 2007; McLeod and Fettes 2007). In turn, this emotional distress in children may cause distress for mothers.

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Academic Success: Parents recognize the challenges and uncertainties associated with starting school. The transition to schooling in kindergarten can be a challenging time for parents and children (McClelland 1995; Rimm-Kaufman and Pianta 2002). Elementary school places increasingly higher demands on its young students, especially with more standardized testing at younger ages (Rimm-Kaufman and Pianta 2000). Delaying children's start in kindergarten to allow additional time for cognitive and emotional development has become an increasingly common practice, especially among higher socioeconomic status parents (Bellisimo, Sacks, and Mergendoller 1995; Frey 2005). Parents are concerned with children's academic performance, even at young ages (Entwisle, Alexander, and Olson 1998). Parents likely have long-term goals for children related to academic success, and, as Pearlin (1983) notes, it strains parents when children stray from the paths they envision. Among middle- and upper-class families in particular, recent research notes that parents of older children are quite concerned with academics, placing significant amounts of pressure on children to perform (Honore 2008; Levine 2006; Quart 2006; Robbins 2006).[13] Levine (2006: 137-8), an adolescent psychologist, suggests, "Parents willingly pay thousands for tutors, coaches, and preparatory courses in the hope that their child will outperform his friends and classmates." Test scores and the need for tutoring or special group assignments may be stressors for mothers of

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[13] The increasing incidence of "redshirting," where parents delay a child's entry into kindergarten by a year, suggests that parents are also highly concerned with academic success in elementary school. However, there is little research, to my knowledge, empirically testing the extent to which parents place academic pressure on children during elementary school.

elementary-aged children. While much of this research focuses on high school students, recent research suggests that parents are concerned for children's emotional well-being and long-term academic success even in elementary school (Warner 2010).

Stressor II: Mothers' Time Pressures

Elementary school can require sizeable time investments on the part of parents. Qualitative research on family-school relationships notes the significant time investment involved in home-school relationships across social classes (Lareau 2000a, 2003; Reay 1998). The format of school shapes the way families of school-aged children spend their time as well as the nature of parent-child interactions at home (Griffith and Smith 2005). Simply dealing with the daily time requirements of getting children to school, helping them home after school, cooking dinner, and completing school work and supplementary education "generates anxiety" for mothers (Griffith and Smith 2005: 72). The transition to schooling represents a new aspect to mothers' daily coordination efforts, perhaps allowing more free time during the day for those non-employed, but more intense mornings and evenings. This section addresses time pressures that mothers may experience while assisting children through elementary school. These include the following: employment demands, child care demands, and schools demands on time such as homework and meetings.

Employment and Child Care Demands: On average, employment is considered beneficial to mental and physical health even when paired with

additional social roles (Christie-Mizell et al. 2003; Gore and Mangione 1983;

Kandel, Davies, and Raveis 1985; Thoits 1986). However, employed mothers

of elementary-aged children may exhibit worse mental and physical health

compared to non-employed mothers as a result of the additional demands on

their time. Roxburgh (2004) argues that time pressures should be considered

as a central parenting strain. Excessive time demands at work, particularly for

those in inflexible positions, take their toll on well-being (Moen and Yu 2000;

Roehling, Moen, and Batt 2003; Roxburgh 2004). Full-time employed mothers

are less involved children's schooling than part-time or non-employed mothers

(Heymann and Earle 2000; Muller 1995). Full-time employed mothers must

also develop creative solutions to be available for their children after school

hours: changing shifts, creating support networks, finding new jobs, or taking

non-traditional lunch breaks to visit the classroom or walk a child home from

the bus stop (Weiss, et al. 2003). Similarly, balancing employment with the

frequent demands of children's schooling may also result in lower well-being

for employed mothers compared to mothers employed part-time or non-

employed.[14]

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[14] The extent to which employment improves well-being – employed individuals may simply be healthier mentally and physically – or decreases well-being when combined with other institutional obligations is unclear. For example, mothers leaving welfare show improved psychological well-being as a result of employment, despite efforts to balance work and family (London, Scott, Edin, and Hunter 2004). Much of the relationship between employment and well-being is related to work conditions. Low autonomy, a lack flexibility, more work hours, and working nonstandard shifts are associated with decreased well-being (Keene and Quadagno 2004; Voydanoff 2002). Schedule control, autonomy, authority, and high income are work-related conditions typically identified as reducing work-family conflict (Golden 2001; Jacobs and Gerson 2004; Roehling, Moen, and Batt 2003). Unfortunately, the ECLS-K focuses on children's home and school relationships, providing little detail on parents' employment conditions. Future research could delve more deeply into the intricacies of employment conditions as they are associated with involvement in children's schooling and maternal well-being.

Though school hours account for a significant portion of mothers' work hours, after school care often remains necessary. School hours rarely mirror working hours, and mothers must often struggle to find after school care (Gornick and Meyers 2003). In a study of child care arrangements among 57 low-income mothers, children's school schedules were a major factor in finding convenient arrangements (Henly and Lyons 2000). These challenges are particularly evident when short-term arrangements are required, such as during summers and holidays (Henly and Lyons 2000). Moreover, finding arrangements that are convenient to mothers' work, children's schools, and home is challenging (Henly and Lyons 2000). Mothers working in low-wage positions with little flexibility may face greater constraints meeting center care hours (Henly and Lyons 2000).

Organizing child care is a difficult process, negatively associated with maternal well-being (Ross and Mirowsky 1988).[15] Using multiple arrangements increases the logistics associated with organizing children's care. A recent study of 243 employed parents found that concerns over the quality and safety of children's after school care was associated with lower psychological well-being in parents (Barnett and Gareis 2006). Unfortunately, for many mothers, there is often little "choice" associated with child care arrangements, as options may include steep prices or informal arrangements (Gornick and Meyers 2003). Choosing the care arrangement may be a strain in addition to anxiety over quality and the child's adjustment to the

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[15] Ross and Mirowsky 1988 use a sample of married mothers; employed mothers with difficulties arranging child care showed the highest depression levels compared to other employed mothers and non-employed mothers.

arrangement. The type of non-parental care may affect mothers' well-being.

For example, having a relative available may alleviate stress, and the security

of a center care arrangement makes planning easier. Informal arrangements

can be unreliable, but many mothers may stretch their social support

resources thin seeking substitute providers (Henly and Lyons 2000).[16]

School-Related Time Pressures: There are a number of activities at

the school at which parents' presence is expected. Mothers may feel an

emotional obligation to participate in these activities, but be unable to attend

as a result of difficult work schedules, inadequate transportation to the school,

or additional child care needs for other children at home. Therefore, mothers'

may experience stress and anxiety as a result of their inability to attend. As

noted above, employed mothers often rearrange their schedules to

accommodate school functions (Weiss et al. 2003), creating additional work

and potential stress. Some of the negative effects of mothers' inability to

attend school activities may stem from the mothering effort that mothers put

into children's schooling and their overall concern with making children's

experiences successful. I discuss the work of mothering that may occur in the

school setting further below when addressing mothers' social integration at the

school.

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[16] The type of arrangement may also affect mothers' lives at work. Center-based care is
associated with high maternal absences from work because of a sick child, while the use of
small, home-based nonrelative providers is associated with mothers' job exits (Gordon,
Kaestner, and Korenman 2008). Neither of these alternatives is positive for mothers, though
mothers with low earnings may face the greatest threat to their livelihood.

Another way schools place demands on family time is through the assignment of homework.[17] Mothers may spend a significant amount of time helping children with homework, making sure homework is completed, and guaranteeing that homework actually makes it to school the next day. Mothers report that homework is a top priority and a primary responsibility (Chen and Stevenson 1989; Xu and Yuan 2003), but also a source of anxiety and tension (Solomon, Warin, and Lewis 2002). In a survey of different parenting approaches to homework assistance, a large share of parents, two-thirds, reported negative or inappropriate involvement with a child's homework completion, and 40 percent reported that their involvement sometimes made homework harder (Cooper, Lindsay, and Nye 2000). Lareau (2003: 182) describes the daily completion of homework as an "emotionally exhausting" project for a middle-class mother and daughter in her ethnographic study. Children actively dislike homework, and working towards homework completion each night can require considerable time and energy. Green and colleagues (2007) find that parents' feelings of time and energy are related to the amount of home-based and school-based support they provide, controlling for socioeconomic status. Parents with more time availability may be likely to spend the most time with children on homework. Low-income parents at one middle school reported that they were busy "trying to get by," and could not devote time to homework (Xu and Yuan 2003). These findings suggest that

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[17] Homework may not be a primary concern for parents of kindergarteners, but more relevant for the third grade outcomes in the proposed analyses.

mothers' availability to enforce homework rules might reduce strains, but also that making a child to complete an unpleasant task could increase strain.

Stressor III: School Context

The quality and characteristics of a child's school are often studied in relation to children's outcomes (see Arum 2000 for a review; Milkie and Warner 2011), but these also may matter for mothers' well-being. A negative school environment or one that parents did not choose for their child, may make a child's schooling process more difficult for mothers.[18] This section suggests key characteristics associated with the school context that may affect mothers' mental and physical health.

One aspect of school context that may concern parents is the student body. Though parents may be less likely to vocalize these preferences, the characteristics of the student body are often a key consideration in evaluating schools. In choosing schools, families consider an array of factors: academics, violence, proximity, poverty rates, and racial composition (Goldring and Hausman 1999; Saporito 2003; Schneider and Buckley 2002).[19] Racial composition of the schools is a determining factor in white families' school

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[18] School choice positively affects parents' satisfaction and level of comfort at the school (Diamond and Gomez 2004; Hausman and Goldring 2000), though parents' satisfaction with public schools (which may also be schools of choice) varies as a function of family income (Goldring and Hausman 1999).

[19] The issue of school choice has dominated educational research in recent years, with great debate as to its potential to increase equity and quality or increase race- and class-based school segregation (Lee, Croninger, and Smith 1994; Saporito 2003; Schneider and Buckley 2002). The long-term effects of school choice are beyond the scope of this paper, but it is possible that parents are more satisfied with a school if they have selected it for their child. Such satisfaction may positively affect mental and physical health.

preferences (Schneider and Buckley 2002). White families are more likely to choose a magnet school or private school with fewer non-white students (Saporito 2003, 2009). This research indicates that Asian, Black, and Hispanic families' preference for private school is not affected by community racial composition, and non-white families' magnet school preferences based on racial composition are unpredictable (Saporito 2003, 2009). A study based on parents' internet research of schools in Washington, DC suggests that the characteristics of the student body remains the top concern, with less attention paid to information on teacher quality, facilities, test scores, and programs (Schneider and Buckley 2002).

The level of poverty present at the school may also be a key component of school context. Many parents believe in the importance of the school environment in relation to their child's long term success, though their definitions of success may vary. Given the extensive inequality and social stratification in the educational system, high poverty schools often face difficulties associated with issues of teacher turnover, absenteeism, overcrowding, or low teacher pay – all of which may affect mothers' comfort level with the school.[20] Hochschild (2003) argues that there are "nested inequalities" in the social organization of schools, and the most disadvantaged students also face the worst school conditions. This is particularly true at

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[20] There are a number of school-level factors that may affect children's school success. Data suggest that educational funding and class size affect student success, though debate exists (Arum 2000; Grubb 2009; Hanushek 1989, 1997). Arum (2000) reviews these relationships, suggesting that despite conservative dissenters, the majority of studies point to the importance of finances, desegregation, and curriculum for children's academic success. A consideration of all of the potential factors is beyond the scope of this dissertation. Instead, I include the objective measures of quality available with the data most likely to influence children's educational success and thus mothers' concern.

urban schools, where the level of low-income children in the school is often also an indicator of inadequate funding, resources, classrooms, and teacher training (Hochschild 2003; Hochschild and Scovronick 2004; Lankford, Loeb, and Wyckoff 2002). A lack of resources in the classroom is linked to worse mental health among children (Milkie and Warner 2011), and it's likely that this connection can extend to mothers as well.

The physical state of the school and its surrounding neighborhood may influence parents' satisfaction with children's schooling. Mothers that send their child to a dilapidated building with crumbling infrastructure surrounded by graffiti and high levels of violence in the neighborhood may also experience high levels of anxiety for their child in this environment. In a sample of parents at 122 elementary schools, perceptions of safety and a positive climate were key predictors of parental satisfaction with schools (Griffith 1997). Sociological research explores the potential influence of neighborhood characteristics on individuals' mental and physical health (Boardman 2004; Ross and Mirowsky 2001; Schulz et al. 2000; Wheaton and Clarke 2003). For example, Schulz et al. (2000) find that controlling for neighborhood poverty and instances of unfair treatment eliminates Black-white differences in psychological distress. Schools are in many ways extensions of their surrounding neighborhood, and having children also living in adverse conditions may increase the stress and anxiety associated with poor neighborhood context. Since low income and minority mothers are more likely to encounter negative conditions, these problems may also shape inequalities in mothers' health and well-being.

Finally, there is a component to school quality less easily measured by statistics and numbers, though related to all of the factors discussed above. Some schools may more easily create a sense that people are welcome and that it is a joyful place that can be felt simply when walking through the door. One principal at a school may be very warm, while the next may be more rigid and focused on policy and order. Additionally, the extent to which parents or their children may enjoy a particular's teacher's approach to learning is likely to vary. The same teacher may seem friendly and approachable to one parent, but rigid and inflexible to another (Warner 2010). A sense of school quality and a child's good experience may easily vary from year to year as the teacher changes or the school faces new circumstances.

Social Integration and Maternal Mental and Physical Health

The stress process perspective proposes that supportive resources can have significant mitigating effects on stressors, potentially alleviating some of the negative effects wrought by schooling strains. In general, personal coping resources reduce the negative effects of environmental stressors (Thoits 1995; Wheaton 1983). However, the success of support resources in reducing stress depends on the type of stress and the type of mental health problem (Wheaton 1983). This dissertation engages the stress process perspective to explore maternal involvement in children's schooling as a possible source of social integration, where mothers of elementary-aged children might obtain

information, assistance, reassurance, or friendship in relation to children's schooling experiences.

The interpretation of social integration is important for understanding potential effects on maternal well-being. Mirowsky and Ross (1986: 33) define social integration as "more or less isolation," or the number of people with whom individuals have a connection. Social support is indicative of the potential assistance that an individual may receive from personal relationships. Cohen and Wills (1985) use meta-analysis to evaluate two ways in which social support or integration may improve well-being: 1) through direct effects on well-being, regardless of the levels of stress individuals may be experiencing, or 2) by buffering existing strains, indicated by an interaction effect of stress x support where support actually "protects" individuals from the negative effects of strains. Cohen and Wills (1985) conclude that often measures of support determine their effects, with an assessment of integration into a large network indicating direct effects and an assessment of the actual availability of support in time of need indicating buffering effects.

Involvement in children's schooling, through participation in the parent-teacher association (PTA), attendance at events, or simply spending time with other parents on the school playground, may provide mothers with an additional source of social integration.[21] In general, support resources are

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[21] A number of terms are used to describe these family-school relationships. In the stress process literature, social support refers to the perceived or actual receipt of emotional, instrumental, appraisal or informational support (Berkman, et al. 2000), and social integration refers to an existing structure of social relationships (Turner and Turner 1999). In discussions of family-school relationships, involvement in children's schooling, particularly in the form of PTA participation, parent-teacher conferences, and interventions with teachers, is often understood as a form of social or cultural capital. In terms of social capital, school

positively associated with improved well-being. Social integration provides

support that combats health problems, access to support is inversely related to

depression, and often, social integration occupies a buffering role when other

stressors are present (Ostberg and Hagekull 2000; Seeman 1996; Turner and

Turner 1999). Pearlin (1989: 251) suggests that not just levels of perceived

social support, but individuals' actual networks and "integration into various

social institutions" is central to understanding how these structures can

provide resources. The supportive mechanism provided by integration into

children's schooling offers insight into the potentially protective effects of the

social integration to which Pearlin (1989) refers. However, as noted by Cohen

and Wills (1985), the extent to which social integration actually buffers mothers

from potential school strains will depend on the extent to which mothers can

actually draw on social integration at the school as a resource for emotional or

instrumental assistance.

Much of the research on parental school involvement focuses on the

benefits it provides for children, and parents' participation in the educational

system has positive implications for children's long-term academic success

(Ho and Willms 1996; Jeynes 2007; Lareau 2000a). However, the social

context of schooling may matter more for maternal well-being than is

immediately clear from current research. Knowing the parents of their child's

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involvement and connections with a child's peers' parents (intergenerational closure) reflect mothers' structured relationships associated with the school setting. Theoretically, this social and cultural capital is a means through which parents seek to gain advantages for their child at school (Coleman 1990; Lareau 2000a, 2003; Lareau and Horvat 1999; McNeal 1999). In this dissertation, in keeping with the stress process perspective, I refer to these relationships in terms of social integration (and a form of social support), but I also include literature focusing on social and cultural capital in family-school relationships (defined as involvement in schooling) when relevant.

peers, volunteering at school, attending events, and gaining direct access to a child's teacher may give mothers an additional network or more faith in the work of the educational system resulting in improved well-being.

Mothers with more support resources at the school may be better able to cope with potential problems related to a child's behavior, care logistics, or school quality.[22] Childrearing is one facet of women's lives that may expand their networks. Caregiving can provide mothers with social integration (Lin 2000; Moen, Robison, and Dempsey-McClain 1995; Nomaguchi and Milkie 2003). Children help parents create ties with other individuals – friends, neighbors, and family members – thus widening parents' social networks (Nomaguchi and Milkie 2003). Children's entry into the educational system and the personal and institutional interactions that accompany that entrance may be another way in which children widen mothers' social networks. Women's access to additional relationships through children's schooling may be an understudied aspect of the networking ties associated with childrearing. Small (2009) suggests that enrolling preschool-aged children in center care expands mothers social networks and potentially improves mothers' health. Depending on the quality and structure of the care facility, mothers with preschool-aged children in child care centers also gain access to additional

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[22] On average, parents are more involved in a child's elementary education compared to middle and high school (Green et al. 2007), making this an ideal sample to study parents' feelings of social integration through school involvement.

information about future schooling decisions and expand their friend networks.[23]

Ties with other social organizations, such as schools and churches, are generally associated with improved well-being. This has proven true in other examples of social integration in stress process literature. For instance, women involved in religious institutions in addition to possessing caregiving commitments experience higher levels of well-being compared to those lacking religious resources (Moen, Dempsey, and McClain 1995). Engagement with a child's school may operate in a similar fashion. Women have social networks that are more likely to consist of family members rather than non-kin compared to men, whose networks may consist more of friends, advisors, and coworkers (Lin 2000). Involvement with additional organizations shape the form and function of mothers' social ties, and these literatures suggest that it is important to consider dominant institutions in mothers' lives and the ways that these institutions create or limit network ties.

Unfortunately, mothers' interactions with schools may not be universally positive, and mothers may not necessarily receive benefits from their efforts. Research on social integration does not take into account the mothering work associated with creating ties on a child's behalf.   This emotional work may not necessarily produce beneficial relationships for *mothers*. In the school setting,

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[23] Small (2009) also notes that the characteristics of a particular social institution can shape the nature and quality of the interactions between parents. Some child care centers may better facilitate social integration than others, and, in many ways, mothers' social networks (strong and weak ties) can be shaped by the institutional structure of the child care center their child attends. Small (2009) applies network analysis, focusing on the usefulness of the ties mothers create within child care centers, offering an alternative theoretical base(to the stress process perspective) for exploring the nature of mothers' social integration in elementary schools.

some mothers may have much invested in the outcome of their efforts, and may consider networking at schools or child care centers to be a component of mothering rather than something the produces positive network ties. Research cites the significant amount of emotional labor that women perform in relation to childrearing (Hays 1996; Hochschild 2003; McMahon 1995). This emotional labor extends to the school setting, often in the form of "emotional capital," where mothers work to improve their child's experiences at school (Gillies 2006; Griffith and Smith 2005; Lois 2010; O'Brien 2007; Reay 1998, 2000; Warner 2010). This emotional labor in the school setting comes at a cost to mothers. Mothers report being upset, frustrated, and anxious over meetings with teachers, assisting children with homework, children's peer relationships and playground experiences, and generally organizing elementary-aged children's daily lives amid competing demands (Reay 1998). Some working-class mothers make considerable efforts to improve children's experiences at school, but do not gain positive returns for these efforts (Gillies 2006). Small (2009) notes instances in which mothers scramble to make events happen at child care centers and find that the work involved in improving center quality can be overwhelming.

Given the social stratification present in the education system, mothers' success in achieving social integration at the school may vary across race/ethnicity. Navigating social institutions can be a challenging; schools are monolithic institutions with layers of bureaucracy to navigate. Literature on family-school relationships suggests that parents vary across race/ethnic and

class statuses in the extent to which they feel that their interventions at school result in action (Sheldon 2002) or their involvement is welcomed at the school (Hoover-Dempsey and Sandler 1997). Teachers often have preferred ways in which they expect parents to approach them (Lareau 2000a; Lareau and Horvat 1999; Lawrence-Lighfoot 2003). This may result in some mothers feeling a lack of control over their child's schooling experiences. The sense of a loss of control affects levels of depression, anxiety, and poor health, particularly for mothers (Rosenfield 1989). Research relating a sense of personal control to women's health draws on women's employment as the source of institutional interface. This research can be extended to children's schooling, as mothers' emotional investments may combine with an inability to enact change.

SUMMARY

Mothers perform the bulk of the labor associated with children's schooling, and difficulties associated with children's schooling experiences likely affect mothers' mental and physical health. This relationship remains untested. This dissertation addresses the extent to which strains associated with children's education affect mothers' mental and physical health. A better understanding of these strains will also inform research on racial/ethnic and class inequalities in maternal well-being as well as social stratification in the educational system. This dissertation will also assess the extent to which schooling strains explain racial/ethnic and class differences in maternal health.

Finally, schools may offer mothers potential support resources, and this dissertation will evaluate the extent to which social integration at the school reduces the strains associated schooling and provides direct benefits to maternal well-being.

Using a stress process perspective and defining social statuses as structural circumstances that aid or limit mothers, this dissertation answers three research questions. (1) How are strains in children's elementary schooling process associated with mothers' health? In answering question one, I present three conceptualizations of children's schooling strains: those associated with child health and school problems, those associated with mothers' time pressures, and those associated with the school context. (2) Are these strains mechanisms for understanding racial/ethnic and class variation in maternal well-being? In answering question two, I seek to understand the extent to which each particular conceptualization of schooling strain can explain (or mediate) racial/ethnic and class differences in maternal well-being. I hypothesize that some conceptualizations account for more racial/ethnic inequalities while others explain class differences. (3) What role does mothers' social integration at the school play in benefiting (or negatively influencing) maternal well-being or mitigating some of the strains associated with children's elementary schooling? In answering this question, I expect that social integration at the school may not be universally beneficial to mothers. It may also be another type of demand on mothers' time, and I will use qualitative findings to better assess the extent to which mothers "enjoy"

involvement at their child's school. I use cross-sectional and longitudinal data from the ECLS-K (Kindergarten to Third Grade) to answer questions one and two. I use longitudinal ECLS-K data (Kindergarten to Third Grade) and qualitative interviews and participant observation to answer question three.

CHAPTER THREE: *Method and Design*

INTRODUCTION

The purpose of this dissertation is to understand the ways in which strains associated with children's schooling affect maternal well-being. While mothers spend a significant amount of their time accommodating schooling demands on family time and interacting with schools, little research assesses how this key social institution functions in mothers' lives. This dissertation uses mixed methods to assess family and school contexts of maternal health with a focus on potential stressors and supportive resources mothers may find in these contexts. While much research considers *children's* well-being and success within the institution of schooling, we know little about how this social institution functions in mothers' lives. Given mothers' frequent interactions with schools, this is an important oversight.

There are two data sources for this research, a nationally representative, longitudinal sample of kindergarteners in 1999 and a qualitative purposive sample of 27 middle-class mothers from urban elementary schools. For the quantitative data, I use multi-level modeling to explore whether strains associated with children's schooling are related to maternal health – measured through self-rated health and depressive symptoms. These data will answer the following key research questions: (1) How are strains in children's elementary schooling process associated with mothers' health? (2) Are these strains mechanisms for understanding

racial/ethnic and class variation in maternal well-being? (3) What role does mothers' social integration play in benefiting (or negatively influencing) maternal well-being or buffering some of the strains associated with children's elementary schooling?

Analytic Plan

The three analytic chapters in the dissertation are organized to assess the particular schooling strains that influence maternal well-being in addition to the ways in which school involvement might benefit mothers' well-being through social integration and support. The first quantitative chapter (Chapter Four) addresses the ways in which mothers' experiences with schooling during their child's kindergarten year affect maternal health (RQ1). Included in this chapter is an evaluation of social status variations in maternal well-being in the context of children's schooling strains (RQ2). The second analytical chapter (Chapter Five) uses longitudinal analysis to consider how cumulative experiences between kindergarten and third grade influence well-being, net of mothers' initial health status in kindergarten (RQ1). This chapter also assesses how race and class differences in maternal health are mediated by schooling strains (RQ2). Finally, the third analytical chapter (Chapter Six) uses quantitative and qualitative findings to better understand the extent to which maternal involvement in children's schooling may actually benefit mothers (RQ3), taking into account mothers' race/ethnicity. I provide further detail on the analytical approaches used in each of these chapters in the sub-sections below. The first section addresses the quantitative analyses

presented in Chapters Four, Five, and Six. The second section details the qualitative method used for analyzing the results presented in Chapter Six.

QUANTITATIVE ANALYSIS: CROSS-SECTIONAL AND LONGITUDINAL ANALYSIS

Data and Sample Design

The data are from the National Center for Education Statistics' (NCES) Early Childhood Longitudinal Study, Kindergarten Class of 1998-99 (ECLS-K), Kindergarten, First Grade, and Third Grade data files. This survey begins as a nationally representative sample of over 20,000 kindergarteners in approximately 1,200 public and private schools in 1999 (NCES 2004). Using multistage probability design, administrators selected 100 primary sampling units (PSUs) based largely on the number of five-year-olds, then further divided these based on percent minority, per capita income, and size. Schools were selected from each PSU, with public schools with fewer than 24 kindergarteners and private schools with fewer than 12 kindergarteners clustered together. Within each sampling strata, children were systematically sampled from a complete list of enrolled kindergarteners, regardless of any disability status, with an oversampling of Asian and Pacific Islanders. Administrators targeted 24 students per school, which sometimes meant that if only 24 kindergarteners were enrolled, all were sampled (NCES 2001).

The kindergarten data were collected in Fall 1998 and Spring 1999, the first grade data were collected in Spring 2000, and the third grade data were collected in Spring 2002. Because of sample freshening in first grade, the

data are representative of children in kindergarten or first grade in 1999 and 2000; the data are not nationally representative of teachers and schools in third grade, but rather of the third-grade school contexts of kindergarteners and first-graders in 1999 and 2000. The ECLS-K offers detailed responses on both children's home and school environments. Data are collected from five different types of respondents: children, parents, teachers, school administrators, and physical infrastructure observations of schools made by survey administrators. Children participated in direct assessments of reading and math skills in each wave as well as self-completed socio-emotional development questionnaires in third grade. Administrators conducted computer-assisted telephone interviews with a parent. Mothers were the preferred participants, followed by another parent/guardian (NCES 2001).[24] Teachers and school administrators provided written responses to self-administered surveys. Teachers completed multiple questionnaires, specific to their demographic characteristics, classroom characteristics and instructional techniques, and specific to the sampled child.

Sample Selection, Attrition, and Non-Response

In spring of the kindergarten year, the child-level completion rates are as follows: 19,967 child assessments, 18,950 parent interviews, 15,233 teacher surveys, and 19,282 administrator surveys. Response rates range

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[24] The vast majority of respondents were the children's mothers or fathers. However, the only requirement for parental respondents was that the respondent had to be knowledgeable about the child's care and education, be 18 years of age or older, and be living in the household with the child (NCES 2001).

from 85.9 to 88.0 percent. In kindergarten, 1,014 schools participated, with a response rate of 74 percent. In third grade, the child-level completion rates of children that participated in kindergarten are as follows: 14,349 child assessments, 13,392 parent interviews, 11,741 teacher surveys, and 12,361 administrator surveys.[25] Response rates range from 62.3 to 80.8 percent.

The sample is limited to responses from mothers only, which is 87 percent of cases in third grade. Fathers were the primary respondent in nine percent of cases with other guardians accounting for approximately four percent of cases. In kindergarten, limiting the sample to mothers excludes 3,818 respondents, which includes cases in which the mother responded in fall of the kindergarten year but not the spring. This leaves a sample of 13,273 mother respondents for the analyses. I also lose between 2,048 and 2,067 cases as a result of non-response (across multiple respondents) on variables in the analysis. In the longitudinal (kindergarten to third grade) analyses, there are 8,571 mothers that responded to the parent questionnaire in fall and spring of kindergarten as well as spring of third grade. This excludes 4,836 cases with parent responses but where the respondent was not the focal child's mother at both waves. In addition, I also lose between 1,567 and 1,576 due to non-response on specific variables in the analyses. Table 3.1 gives a detailed account of the cases lost as a result of sample selection, attrition, and non-response.

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[25] Administrators refreshed the sample in first grade, adding additional cases to create a nationally representative sample of kindergarteners and first graders for the survey. The freshened sample included students that had not been enrolled in kindergarten, and so is not used in these analyses.

Some of this attrition is a result of children changing schools. Survey administrators made efforts to follow children that transferred schools over the course of the survey, targeting a random 50 percent subsample of children to follow should they transfer. This group was followed during both the spring first grade data collection and the spring third grade data collection. In addition, in spring third grade, language minority children that transferred schools were also followed. Responses reflect the "movers" current school at the time of interview. Nevertheless, attrition across respondents between kindergarten and third grade results in a significant loss of cases.

Analyses for possible sample bias from selection effects or attrition suggest that the samples used in this analysis are disproportionately white, with higher SES, and greater levels of attendance at private schools than the excluded cases.[26] Table 3.2 shows the results of these attrition and selection effect analyses. Final models will use longitudinal weights spanning kindergarten, first, and third grades provided by survey administrators. Weights adjust for parental non-response as well as child non-response.

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[26] Missing data introduces possible biases into the results. More frequently, sociologists turn to multiple imputation as a resource to address missing data problems. Often, however, if the data are missing at random (MAR), listwise deletion generally provides robust estimates (Allison 2001). Additionally, the use of multiple imputation generally assumes that the data are MAR, and other types of analyses come at considerable cost, which limits the advantages of multiple imputation in speaking to potential sample bias (Allison 2001). For the purposes of this dissertation, I use listwise deletion to treat missing data, though this does result in the lost of statistical power as a result of the deletion of cases with partial information. The results discussed in these chapters will be considered exploratory in nature, with the potential to make comparisons using multiple imputation in the future.

Measures

<u>Dependent Variables</u>

The first set of dependent variables, *mother's depression* during kindergarten and third grade, is a modified version of the Center for Epidemiologic Studies Depression (CES-D) scale. *Depression* is the mean score for the frequency in the last week the individual experienced the following 12 symptoms: 1) Felt that you were bothered by things that don't usually bother you, 2) Felt that you did not feel like eating, that your appetite was poor, 3) Felt that you could not shake off the blues even with help from your family and friends, 4) Felt that you had trouble keeping your mind on what you were doing, 5) Felt depressed, 6) Felt that everything you did was an effort,7) Felt fearful, 8) Felt that your sleep was restless, 9) Felt that you talked less than usual, 10) Felt lonely, 11) Felt sad, 12) Felt that you could not get going. Responses categories for each question are: 1 (never), 2 (some of the time), 3 (a moderate amount of time), or 4 (most of the time), where a higher score on the depression scale represents greater distress. Principal components analysis on the items in this scale shows one factor and a standardized Cronbach Alpha coefficient of 0.908. Depression is a continuous variable, but highly skewed with a relatively rare occurrence of depression among mothers.

The second set of dependent variables, *kindergarten* and *third grade poor health,* are the mother's rating of her quality of health. Interviewers

asked the following question: "I would like to ask you about your health. In general, would you say that your health is excellent (1), very good (2), good (3), fair (4) or poor (5)." A higher score in self-rated health represents worse health. A global measure of self-rated health is an accurate and robust indicator of health status. In a meta analysis of 27 community samples, global self-rated health was an independent predictor of mortality (Idler and Benyamini 1997). Also, self-rated health may reflect one's health identity, which changes over time (Bailis, Segall, and Chipperfield 2003). Again, the dependent variables are truncated with relatively few mothers experiencing poor health.

Because of the distributions of the dependent variables, I conducted additional analyses using ordered logit with similar results to those presented in the dissertation. Given the relative rarity of experiencing poor health or depression, the findings reported in this dissertation are conservative, presenting the lower-bounded estimates.

Independent Variables

For independent variables I discuss (1) mothers' social statuses and (2) the three categories of schooling strains and social integration.

(1) Social Statuses

I include mother's education during the child's kindergarten year as a measure of social class, as discussed in Chapter Two. *Mother's Education* is measured in five mutually exclusive dummy variables: less than high school

education, high school diploma, some college or associate's/vocational degree, and college degree or greater (including participation in or completion of a graduate program). College degree or greater serves as the reference category in multivariate models. *Race/ethnicity* is coded into five mutually exclusive dummy variables using mothers' self reports: 1) White, 2) Black/African-American, 3) Asian, 4) Hispanic/Latina, and 5) Other races, which includes individuals of two or more races, American Indians, native Hawaiian, other Pacific Islander, or native Alaskan.

(2) Strains

Measures for strain associated with children's schooling include both cross-sectional and longitudinal measures. Unless otherwise noted in the variable description, the longitudinal measures for strains represent cumulative averages across kindergarten, first, and third grades. In essence, I average the strain across the three available waves of data to get a picture of the extent to which this strain occurs frequently during the focal child's elementary school years. I discuss the theoretical implications of this approach more fully in the description of data analysis following the measures. Cross-sectional measures for strains include only the kindergarten measure of the strain.

Child Health and School Problems. These variables focus on potential problems for the focal child that might create additional difficulties for the child at school, potentially increasing mothers' efforts to help their children navigate school. Two variables measure children's health problems. The *presence of*

a disability is a composite variable created by survey administrators noting whether a child receives therapy or receives special services (such as a wheelchair) at school, or indicated a positive response to any of a series of questions noting whether a professional diagnosed the child with a disorder, including: hearing loss, learning disability, attention deficit disorder, attention deficit hyperactive disorder, developmental delay, autism, dyslexia, mental retardation, or other. I use the revised version of the disability composite, released in a data Errata, that excludes any children with vision problems correctable with eyewear in addition to slight adjustments to better mirror population estimates of children with a disability (NCES 2007). In kindergarten cross-sectional analyses, I include the kindergarten measure of composite disability. In longitudinal measures, I include a measure of a newly diagnosed disability between kindergarten and third grade, excluding children previously diagnosed in or prior to Spring Kindergarten.[27] For the second variable, I include a measure of the mother's rating of the focal child's health, as that might affect behavior and performance at school or the child's relationships at school. *Child poor health* ranges from 1=excellent to 5=poor. In cross-sectional analyses, this is measured with the mother's spring kindergarten rating. In longitudinal analyses, as discussed above, this is measured with the

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[27] In separate analyses, I tested the difference between children diagnosed with a disability prior to kindergarten and children newly diagnosed between kindergarten and third grade. Results (not shown) illustrate that mothers of children with a newly diagnosed disorder have significantly more depressive symptoms compared to mothers with a previously diagnosed disorder. Therefore, I use both children with no disability and those with a previously diagnosed disability as the comparison group in the analyses presented in this dissertation.

average of the mother's ratings in kindergarten, first, and third grades to measure the cumulative effect of this strain over time.

Four variables measure the child's academic and behavioral performance at school. (I) *Behavior comparisons* rates mothers' perceptions of their child's behavior compared to other children the same age. The variable includes four questions on a scale of 1: better than other children to 4: much less well than other children, as follows: Would you say {CHILD} is independent and takes care of {himself/herself}? Does {CHILD} pay attention? Does {CHILD} learn, think, and solve problems? Would you say {CHILD} behaves and relates to other children and adults? Principal components analysis shows one factor, with the exclusion of a question on whether a child is as active as other children, with a standardized Cronbach Alpha coefficient of 0.71. For cross-sectional analyses, this is measured in spring of kindergarten; in longitudinal analyses this is the average of the kindergarten, first-, and third-grade ratings. (II) *Reading scores* are the child's standardized t-score for reading skills in relation to the population as a whole. Reading assessments are based on children's letter recognition, beginning sounds, ending sounds, sight words, comprehension of words in context, literal inference, extrapolation, evaluation of the narrative, and evaluating non-fiction. ECLS-K certified child assessors conducted the one-on-one child assessments of reading and math skills (NCES 2004). The spring kindergarten measures are used for cross-sectional analyses and a

cumulative measure for longitudinal analyses.[28] (III) *Child tutored* is a flag for

when the child regularly receives tutoring at home. In the kindergarten cross-

sectional analyses, I include an additional measure, *dislikes kindergarten*, to

determine how the child is adjusting to the transition to kindergarten. This is a

scale of six questions (where 1=not at all and 3=more than three times a

week) indicating the extent to which the following occur: child complains about

school, child is upset to attend school, child pretends to be sick to stay home

from school, child praises school, child says he/she likes the teacher, and child

is eager to go to school. The latter three questions are reverse coded so that

higher scores indicate less enjoyment. Principal components analysis on the

items in this scale shows one factor and a standardized Cronbach Alpha

coefficient of 0.72.

Time Pressures. These variables measure maternal employment, child

care arrangements, and school demands on mothers' time. For cross-

sectional analyses, I include a measure of the mother's current employment

status in spring of the kindergarten year. The cross-sectional analyses

measure maternal employment in four mutually exclusive categories as

follows: *full time* (35 hours per week or greater), *part time* (less than 35 hours

per week), *non-employed* (the respondent is not looking for work and not

working), and *looking for work*, which indicates that the respondent is

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[28] Although a measure of the child's participation in a gifted or talented program may have
been a useful indicator of school achievement, this variable was not available (suppressed) for
third grade children. Instead, I include a measure of whether the child received tutoring in an
effort to evaluate problems at school.

unemployed, but actively seeking a position.[29] Non-employed is the reference

category. In longitudinal analyses, I measure employment transitions between

kindergarten and third grade. There are seven mutually exclusive dummy

variables. Three dummy variables indicate that the respondent did not change

from the respective employment status between spring of kindergarten and

spring of third grade: *continuously full time, continuously part time,* and

continuously non-employed. Four dummy variables indicate change in

employment status: *full-to-part*, *part-to-full*, *non-to-employed*, and *employed-

to-non-employed*. All continuously employed or non-employed individuals

(those mothers not experiencing an employment transition) are the reference

group.[30]

Time pressures also include measures of children's child care

arrangements. Cross-sectional analyses measure difference across the

primary types of child care arrangements. Primary child care arrangements

are coded into four mutually exclusive categories: *parental care*, *center care*

(which includes after-school programs), *relative care* (either in-home or

elsewhere and not including the child's father), and *other care* arrangements

(which indicate participation in two or more programs and varied locations of

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[29] "Non-employed" mothers are typically interpreted as "stay-at-home mothers" or "full-time mothers." However, since not all mothers adopt these titles I refer to these mothers as non-employed for quantitative results, where mothers are unable to provide their own definition of employment.

[30] Additional longitudinal analyses excluded different employment statuses, e.g. continuously full time, but found no statistical differences in the well-being of continuously employed or non-employed mothers. However, I retained the separate categories of continuous employment statuses for descriptive purposes for the sample.

care).[31] Finally, time pressures include two measures of the potential

demands schools may place on mothers' time. First, *missed activities at*

school is a scale of the frequency with which mothers missed activities at their

child's school they would have otherwise attended due to logistical difficulties.

For cross-sectional analyses, the variable is a dummy variable where *missed*

activities at school = 1 if mothers answer yes to any of the questions below.

For longitudinal analyses, the variable ranges from 0 to 3, representing a sum

of the dummy variable for each wave of data. A series of questions

determines why a mother might not have participated in school activities.

Mothers were asked "This year, have the following reasons made it harder for

you to participate in activities at {CHILD}'s school?" "No child care available

keeps your family from going to school meetings or makes it harder for you to

participate in activities at {CHILD}'s school," "cannot get off from work,"

"inconvenient meeting time," and "problems with transportation to the school

have made it harder for you to participate in activities." Second, *homework*

frequency is a scale for the following question asked of children's teachers:

"Homework should be given to [kindergarten, first, or third grade] children

almost every day." Teachers' responses range from (1) strongly disagree to

(5) strongly agree.

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[31] Measures for the hours of non-parental care and the number of care arrangements were not
significant in final models and were not included in the analyses. Measures for mothers
experiencing a change in care arrangements during elementary school were also not
significant. Forty-three percent of mothers in the sample changed care arrangements
between kindergarten and third grade, so it was a common transition that did not adversely
affect maternal well-being.

School Context. The ECLS-K has a rich offering of school-level variables, both subjective and objective.[32] I include four measures of the school context in the quantitative analyses. The school-level contextual strains are not averaged over the course of elementary school. For cross-sectional analyses, I use the characteristics associated with the child's kindergarten school. In longitudinal analyses, I use the contexts associated with the child's school in third grade, with a flag as a control to account for whether the child changed schools between kindergarten and third grade. The level two (or school context) variables in the longitudinal analyses are not averaged over three years. (I) *Public school* is coded one if the school is public and zero if the school is private, including private religious institutions. (II) *Percent minority* refers to the percent of children at the school that are non-white, including white Hispanic students. The variable is coded in categories, where 1=less than 10%, 2=10% to less than 25%, 3=25% to less than 50%, 4=50% to less than 75%, and 5=greater than 75%. (III) *School poverty* represents the proportion of children in a sampled school living below the federal poverty line. The measure is created using the ECLS designation for the number of children whose household income is below the poverty threshold divided by the number of students sampled in that school.[33] (IV)

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[32] I did not include teacher/classroom variables, instead focusing on the school context for analyses. Unfortunately, the sample in ECLS-K does not allow for enough variation to test both school and classroom contexts (or a three level model) in the same analyses. I also did not include some school administrator perspectives on school policies, overcrowding, teacher/student absenteeism and turnover, community support, and enrollment as these were not statistically significant in the models.

[33] Children at each school are randomly sampled, which suggests that this measure presents an unbiased estimate of the socioeconomic status of students at a particular school. There are other variables provided by the ECLS-K – the proportion of students receiving free and

Administrators also provided a rating of the condition of the *school's neighborhood*, answering the following eight questions: "How much of a problem are the following in the neighborhood where this school is located? Tensions based on racial, ethnic, or religious differences, garbage, litter, or broken glass in the street or road, on the sidewalks, or in yards, selling or using drugs or excessive drinking in public, gangs, heavy traffic, violent crimes like drive-by shootings, vacant houses and buildings, crime in the neighborhood," where 1=big problem and 3=no problem. *School neighborhood* is the mean of administrator responses on these questions.[34] Due to missing data on this variable, I imputed missing cases at the mean for approximately 1,000 observations. I include a flag in the analyses for imputation.[35] Principal components analysis shows one factor, with a standardized Alpha Cronbach coefficient of 0.87.[36]

Social Integration. Mothers answered questions about their social integration at the school. A series of six questions addresses the ways in which mothers are involved at their child's school. Responses are coded such

[34] reduced lunches and whether the school receives Title I funding. Unfortunately, both of these variables are missing a significant number of cases in comparison to using the child-level data to make the calculation. Additionally, all three of these variables are highly correlated. Analyses indicate that using the other two options to assess school poverty provide similar results but result in a greater decrease in sample size.

[34] The ECLS-K also questions mothers on the conditions of their home neighborhood. I do not include these individual-level responses in the models. Since it is possible that school neighborhood captures some conditions also present at home for mothers and children, I ran supplemental analyses with mothers' rating of their home neighborhood and found that school contextual estimates were similar with the inclusion of this additional control. For parsimony, I excluded this control from the final analyses.

[35] Some of the school context variables are highly correlated. Pearson's r ranges from 0.14 to 0.41 for these variables, as shown in Table 3.3. I ran models with each of these variables separately and found similar results, suggesting that multicollinearity is not a problem.

[36] In addition to the above measures, teachers also answered questions about the school's climate and their own enjoyment of teaching. Supplemental longitudinal analyses indicate that these classroom-level, teacher assessments did not affect maternal well-being.

that if only the child's father attended the event or activity alone, the mother's

involvement for that activity is listed as zero, but if both parents attended or

only the mother attended, then the mother's involvement is listed as 1. "Since

the beginning of this school year, [has the child's mother or father] done the

following: attended a meeting of a PTA, PTO, or Parent-Teacher Student

Organization, volunteered at the school or served on a committee, participated

in fundraising for (CHILD)'s school, attended an open house or a back-to-

school night, gone to a regularly-scheduled parent-teacher conference with

{CHILD}'s teacher or meeting with {CHILD}'s teacher, or attended a school or

class event, such as a play, sports event, or science fair." *School involvement*

is a sum of the different activities at the school the child's mother attended in

the previous year, ranging from 0 to 6.[37]

Control Variables

Income is measured using the log of household income during the child's

kindergarten year. *Mother's Age* is the mother's age in years in spring of

kindergarten*. Age flag*=1 if the mother reports being under age 18 or over age

50 at the child's birth. This flag tests whether mothers outside of common

childbearing years face different health experiences compared to mothers at

other ages. *Focal child is the oldest* controls for whether the focal child is the

mother's first-born child. *Number of children* represents the number of

children under age 18 living in the household. I also include the number of

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[37] Analyses using dichotomous measures of each individual type of involvement showed that all effects of a single activity were either non-significant or in the same direction as a linear scale on both self-rated poor health and depressive symptoms.

times the child *changed schools* between 1999 and 2002. In cross-sectional analyses, I control for whether the child is a first-time kindergartener and whether the program is full day or half day. *Married* notes whether the mother is married or non-married. *Got divorced* is a flag for longitudinal analyses noting whether the mother was divorced between spring of kindergarten and spring of third grade (waves 2 and 5) of the survey.

Quantitative Analytical Plan

Quantitative analyses in Chapters Four, Five, and Six regress the two dependent variables (self-rated poor health and depressive symptoms) described above on strains associated with children's schooling experiences (Chapters Four and Five) and measures of social integration and support (Chapter Six). In Chapter Four, I use cross-sectional data of the child's kindergarten year to capture the effects of the transition to kindergarten on mothers. I will assess the influence of schooling strains in kindergarten on maternal health in kindergarten. These analyses will indicate the extent to which experiences in kindergarten set the stage for cumulative experiences over elementary school. However, the potential for reverse causality exists in this study, where mothers' poor health or depression could influence children's problems in school.

Therefore, in Chapter Five, I present longitudinal analyses of associations between schooling strains and maternal well-being during children's third grade year, controlling for mothers' pre-existing health status

during the kindergarten year. Regressing a time one score on a time two

outcome is preferred to calculating the change between time one and time two

as the outcome (Allison 1990).[38] Other studies of mental and physical health

have also used this approach with two waves of longitudinal data (e.g.,

Williams and Umberson 2004; Wu and Hart 2002). In the longitudinal

analyses, when theoretically logical, I measure change in key independent

variables, such as employment transitions or change in disability status. In

other cases, I average the strains associated with children's schooling

experiences over three waves of data. This approach indicates the extent to

which the cumulative experiences of strains during children's elementary

schooling might affect maternal well-being. This is both a theoretical and a

methodological decision. Previous research does not suggest that a child's

poor behavior in kindergarten is going to have lasting effects on a mother's

health into third grade. Rather, continued difficulties with a child's behavior

throughout elementary school might take its toll on well-being. Therefore,

these analyses measure key transitions in addition to the effects of cumulative

strains on maternal well-being.[39]

In Chapter Six, I evaluate the extent to which social integration and

support, measured with maternal school involvement, is related to maternal

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[38] However, for longitudinal analyses, I also calculate the results based on the dependent variables as change scores and make note of these analyses in my results discussion. There is no difference between analyses with a change score and lagged dependent variable and analyses that use only a lagged dependent variable. See Chapter Five for additional discussion of these findings and supplementary analyses.
[39] The use of cumulative strains creates some ambiguity associated with the time ordering of the independent and dependent variables in the effort to establish causality. The inclusion of third grade strains with a third grade outcome is imperfect, but given the timing of measurement in spring of third grade, the cumulative measures reflect the strains that occurred over the course of third grade in addition to those in kindergarten and first grades.

well-being. I extend the longitudinal analyses described above for Chapter

Five to incorporate the measure of maternal school involvement. Analyses will

be performed on the two key dependent variables for third grade- self rated

poor health and depressive symptoms – and focus on social status

relationships and levels of school involvement. I will also examine whether

social integration at the school buffers mothers from any of the negative

effects of children's schooling strains. These quantitative results will be

complemented by qualitative findings from interviews with 27 middle class

mothers at urban elementary schools.

Multi-level Modeling: I will adjust for the sample design of the ECLS-K

in multivariate analyses. Survey administrators sampled children according to

the school they attended in a particular PSU.   Therefore, standard errors must

be adjusted to account for the clustering of children within particular schools

and the multistage sampling design. I will fit a multi-level model using the

PROC MIXED function in SAS, which performs similarly to hierarchical linear

modeling (HLM) software (Singer 1998). In the two-level model, mothers

share school-level characteristics with other mothers of children in the same

school. Mothers (level one) will be nested in children's schools (level two).

The school context strains discussed above are all level two variables,

presenting conditions presumably experienced by all the children in that

particular school. All other strains and controls – children's health and school

problems and time pressure are all analyzed at level one as individual

characteristics of the mothers. These multi-level adjustments to the standard

error in the mixed models are essential with nested data, as children and their families share characteristics based on attendance at the same school and possibly the same classroom. Multi-level modeling will also indicate the extent to which the relationships between particular strains exist *between* schools (as a result of variation in school or classroom characteristics) or *within* schools (as a result of variation across mothers' and their children's individual characteristics).

In the analyses, the intercept is allowed to vary, but I do not include additional random slopes at level two.[40] Level-one variables in the multi-level analyses are grand mean centered such that their means are equal to zero. This approach decreases the influence of outliers and multicollinearity in the model (Bickel 2007; Kreft, de Leeuw, and Aiken 1995). Level two variables are not centered. Also, the interpretation of the intercept reflects mothers' average well-being when the level-one independent variables are at their mean rather than when they are equal to zero, which can lead to nonsensical interpretations.

Finally, I use general linear models for both outcomes for ease of analysis rather than categorical analyses, such as poisson or ordered logit. Self-rated health has been used in linear regression in previous research (e.g., Bailis, Segall and Chipperfield 2002; Hertzman, Power, Matthews, and Manor

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[40] These models indicate that maternal well-being is going to vary according to which school a child attends, not simply the individual-level characteristics of a particular mother and child. However, the models do not assess whether the effects of an independent variable will vary according to which school a child attends. The inclusion of such random effects may be useful to explore in the future, but is beyond the scope of these analyses. This dissertation seeks to establish the importance of schools for understanding variation in maternal well-being. Future research should address additional mechanisms to explain this school-level variation.

2001; Wu and Hart 2002). [41] Depressive symptoms, particularly as measured

using the short form of the CES-D scale, are also traditionally analyzed as

continuous variables using general linear regression models (e.g., Ellison,

Boardman, Williams, and Jackson 2001; Latkin and Curry 2003; Simon 2002).

As a test for robusticity of the general linear results for self-rated health, I

include the results of the final model for the longitudinal analyses on self-rated

health in Chapter Five using ordered logistic regression in Appendix A.

Results are similar to findings with general linear analysis.

QUALITATIVE ANALYSIS: IN-DEPTH INTERVIEWS OF 27 MIDDLE-CLASS MOTHERS

The qualitative component to this dissertation addresses the remaining

research question on the benefits of social integration at children's schools for

mothers. This mixed methods approach will strengthen the dissertation by

complementing quantitative analyses. Survey research and qualitative

projects both suffer from benefits and shortcomings. Survey research can

examine larger social trends and provide indicators of important social forces

at play. In this particular case, survey research will provide a broad picture of

social trends in the strains associated with children's schooling in relation to

social status differences. However, survey research is also a positivist

approach, given to portraying society in terms of independent and opposite

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[41] Other studies evaluate self-rated health using a dichotomous measure, where poor or fair health is predicted compared to excellent, very good, or good health. However, dichotomization results in the loss of data and the choice of cut-off point for dichotomization can affect results, particularly in examining age-dependent covariates for samples inclusive of a broad age range (Finnas, Nyqvist, and Saarela 2008). Other studies have predicted self-rated health using ordered logit or probit analyses (e.g., Hughes and Waite 2002; Kalil, et al. 2009; Williams and Umberson 2004).

binaries that are less subject to individuals' definitions of daily experience

(Buraway 1998; Smith 1987),and the stress process model is typically limited

by the lack of attention to respondents' meanings of integration and support,

for example. A more reflexive approach, through in-depth interviews, openly

acknowledges the social position of the researcher and places experiences

within a very particular context to understand everyday relations between

individuals and social structure (Smith 1987). It is then possible to extend out

from personal observations by either supporting or refuting existing theoretical

insights (Buraway 1998). However, qualitative research is less generalizable

and makes analysis of larger structural forces more difficult (Buraway 1998).

The mixed methods in this project have the benefit of offering a generalized

view of how schooling is important to mothers across different social statuses,

as well as a specific case study of the ways in which mothers might define

schools' contributions to their own well-being.

I employ a sequential explanatory mixed methods model, first analyzing the

quantitative data and then collecting qualitative data to better answer a

research question not adequately addressed through quantitative data

(Creswell 2007). The ECLS-K does not provide adequate information to

readily assess mothers' feelings about their own social integration at the

school, their motivations for getting involved, or whether school involvement

provides potential resources for social support or community. I give equal

weight to both the quantitative and qualitative findings, intending for the

qualitative findings to provide additional explanations and understandings from

the larger trends analyzed in the ECLS-K secondary data. Creswell (2007) argues that researchers must give thought to the point in the process during which quantitative and qualitative data are "mixed," which might occur during data collection, data analysis, data interpretation, or at all three phases. In this dissertation, I focus on mixing the data during interpretation. The nature of secondary analysis of quantitative data makes mixing during data collection impossible. Additionally, since I weight quantitative findings first and use qualitative results to better inform quantitative results, I choose to mix the data during interpretation in Chapter Six of this dissertation.

Sample Selection

I conducted interviews with 27 middle-class mothers of elementary-aged children, in a large East-coast city. In this dissertation, I use the data collected to illustrate the potential costs and benefits mothers experience as a result of their involvement in children's schooling. This is a convenience sample; 10 mothers were recruited using personal networks and subsequent snowball sampling, four mothers were recruited via local parenting listservs and subsequent snowball sampling, and the remaining 13 mothers were recruited via PTA meetings and playground interactions at one urban elementary school. I met and approached three principals to gain access to the school and their permission to contact parents at the school through school-related functions. I excluded one interview with an Asian-American mother, because I was looking for a diverse sample but did not meet other Asian parents in the course of data collection. Additionally, quantitative

research suggests some similarities in Asian and white mothers' experiences in the educational system.

I interview only mothers in this dissertation. While fathers are also involved in children's schooling and homework completion, mothers are usually responsible for school selection, morning and evening logistics, coordinating pick-ups and drop-offs, and determining in which ways the family will be involved in the school. In my observations and interviews, I find that fathers may attend PTA meetings or assist with a school auction, but often at the recommendation of the child's mother. Lareau (2000b) found that fathers were less likely to know the name of the child's friends and teachers. The literature would benefit from a systematic analysis of the extent to which fathers are the primary family member coordinating activities with the school and getting children to and from school, as well as the characteristics of the fathers that hold these primary responsibilities. Finally, the quantitative data presented only use reports from children's mothers since they were the preferred survey respondent for ECLS-K administrators, making it difficult to analyze the fathers in the data. Interviews with mothers complement the quantitative data.

All of the mothers in the sample are middle class, as defined by occupation and education – every parent attended some college.[42] Many mothers hold professional jobs, such as teacher, administrator, director, and

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[42] All of the mothers in the sample that have not finished college are Latina and, most often, first generation immigrants to the United States. Two of these four Latina mothers completed college in their country of origin and then attended some additional college after their arrival in the United States.

manager. Mothers that do not hold professional jobs have chosen to remain

out of the labor force, often hold additional advanced degrees, and are

married to white-collar professional men. Levels of parent involvement vary

across class, at least in terms of attendance at school events, PTA meetings,

and parent-teacher conferences, with middle and upper class parents more

involved in schools than working class and poor parents (Diamond and Gomez

2004; Ho and Willms 1996; Lareau 2000a, 2003). This potentially greater

involvement within the middle class makes this class location a good starting

place for interviews. However, the middle class is not a monolithic category,

but rather defined by small gradations and variation (Lacy 2007). In this group

of mothers, there is a wide range of income ($57,000 to $400,000), with some

parents (particularly single mothers and mothers of color) living with much less

income than others. Much of this wealth and income divide occurs along

racial lines, consistent with existing literature (Oliver and Shapiro 2006). The

average age of mothers in the sample is 42.7, ranging from 35 to 57.

Additionally, race/ethnicity also affects parents' relationships with

children's schools (Chavkin and Williams 1993; Gosa and Alexander 2007;

Kao and Rutherford 2007; Lareau and Horvat 1999; Ogbu 2003), though the

relationship between race/ethnicity and school involvement is unclear.

Qualitative research suggests that Black parents have less success engaging

with children's schools compared to white parents (Lareau and Horvat 1999).

Using this sample, it is possible to explore these racial/ethnic differences in

relation to the perceived benefits integration at the school may provide

mothers, the strategies they employ when selecting modes of involvement, and their individual motivations for involvement. In this sample, there are 17 white mothers, four Latina/Hispanic mothers, and six Black/African-American mothers. Mothers were asked to self-identify their race/ethnicity in a short written questionnaire at the end of each interview.

Mothers' employment status in the sample also varies, with mothers ranging from non-employed to full-time employed, including a number of part-time employed mothers. Some mothers considered their employment status part-time, but worked fewer than five hours per week. In those cases, when mothers gave very little attention to work pressures or hours during the interview and employment responsibilities did not seem to be a significant aspect of their daily life, these mothers were classified as non-employed. This is the case with three mothers in the sample. Often, these mothers were preparing for a future transition back to employment and doing minimal work to move in that direction. In the sample, there are 14 full-time employed mothers, five part-time employed mothers, and eight non-employed mothers. I do not focus extensively in this dissertation on the relationship between school involvement and employment status. I think this is an important relationship to examine, but it is beyond the scope of the dissertation, where I have instead focused on social status inequalities in maternal well-being and on social integration. However , the relationships among mothers' employment, school

integration, and health deserve attention and exploration in future research with these data.[43]

Given the focus on maternal well-being in this dissertation, I also had mothers in the qualitative sample answer the quantitative questions used as dependent variables in a short written survey at the end of the interviews. Mothers in the qualitative sample reported self-rated health as "2.0" or "very good" on average. They reported an average frequency of depressive symptoms at 1.44, indicating that, on average, the mothers interviewed experienced these symptoms between "never" and "some of the time." These means are quite similar to the weighted means for mothers in the quantitative sample, which are 2.30 and 1.44 for poor health and depressive symptoms respectively. Table 3.4 shows the qualitative sample of mothers' employment status, marital status, education level, and income overall, and across race/ethnicity.

Research illustrates the importance of school climate for levels of parent involvement (e.g., Diamond and Gomez 2004; Lewis and Forman 2002). Of course, parents' experiences will vary across school type, and a

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[43] While the costs and benefits of involvement do not necessarily change as a result of employment status, interviews suggest that the level of involvement and the choice of type of involvement can vary by employment status. Overall, non-employed mothers were generally present at the school far more frequently than employed mothers. And, while employed mothers engaged in volunteering during school hours, attendance on field trips or volunteer stints in the classroom were carefully planned for a few days a year while non-employed mothers simply spent time at the school at will. Some non-employed mothers were more willing to provide any assistance to the school, while employed mothers often chose the type of assistance that would make their child happiest or interfere the least with pre-existing work responsibilities. Additionally, all of the non-employed mothers in the sample are white, with the exception of one self-employed African-American mother who did not receive a paycheck for her work, but considered herself employed and working part-time. However, I found that employed and non-employed white mothers expressed similar views on their social integration, suggesting that differences were more along racial/ethnic lines rather than related to employment status.

goal of this research was to secure as many parent interviews as possible from the same elementary school. Twenty-four mothers had their children enrolled in urban public schools, and three mothers had their child or children enrolled in urban private schools. In an effort to gain access to a school, I first met with a number of mothers from a variety of schools in hopes that they would then introduce me at their child's school. As a result, I completed interviews with 13 mothers at 7 elementary schools between April 2010 and July 2010 before settling on a school for the remainder of the research. For the second half of my field work, conducted between July 2010 and February 2011, I completed 14 interviews and five visits to school events for participant observation with mothers at one urban elementary school.[44] Twenty mothers in the sample have children that attend three public schools in a single metropolitan area of the large, East-coast city. These mothers compose the bulk of the sample and so I provide a description of the characteristics of their children's schools. All of the schools in the sample offer a socio-economically and racially diverse student body, thought they vary widely in size, as measured by student enrollment. The bulk of the interviews (14 mothers) and participant observation were conducted at "Hunter" Elementary School. It is located in a middle class, urban neighborhood. There is one classroom per grade, for a total enrollment of less than 200 students from pre-kindergarten to fifth grade. The school is almost 50 percent African-American, 25 percent white, 20 percent Hispanic, and 5 percent other races/ethnicities. Just under

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[44] The school's annual auction and spring festival are just gearing up for this year, which I also plan on attending.

half of the students at the school are eligible for free or reduced price meals. The school is small, both in the physical space it has and the number of students that attend. The school's size may be a factor in issues of social integration for mothers at the school, since children often attend school with the same 25 children throughout their elementary school years rather than changing classroom composition each year. Four mothers interviewed had children attending "Framingham" Elementary School. This school is located in a quiet neighborhood in the metropolitan area. Total enrollment, ranging from kindergarten to fifth grade, is approximately 400. Fifty percent of the student body is Hispanic, 20 percent African-American, 20 percent of other races/ethnicities, and 10 percent of students are white. Over 50 percent of the students at the school are eligible for free and reduced price meals. Finally, three mothers I spoke with had children that attended "Sage" Primary School. This school was located in a more affluent part of the metropolitan area and considered a desirable part of the school district; parents often note buying houses specifically so that their children are eligible to attend this cluster of schools. That said, there are some apartment buildings and mixed income houses located in the school district that increase the racial/ethnic and socioeconomic diversity at the school. It is a large school, with over 400 students. Over half of the student body is white, followed by 20 percent African-American, 10 percent Hispanic, and 10 percent students of other races/ethnicities. Less than a quarter of students at the school are eligible for free or reduced price meals.

All of the mothers in the sample have elementary-aged children, but the age of the children varied, and some mothers also had older or younger children in the household. Though the presence of additional siblings appears to complicate or ease the transition to elementary school, I did not note considerable variation in mothers' reports of social integration at the school across children's age. The presence of an older sibling was simply more often used as a comparison for current experiences with the younger sibling in elementary school, and the presence of a younger sibling often became an issue of logistics in getting children to school, daycare, and after school activities.

Interviews with parents were semi-structured and ranged from 60 minutes to 140 minutes, with the average interview lasting about 80 minutes. Participants signed an informed consent form. I conducted all interviews and acknowledge that my own social location as a white, middle-class female could potentially influence my thoughts and those of my respondents. In particular, four respondents spoke (excellent) English as a second language, and my lack of Spanish ability may have limited their ability to communicate the intricacies of their involvement as easily as with a native Spanish speaker. Additionally, mothers of color may have hesitated to discuss issues of race/ethnicity in the school setting with me as a result of my social location.

The loosely guided interviews followed a similar structure and generally covered four key parts. We first discussed general information about the mother's child/children at the school and how the school was selected for the

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child. Second, we discussed how the transition to elementary school affected the mother's life and any stresses or concerns associated with elementary school for the mother. Third, we moved on to the particular activities (broadly defined, including cooking dinner, doing homework, spending time on the playground, visiting the school, or PTA involvement) the mother performed on behalf of her child's education. Finally, we discussed the mothers' feelings about the involvement and other ways in which mothers spent their out of school time with children. The interview guide is provided in Appendix B and the informed consent form is provided in Appendix C. All quotes have been edited for false starts, repeated words, and extraneous phrases (these include: well, um, like, you know, kind of, I mean, whereas). Ellipses note when some sentences or phrases have been cut when doing so can clarify the statement without changing the original meaning.

Qualitative interviews are a means by which researchers can understand the meaning in individuals' actions, identify common themes and patterns, and address topics that spans a life course, rather than only those that are observed in a single moment (Warren 2002). In analyzing these interviews, I take a reflexive approach, recognizing that my social position influences the research. This approach is fitting with feminist research, which commonly engages in qualitative approaches and urges reflexivity such that the standpoint of the respondent can better contextualize her experiences (Harding 2004; Reinharz 1992; Smith 1987).

Interviews were recorded and efforts taken to ensure confidentiality. Interviews were transcribed and then coded using Atlas.ti software. I also wrote notes, including observation notes (OBN) about the location and respondent, theoretical notes (THN) about instances in which the interview addresses key concepts, methodological notes (MTN) about circumstances in securing or conducting the interview that informs research methodology, and personal notes (PN) that might include my state of mind or personal difficulties during the interview that could affect my interpretation.

CHAPTER FOUR: *Kindergarten Strains and Social Status*

Inequality in Maternal Well-Being

INTRODUCTION

The next three chapters use a stress process perspective to evaluate how children's elementary schooling informs our understanding of social status inequalities in maternal well-being among mothers of elementary-aged children. While schools as social institutions may offer mothers additional supportive resources, they also place significant demands on mothers' time and emotional well-being. The entry into formal schooling for many mothers may bring unexpected strains to mothers' lives. In this chapter, I focus on strains that mothers of kindergarten-aged children may experience as their children first enter the formal school setting.

This chapter focuses on key strains (associated with children's elementary schooling) affecting maternal well-being and the extent to which these strains are mechanisms for understanding social status inequalities in health. While social psychological literature often explores differences between parents and non-parents (Umberson, et al. 2010) and some epidemiological literature cites demographic differences in maternal health (McLennan, et al. 2001), we know less about the social origins of social status variations in maternal well-being. In elementary school, mothers may face potential health, behavioral, and academic problems as well as a multitude of scheduling requirements and demands on their time from school administrators, employers, and care providers. Additionally, just as

neighborhood context affects individual health and well-being (Ross, Reynolds, and Geis 2000), as an extension of neighborhood, children's school context may also influence mothers' health or depressive symptoms. These overarching categories of strains and their significance of maternal well-being are described in more detail in Chapter Two. In this chapter, I focus on the strains children and mothers may encounter during the first year in kindergarten, drawing attention to the ways in which kindergarten experiences may establish a foundation for children's and their mothers' future schooling experiences. This chapter addresses the following questions for children's kindergarten year:

(1) How are strains in children's elementary schooling process associated with mothers' health?

(2) Are these strains mechanisms for understanding racial/ethnic and class variation in maternal well-being?

The results presented in this chapter are cross-sectional, and they indicate associations between strains associated with children's schooling and maternal well-being, but do not eliminate the possibility for reverse causality. This chapter provides a baseline understanding of maternal well-being during children's kindergarten year of school and shows the extent to which strains associated with children's health and school problems, time pressures, and school context are associated with current levels of maternal health and depressive symptoms. Chapter Five will measure change in maternal well-being over the course of elementary school in relation to the cumulative effects

of the cross-sectional strains discussed in this chapter, giving a better sense of causal influences.

Sample and Descriptive Statistics

Table 4.1 shows the weighted means for the variables used in the cross-sectional analyses. The sample is limited to mother respondents in both the fall and spring of children's kindergarten year, where N=13,273. Multivariate analyses range between 11,206 and 11, 225 due to listwise deletion. Additional detail on the sample of mothers used in these analyses is provided in Chapter Three. The first dependent variable, *kindergarten poor health*, ranges from 1 to 5, where 1 indicates "excellent" health and 5 indicates "poor" health. The average third grade health for mothers in the sample is 2.18, an approximate rating of "very good" by most mothers. The second dependent variable, *kindergarten depressive symptoms*, is an index of the frequency of experiencing 12 depressive symptoms during the last week ranging from 1 (never) to 4 (most the time). On average, mothers in the sample experience third grade depressive symptoms between "never" and "some of the time" with a sample average of 1.47. Approximately 44 percent of the sample has a high school degree or less education, and 23 percent of the mothers in the sample have a college degree or greater. Sixty-two percent of mothers are white, 15 percent are Black, 18 percent are Hispanic/Latina, 2 percent are Asian, and 2 percent are mothers of two or more races or American Indian or Native Alaskan.

In terms of children's health and school problems, 12 percent of children have a diagnosed disability in kindergarten. On average, mothers report children's health as 1.68, between "excellent" and "very good." Mothers also report, on average, that children behave as well as or better than other children the same age, with a mean of 1.80. The average reading score is 32.21 and on average mothers report that children rarely complain about school, with an average of 1.24, between "never" and "less than once a week."

Mothers in the sample also face potential time pressures. Approximately 45 percent of mothers are full-time employed, 22 percent are working part time, and 4 percent are looking for work, compared with 29 percent who are homemakers. Seventeen and 18 percent of mothers use center care or relative care for their child, respectively. Mothers miss activities at the school they would have otherwise attended due to no child care, work obligation, or an inconvenient meeting time, with 68 percent of mothers reporting this was the case in kindergarten. Finally, teachers, on average, disagree that children should get daily homework in kindergarten, with the mean falling between "disagree" and "neither agree nor disagree."

The majority (86 percent) of mothers in the sample have children that attend public school. On average, these schools are between 10 and 50 percent minority students. Approximately 19 percent of children at these schools are living below the federal poverty line, on average, though this proportion likely varies dramatically between schools. Finally, administrators,

on average, report few neighborhood problems at the school, with a mean of 1.30 where 1= "no problem."

RQ1: HOW ARE STRAINS IN CHILDREN'S ELEMENTARY SCHOOLING PROCESS ASSOCIATED WITH MOTHERS' HEALTH?

In this section, I investigate the key strains (from each of the three conceptual categories on strains outlined in Chapter Two) that are significantly associated with maternal well-being in kindergarten. Multivariate analyses will report key strains net of mothers' social status characteristics.

Bivariate Results

Table 4.2 shows the extent to which different levels of schooling strains are associated with depressive symptoms and poor health in third grade. All of the strains associated with children's health and school problems and school context are associated with worse health and more depressive symptoms. For example, mothers of children with a diagnosed disability show significantly worse self-rated health (2.32 v. 2.16), with a difference of about one-fifth of a standard deviation. Mothers who report children with fair or poor health experience average depressive symptoms of 1.71 (approximately some of the time) compared to 1.47 for mothers who rate their child as having good to excellent health.

Bivariate differences in the experience of time pressures are less clear. Mothers may experience different time pressures based on personal

preference and structural limitations. There is no difference in poor health between full-time and non-employed mothers, while part-time employed mothers report better health compared to non-employed mothers and mothers looking for work report worse health compared to non-employed mothers. Full-time employed mothers and mothers looking for work report more depressive symptoms than non-employed mothers. There is no difference in depressive symptoms between part-time employed and non-employed mothers. Missing activities at the school is associated with worse health and more depressive symptoms, and teacher agreement that children should receive more homework is associated with worse maternal health.

In terms of school context, mothers with children in private school, in schools with lower poverty, better neighborhoods, and a larger proportion of white students report better well-being.

Multivariate Results

The results in table 4.2 above do not take into account mothers social statuses and the structural limitations associated with particular social statuses in affects on maternal well-being. Tables 4.5 and 4.6 show multi-level models for mothers' poor health and depressive symptoms in kindergarten regressed on potential schooling problems.[45] These tables include five models; to

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[45] The intraclass correlation coefficients (ICCs) for multi-level models are often of interest. Using the unconditional model, the intraclass correlation coefficient (ICC) for mother's poor health is 0.08, suggesting that approximately eight percent of the variation in mother's poor health can be explained by differences between the schools that children attend, while 92 percent of the variation in mother's poor health can be explained by differences in mother/child individual characteristics. The ICC for maternal depressive symptoms is 0.06, which indicates that six percent of the variance in maternal depressive symptoms is a result of differences

answer the first research question defined above, I focus on the results in Model 5 of Tables 4.5 and 4.6. Model 5 is the full model for each table, including mothers' social status and controls as well as each of the three conceptual types of strains. Therefore, using this model, I focus on which strains in children's schooling are significantly associated with maternal well-being, net of social status characteristics and controls.

Table 4.5 shows estimates for mothers' poor health in spring of children's kindergarten year. Mothers of children with a disability, worse health, or worse behavior have worse self-rated health. These results suggest that children's level of enjoyment in school and reading success in school are not significantly associated with poor maternal health, but rather children's emotional, behavioral, or health difficulties are associated with worse health for mothers. This finding support previous research that indicates an association between children's disabilities and maternal well-being (Bourke, et al. 2008; Emerson 2003; Gross et al,. 2008; Ha, et al. 2008; Simon 1992; Umberson, Pudrovska, and Reczek 2010). Schooling strains associated with mothers' time pressures do not have significant associations with maternal health, with two key exceptions. Mothers that are employed part time report better health compared to non-employed mothers. Mothers that miss meetings and activities at the child's school that they would have otherwise attended also report worse health, net of their social status or school conditions. In terms of school context, mothers with children at public school

between the *schools* that children attend, rather than individual-level differences between mothers and children.

and schools with higher poverty rates report worse self-rated health compared to mothers with children at public schools or lower poverty schools.

Table 4.6 reports estimates for mothers' depressive symptoms in kindergarten. There is some variation in the strains that affect mothers' mental health versus their physical health. All types of children's health and school problems are associated with mothers' depressive symptoms. Similar to mothers' physical health as noted above, children's schooling is also related to depression. Mothers of children with a disability, worse health, or more perceived behavior problems report more depressive symptoms. In addition, mothers with children earning higher reading scores report fewer depressive symptoms and mothers of children who complain more frequently about kindergarten report more depressive symptoms. Employment status is not significantly associated with maternal depression, net of mothers' social statuses. Mothers with children in center care or relative care outside of school hours report fewer depressive symptoms compared to mothers with children using parental care. Mothers that have to rely on multiple care arrangements report more depressive symptoms. And, similarly to maternal poor health, mothers that miss activities at the child's school they would have otherwise attended report more depressive symptoms. There are no significant associations between children's school context and mothers' depressive symptoms in kindergarten.

RQ2: ARE THESE STRAINS MECHANISMS FOR UNDERSTANDING RACIAL/ETHNIC AND CLASS VARIATION IN MATERNAL WELL-BEING?

This research question focuses on how the strains mothers encounter during a child's kindergarten year are related to social status inequalities in maternal well-being. In answering this question, I first consider current social status inequalities in well-being (without controlling for difficulties mothers may encounter during children's elementary schooling). Then, I look at potential mediating effects of the three conceptual types of schooling strains on the relationship between a mother's race/ethnicity and education and her well-being.

Bivariate Results

The next two tables explore bivariate differences across mothers' social status in their average well-being and the proportion of schooling strains they experience. Table 4.3 shows bivariate statistics on average maternal well-being in kindergarten across race/ethnicity and education. As expected, there are race and class disparities in mothers' health. Starting with poor health, white mothers report the highest level of self-rated health, followed by Asian mothers. Latina mothers and mothers of other races report the lowest levels of self-rated health. African-American mothers report slightly better levels of health, but still significantly lower than those of white and Asian mothers. Asian mothers report the fewest depressive symptoms compared to mothers in other racial/ethnic groups. White and Latina mothers report similar levels of

depressive symptoms, with African-American mothers reporting the most depressive symptoms compared to white, Latina, and Asian mothers. The relationship between education and maternal well-being is linear, with mothers with a college degree or greater reporting the highest self-rated health and fewest depressive symptoms.

Table 4.4 shows the mothers' mean experience of schooling strains across race/ethnicity and education. Looking at mediating effects suggests that not only may mothers experience different levels of health or depression when children are in kindergarten based on race and SES status, but some groups of mothers may also be more likely to experience particular types of strains associated with children's schooling. These bivariate results explore the latter possibility. In terms of children's health and school problems, white mothers are more likely to have a child diagnosed with a disability, but report fewer health and behavior problems and higher reading scores. There are few differences across other races, with the exception of children of Asian mothers, who show higher reading scores and fewer behavior problems compared to children of mothers of the other racial/ethnic groups. Looking at time pressures, racial/ethnic differences are quite mixed, though statistically different across groups. Latina mothers are the most likely to be non-employed, while African-American mothers are most likely to work full-time. African-American mothers also use relative care more frequently than mothers in other racial/ethnic groups. Children of white mothers have teachers least likely to agree with assigning kindergarten homework every day. This may be

related to public-private school differences in curriculum. Children of white and Asian mothers are least likely to attended public school. Children of black mothers show the highest levels of segregation in their schools as well as the highest proportion of students in poverty. However, the differences between children of black and Latina mothers in terms of school segregation are not statistically significant. Again, trends in the experience of strains follow a largely linear pattern when looking at difference across levels of education. Mothers with less than a high school education are more likely to encounter health and school problems, with the exception of the diagnosis of a learning disability, which shows no statistical differences across social class. This group of mothers is also most likely to be non-employed or looking for work and least likely to be full- or part-time employed. Teachers of children with mothers who have less than a high school degree tend to assign homework more frequent than those to children of mothers with a college education. One single group of mothers does not consistently particular groups do not consistently experience all of the strains associated with children's schooling, but when looking at strains associated with children's school problems and school context, African-American and Latina mothers and mothers with lower levels of education are more likely to encounter these difficulties.

Multivariate Results

The bivariate findings in tables 4.3 and 4.4 do not explore the extent to which social status differences in maternal health might be in part a result of differential schooling strains. To address the potential mediating effects of

children's schooling problems on social status inequalities in maternal well-being, I present multi-level models in tables 4.5 and 4.6. There are five models presented in each of these tables. Model 1 includes social status characteristics and controls, including a control for kindergarten well-being. The next three models enter each group of schooling strains separately. Model 2 includes strains associated with children's health and school problems, in addition to social status characteristics and controls. Model 3 includes only strains associated with time pressures in addition to social status characteristics and controls. Model 4 includes the level two, or school-level, strains associated with school context. By entering each of the three conceptual types of strains into the model separately, I can evaluate the extent to which each type of strain mediates racial/ethnic or class inequalities in mothers' health or depressive symptoms. The full model, model 5, includes all three conceptual categories of strains in addition to social status characteristics and kindergarten well-being. In this section, I focus on the potential mediating effects shown in models 1 through 4 for each table.

Table 4.5 shows findings for mothers' poor health during their child's kindergarten year regressed on school problems. In model 1, mothers' social status characteristics are significantly associated with health. White mothers and mothers with a college education and greater report better health than any other groups of mothers in the sample. In model 2, the coefficients associated with racial/ethnic and class status are slightly reduced (by between 15 and 25 percent) with the introduction of children's problems related to disability, poor

health, and poor behavior. The most substantial decrease in the coefficient is associated with difference between Asian and white mothers, which decrease by 26 percent once these children's problems are taken into account. A test of mediating effects, using the criteria established by Baron and Kenny (1986) and Sobel (1982) indicates that child disability mediates racial/ethnic differences, but not class differences.[46] In model 3, the introduction of mothers' time pressures associated with employment status, child care arrangements, and school demands shows some effects on the relationship between social status and poor health. However, these differences are relatively small, with time pressures decreasing the coefficients for social status between 3 and 17 percent. The exception is the relationship between black and white mothers, where controlling for time pressures shows a 31 percent reduction in the coefficient for black mothers.[47] This suggests that

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[46] Baron and Kenny (1986) suggest that three criteria for mediation must be met. The independent variable (social status) must affect the mediator, the independent variable must affect the dependent variable (poor health), and the mediator (schooling strains) must affect the dependent variable. Sobel (1982) provides a formula for the standard error of the independent variable and the mediator to test significance for the relationship between the independent variable and the mediator to the dependent variable. I test for the individual mediating relationship for each schooling strain that shows a direct effect on the dependent variable. For maternal poor health, child disability does not meet the Baron and Kenny (1986) criteria for class differences, but does indicate a mediating effect on racial differences according to both Baron and Kenny (1986) and Sobel (1982). According to both tests, child poor health is a mediator for all social status differences with the exception of mothers of other races. Child poor behavior is a mediator for all social statuses with the exception of African-American mothers and mothers of other races.

[47] For time pressures mediators associated with mothers' poor health, according to the criteria set forth by Baron and Kenny (1986) and Sobel (1982), part-time employment mediates social status differences, with the exception of mothers of other races. Looking for work meets Baron and Kenny's criteria for mothers with less than a high school education, Black mothers, and mothers of other races. It does not meet Sobel's criteria as a mediator for any social status variables. Center care mediates class differences, but not racial/ethnic differences. Other care mediates racial/ethnic differences according to the Baron and Kenny (1986) criteria, but does not meet the Sobel (1982) test for significance for any social status variables. Missed activities at the school meet the mediating criteria for mothers with a high school

African-American mothers may face greater strains associated with accommodating the multiple demands on their time (particularly those associated with part-time employment, looking for work, and missed activities at the child's school) compared to white mothers, and these strains account for 30 percent of the health inequalities between black and white mothers. Model 4 introduces school context, or level two, variables.[48] With controls for school characteristics, the health differences between black and white mothers are no longer significant and the coefficient for black mothers is reduced by over 50 percent.[49] There is also a high reduction (29 percent) in the coefficient for Latina mothers compared to white mothers. These findings suggest that black and Latina mothers face difficulties in the school setting, particularly related to school poverty rates, which are adversely associated with their physical well-being compared to white mothers. Each conceptual type of schooling strain affects the relationship between social status and physical health, but some of these strains have greater meaning for some groups of mothers compared to others, particularly across mothers' race/ethnicity. Table 4.7 offers a summary table of the percentage reduction in the coefficients associated with mothers' social status when considering inequalities in maternal poor health. The table

education and Black and Asian mothers. Homework frequency does not meet the criteria for a mediating variable for social status effects on mothers' poor health.

[48] Because the level 1 variables are grand mean centered, the social status characteristics of mothers are still correlated with the schools their children attend. For example, a mother's race/ethnicity will be associated with her likelihood of attending a school with low levels of poverty or challenging school neighborhood conditions.

[49] It is not possible to test for the mediation of level two affect while also using multi-level models since the level two variable must be the outcome variable. Therefore, in the case of level two, school context variables, standard errors are not adjusted for clustering among schools. Public school mediates class differences associated with mothers' poor health as well as differences between Black and white mothers, according to both Baron and Kenny (1986) and Sobel (1982). School poverty rates mediate social status differences for maternal poor health.

shows the percentage reduction in the coefficients with the introduction of each conceptual type of schooling strain. These models also include controls, which are not shown in the table.

Table 4.6 shows mothers' depressive symptoms regressed on their experiences of schooling strains. Model 1 shows social status characteristics and controls. Mothers with less than a college degree are more likely to experience depressive symptoms compared to mothers with a college degree. The relationship is linear, with mothers with the lowest level of education showing the largest difference from mothers with a college degree or greater. There is some variation in results across race/ethnicity. Latina mothers are less likely to experience depressive symptoms in kindergarten compared to white mothers. White mothers are less likely to experience depressive symptoms compared to African-American mothers or mothers of other races/ethnicities. Model 2 introduces children's health and school problems. These strains do little to mediate the relationship between social status and depressive symptoms.[50] There is a slight increase in the coefficient for Latina mothers, and only a 7 percent decrease in the coefficient for African-American mothers. The larger effects on social status are in relation to class, where children's health and school problems account for a 14 to 17 percent decrease in the mental health inequalities across education level, these mediating

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[50] Using the criteria set forth by Baron and Kenny (1986) and the significance test provided by Sobel (1982), child disability mediates class, but not racial/ethnic difference in maternal depression. Child poor health mediates class and racial/ethnic differences, with the exception of mothers of other races. Child poor behavior meets both criteria as a mediator for class differences and differences between Latina and white mothers. Reading scores mediate both racial/ethnic and class relationships with maternal depressive symptoms. Child not liking school only mediates differences for Latina mothers and mothers of other races for maternal depressive symptoms.

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effects may be attributed to class differences in the likelihood of a disability

diagnosis, poor health, poor behavior, and reading scores. In model 3, there

is again little mediating effect of time pressure on social status inequalities in

mothers' mental health.[51] There is a slight increase in the difference between

Latina and white mothers, and an 11 percent decrease in the difference

between African-American and white mothers. There is very little change in

mental health inequalities across class status when time pressures

(employment, child care, and school demands) are controlled. The slight

mediating effects in this model are largely a result in racial/ethnic and class

differences in child care arrangements. Model 4 shows the most dramatic

change in the coefficient associated with Latina mothers, decreasing the

difference between Latina and white mothers by 15 percent, though Latina

mothers still report significantly fewer depressive symptoms compared to white

mothers.[52] Introducing school context characteristics shows a suppression

effect in Black-white difference in mental health, increasing the coefficient for

Black mothers from 0.040 in model 1 to 0.046, making the difference between

the two groups slightly larger. In this model, mothers with children at a school

with a larger proportion of minority students show fewer depressive symptoms

compared to mothers with children in schools with fewer minority students.

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[51] Using the criteria set forth by Baron and Kenny (1986) and the significance test provided by Sobel (1982), center care mediates class, but not racial/ethnic differences in maternal depressive symptoms; relative care mediates class and racial/ethnic differences in depressive symptoms with the exception of mothers with a less than high school education; number of child care arrangements mediate differences for mothers with a high school degree or less and Black and Latina mothers.

[52] Using the criteria set forth by Baron and Kenny (1986) and the significance test provided by Sobel (1982),percent minority students at the school mediate racial/ethnic differences in maternal depressive symptoms.

This effect does not remain in the final model with controls for other schooling strains in place, but may support literature suggesting a protective effect of same-race/ethnicity school composition, particular for Latino students (Crosnoe 2005). Overall, there are fewer mediating effects of these schooling strains on social status inequality in depressive symptoms compared to social status inequalities in maternal physical health. Table 4.8 shows a table summarizing the change in social status coefficients with the introduction of each conceptual type of schooling strain.

SUMMARY

In this section, I discuss the cross-sectional findings for the two research questions above. I also note limitations and areas for future research. The first research question addresses the direct effects of strains associated with children's elementary schooling during kindergarten on maternal well-being in kindergarten. In the final models, indicators from each conceptual type of strain show effects on mothers' well-being. In particular, children's physical and behavioral problems are associated with lower well-being, as are time stressors such as unemployment, missed activities at the school, and a greater frequency of homework. School context shows greater effects on mothers' physical health compared to mental health.

The second research question considers inequalities in maternal well-being across social status. Results are consistent across social class: mothers with lower levels of education are more likely to suffer from poor

mental and physical health. Though there are mediating effects related to children's schooling strains and time pressures, the education effects remain across the models and they are linear in nature. The results associated with race/ethnicity are more mixed. White mothers report better self-rated health compared to mothers in other racial/ethnic groups. However, Latina mothers report fewer depressive symptoms compared to white mothers, and white mothers report fewer depressive symptoms compared to black mothers and mothers of other races/ethnicities. These black-white differences have also been noted in other samples of male and female parents and non-parents (e.g, George and Lynch 2003; Myers et al. 2002).

Studies on racial/ethnic differences in well-being cite differing levels of exposure to potential stressors and variation in levels of available support as possible explanations (Brown, Meadows, and Elder 2007; George and Lynch 2003) but rarely are schooling problems examined as potential explanations for status differences in maternal health. Findings for the second research question show that inequalities in the well-being of mothers of elementary-aged children may indeed by partially explained by schooling strains. Getting children through the educational system requires a significant amount of time and energy on the part of mothers. Low-income children and children of color experience inequalities within the educational system, and as a result their mothers also face additional health inequalities. Thus some groups of mothers, particularly African-American or Latina mothers and mothers with low levels of education, will experience disadvantage in their efforts to give time

and energy to children's schooling. The cross-sectional results on mothers'

well-being during children's kindergarten year support the conclusion that

some groups of mothers experience more schooling strains compared to

others, thus affecting their likelihood of experiencing poor well-being. This is

particularly true for inequalities in mothers' poor health, where child health and

behavioral problems reduce differences between white and Asian mothers by

one quarter, time pressures reduce differences between white and black

mothers by one third, and school characteristics reduce differences between

white and black mothers by over half, resulting in non-significance between

the groups. In short, strains associated with children's schooling have

mediating effects on the relationship between mothers' social status and

physical health. Mediating effects were less pronounced in the case of

depressive symptoms. These results suggest that understanding the

difficulties mothers of kindergartners face in starting elementary school,

dealing with academic and behavioral problems, and accommodating the

demands of work, family, and school is central to a better understanding of

health inequalities.

While these cross-sectional results are useful in identifying differences

in maternal well-being as well as the social origins of these differences, they

are incomplete. The cross-sectional analysis introduces the question of

causality since the time ordering of strains and well-being is unclear. It is

possible that mothers' mental or physical health or feelings about parenting

may cause some of the strains associated with children's schooling. Most

likely, it is some combination of the two; as Elgar, et al. (2004) and Gross, et al. (2008) argue, there is a circular relationship between maternal and child well-being. In the following chapter, I discuss longitudinal results examining the relationship of cumulative strains over the course of elementary school (kindergarten, first, and third grades) to changes in maternal well-being between kindergarten and third grade. These analyses address the time ordering of strains and maternal health, as well as the extent to which mothers' experiences in kindergarten may set the stage for the nature of their experiences throughout elementary school.

CHAPTER FIVE: *Cumulative Strains and Variations in Maternal Well-Being: Kindergarten to Third Grade Longitudinal Results*

INTRODUCTION

Chapter Four shows that the difficulties children experience during kindergarten are associated with hardship for their mothers. In particular, children's disabilities, behavioral problems, and school context are associated with worse maternal well-being, as are mothers' own unemployment and difficulty in attending activities at the school. However, it is unclear whether mothers and children enter kindergarten with pre-existing problems that create strains during children's schooling, or whether problems at school create greater distress and poor health for mothers. In this chapter, I use longitudinal analysis to understand the effect of cumulative strains between kindergarten and third grade on maternal well-being, net of mothers' kindergarten health status.

This chapter focuses on the significant amount of labor mothers perform in relation to their children's schooling while also potentially navigating other time commitments and pressures. Schools are a central social institution in mothers' lives, which may expose mothers to additional aspects of social stratification and inequality. Mothers spend a great deal of time during children's elementary schooling engaging in tasks mandated and encouraged by the schools. Disabilities and academic and behavioral problems require additional attention from some mothers, and work hours may complicate mothers' ability to attend meetings and events and assist with

homework. Additionally, poor school conditions may also affect mothers'

health and happiness given the significant amount of time children spend in

the school building. Finally, the strains that mothers experience in relation to

children's education may not be equally distributed across race/ethnicity and

social class. Some mothers may be more likely to experience difficulties than

others. Therefore, problems mothers encounter in the context of children's

education may also affect racial/ethnic and class inequalities in maternal well-

being.   It is essential to recognize the role that schools play in parents' as well

as children's lives, particularly given the importance placed on parental

engagement in children's educational success.

Similar to Chapter Four, but using longitudinal data, this chapter further

addresses the first two research questions for this dissertation:

(1) How are strains in children's elementary schooling process associated with

mothers' health?

(2) Are these strains mechanisms for understanding racial/ethnic and class

variation in maternal well-being?

There are three goals in this chapter. First, I consider which types of

strains show significant direct effects on maternal well-being. Next, I outline

racial/ethnic and class differences in maternal well-being, net of kindergarten

well-being, but excluding children's cumulative schooling strains. Finally, I

discuss the potential mediating effects of schooling strains on racial/ethnic

differences in maternal well-being.

Sample and Descriptive Statistics

Table 5.1 shows the sample characteristics and weighted means for the variables used in the longitudinal analyses. There are approximately 8,400 mothers that answered the parent questionnaire in both kindergarten and third grade. These mothers are more likely to be white, high SES, and have better health compared to mothers lost from the sample. These sample selection issues are detailed in Chapter 3. The first dependent variable, *third grade poor health*, ranges from 1 to 5, where 1 indicates "excellent" health and 5 indicates "poor" health. The average third grade health for mothers in the sample is 2.27, a rating between "very good" and "good." Longitudinal analyses measure change in mothers' self-rated health. Approximately 50 percent of mothers rated their health the same between kindergarten and third grade, while 22 percent reported an improvement and 28 percent reported worse health between kindergarten and third grade. The second dependent variable, *third grade depressive symptoms*, is an index of the frequency of experiencing 12 depressive symptoms during the last week ranging from 1 (never) to 4 (all the time). On average, mothers in the sample experience third grade depressive symptoms between "never" and "some of the time" with a sample average of 1.42. These longitudinal analyses measure changes in maternal depression between kindergarten and third grade. Approximately 14 percent of mothers experienced no change, compared to 51 percent who experienced fewer depressive symptoms and 35 percent who experienced more depressive symptoms. The mean change in health and depressive

symptoms is shown in Table 5.1. Approximately 42 percent of the sample has a high school degree or less education, and 25 percent of the mothers in the sample have a college degree or greater. Sixty-five percent of mothers are white, 14 percent are Black, 16 percent are Hispanic, 2 percent are Asian, and 2 percent are mothers of two or more races or American Indian.

In terms of Child Health and School Problems, approximately 12 percent of focal children in the sample were diagnosed with a physical, learning, or emotional disability during or prior to kindergarten. An additional eight percent of children were diagnosed with a disability between first and third grades. The average health rating for children is 1.65, between good and excellent. The average rating for poor behavior compared to other children the same age is 1.82, exhibiting worse behavior between never and some of the time. The average reading score is a 77.4, but there is wide variation in these scores across the sample. Fourteen percent of focal children in the sample receive tutoring services.

In terms of Time Pressures, the majority of mothers (65 percent) did not experience change in employment status between kindergarten and third grade, with 36, 17, and 11 percent employed full-time, non-employed, and employed part-time respectively. However, a significant minority (27 percent) experienced change – 6 percent of mothers moved from full to part-time employment, 8 percent from part- to full-time time employment, and 14 percent moved from employed to non-employed. On average, mothers experienced logistic difficulties (due to work, lack of child care or transportation, or

inconvenient meeting times) attending an activity at a child's school they would have otherwise attended during two out of the three years data is available. Finally, on average teachers "neither agree nor disagree" that homework should be given to children almost daily between kindergarten and third grade, though there is significant variation in this variable.

Finally Table 5.1 also shows that the majority of focal children (88 percent) attend public schools in third grade. School administrators report that on average schools are between 25 and 50 percent minority students. On average, approximately 17 percent of children at each school have a household income below the federal poverty level in 2002. Last, school administrators report that school neighborhood conditions in third grade are "not a problem" on average, or equal to 1.29 on a scale of 1 to 3.

RQ1: HOW ARE STRAINS IN CHILDREN'S ELEMENTARY SCHOOLING PROCESS ASSOCIATED WITH MOTHERS' HEALTH?

Bivariate Results

Table 5.2 shows the extent to which different levels of schooling strains are associated with depressive symptoms and poor health in third grade. With the exception of employment transitions, a higher level of each type of strain is associated with worse mental and physical health. For example, mothers with a child diagnosed with a new disability between spring of kindergarten and spring of third grade show significantly worse self-rated health (2.41 v. 2.29), with a difference of about one-tenth of a standard deviation. Bivariate

differences in the experience of employment transitions are less clear,

perhaps since the nature of the job, the pay level, and family conditions of

mothers experiencing these transitions may cause effects to vary greatly.

Multivariate Results

Tables 5.5 and 5.6 show multi-level models for mothers' poor health

and depressive symptoms at time two regressed on schooling strains.[53] For

the multivariate analyses, I use general linear regression for each dependent

variable, as discussed more fully in Chapter 3. The full model using ordered

logistic regression for self-rated health shows similar results, as illustrated in

Appendix A. I also use residualized regression models (lagged dependent

variables) to help account for regression to the mean.[54] There are five models

presented in each table for the two dependent variables, poor health and

depressive symptoms. Model 1 includes social status characteristics and

controls, including a control for kindergarten well-being. In the next three

models, I enter each group of schooling strains separately. Model 2 includes

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[53] Using the unconditional model, the intraclass correlation coefficient (ICC) for mother's poor health is 0.126, suggesting that approximately 13 percent of the variation in mother's poor health can be explained by differences between the schools that children attend, while 87 percent of the variation in mother's poor health can be explained by differences in mother/child individual characteristics. The ICC for maternal depressive symptoms is 0.111, which indicates that 11 percent of the variance in maternal depressive symptoms is a result of differences between the *schools* that children attend, rather than individual-level differences between mothers and children. The ICC for each of these models and the findings discussed in this chapter in relation to the importance of the child's school context for maternal well-being indicate that school-level characteristics should not be overlooked in investigating the social origins of differences in maternal well-being, particularly for mothers of elementary-aged children. School-level factors account for between 11 and 13 percent of the variation in maternal well-being within this sample of mothers of third graders.
[54] Supplementary analyses use a change score as a dependent variable in a residualized regression model (which includes a lagged dependent variable, or mothers' time one well-being). The results are identical using a change score and lagged dependent variable. Results with a change score but no residualized regression show some differences.

strains associated with children's health and school problems, in addition to social status characteristics and controls. Model 3 includes only strains associated with time pressures in addition to social status characteristics and controls. Model 4 includes the level two, or school-level, strains associated with school context. The full model, model 5, includes all three conceptual categories of strains in addition to social status characteristics and kindergarten well-being.

To answer the first research question, I focus on the full model (model 5) for Tables 5.5 and 5.6, which include all three conceptual types of strains associated with children's schooling. In table 5.5, mothers' poor health, there are seven key types of strains associated with children's schooling that affect mothers' physical health. Therefore, social status and controls account for some of the differences in health seen in the bivariate statistics. Looking at children's health and school problems in the full model, children's poor health and behavior are associated with worse maternal health, with coefficients of 0.296 and 0.066 respectively. These findings suggest that while a child's academic performance is not significantly associated with changes in health status, the child's health and behavior problems are associated with mothers' worse ratings of their own health over the course of elementary school. For time pressures, the effects of employment transitions are more complicated. A move to employment is associated with better health compared to those continuously employed or non-employed and a transition to non-employment is associated with worse health. Mothers may find that they have better

perceptions of their own health following the return to work, and leaving a position may mean a decline in health for mothers. Mothers' inability to attend activities at a child's school (that they would have otherwise attended) as a result of poor timing, no child care, or no transportation is also associated with poor health. There are no significant effects associated with increasing or reducing hours at work (moving from full-time to part-time or part-time to full-time employment or homework frequency. In terms of school context, the proportion of children living below the federal poverty threshold at the school and the level of neighborhood disorder are both positively and significantly associated with mothers' poor health. As the proportion of children in poverty at a school increases by one unit, mother's poor health increases by 0.235 units, approximately one-quarter of a standard deviation. As school neighborhood conditions worsen by one unit, maternal poor health worsens by approximately one-tenth of a unit (B=0.134). There are no significant school-level effects associated with attending a public school (compared to a private school) or the percentage of minority students that attend the school.

In Table 5.6, mothers' depressive symptoms, there are eight key strains associated with children's schooling experiences. Looking at health and school problems, the diagnosis of a new disability between spring of kindergarten and spring of third grade is associated with more depressive symptoms compared to mothers whose children were diagnosed during or prior to kindergarten and mothers of children with no diagnosed disability. Additionally, if a child receives regular tutoring in third grade, his or her mother

is more likely to report more frequent depressive symptoms. Similar to results

with mothers' poor health, a child's poor health status is associated with more

depressive symptoms, net of kindergarten levels of depressive symptoms.

There are no significant effects associated with the focal child's reading score

or poor behavior on mothers' depressive symptoms. Analyzing strains

associated with time pressures, employment transitions again introduce

challenges into mothers' lives during children's elementary school years.

Compared to continuous employment or non-employment, moving from non-

employed to employed *and* employed to non-employed are associated with a

higher frequency of depressive symptoms. Logistical difficulties attending

activities at the school mothers otherwise would have attend are associated

with more depressive symptoms, as is the teacher's rating of homework

frequency. Finally, looking at school context, mothers with a focal child who

attends a school with more minority students and more students living below

the federal poverty level are more likely to exhibit greater depressive

symptoms. There are no significant differences in level of depressive

symptoms associated with a public versus a private school or the school's

neighborhood conditions.

RQ2: ARE THESE STRAINS MECHANISMS FOR UNDERSTANDING RACIAL/ETHNIC AND CLASS VARIATION IN MATERNAL WELL-BEING?

Bivariate Results

The next two tables explore bivariate differences across mothers' social status in their average well-being and the proportion of schooling strains they experience. Table 5.3 shows bivariate statistics on average maternal well-being in third grade across race/ethnicity, class, and education. Starting with poor health, white and Asian mothers and mothers of other races report better health compared to Black and Latina mothers. There is no statistical difference in the health status of white and Asian mothers. Latina mothers report worse health compared to African-American mothers. Mothers with more education and income also report better self-rated health. There are similar results in relation to the experience of depressive symptoms. Looking at depressive symptoms, white and Asian mothers and mothers of other races have similar levels of depressive symptoms. African-American and Latina mothers are more likely to experience depressive symptoms compared to white and Asian mothers and mothers of other races/ethnicities. Again, mothers with higher levels of education and income are less likely to experience depressive symptoms. These racial/ethnic and class inequalities in well-being are consistent with existing literature that suggests that persons of color and those with fewer socioeconomic resources are more likely to

experience problems with health and well-being, as well as the cross-sectional results presented in Chapter Four.

Table 5.4 shows the experience of each type of schooling strain across mothers' racial/ethnic and social class statuses. The likelihood of experience these strains across social class is consistent, with mothers with lower levels of education more likely to experience strains, with the exception of employment transitions, which do not show class or race patterns in frequency. In terms of children's health and school problems, white mothers experience fewer of these strains compared to mothers of other races, with the exception of a newly diagnosed disability between kindergarten and third grade. A larger proportion of white mothers have a child with a new disability compared to mothers in other racial/ethnic groups. Black and Latina mothers are more likely to rate their child as having worse behavior compared to white and Asian mothers. Asian mothers have children with the highest reading scores compared to other mothers. A larger proportion of African-American children receive tutoring compared to children in other racial/ethnic categories. Looking at time pressures, employment transitions are not consistently different across race/ethnicity. White mothers are less likely to miss activities at school as a result of logistical or scheduling problems, and white mothers are also less likely to have children with teachers who strongly recommend daily homework. Finally looking at school context, white and Asian mothers are less likely to have children in public school. White children are less likely to be in a predominantly minority school. The average school poverty level for

schools that white children attend is about half that of those African-American and Latina children attend, and similar to that of Asian children. On average, school administrators rate the neighborhood conditions around the schools of white children better than those of Black or Latina children or children of other races/ethnicities. In essence, bivariate statistics suggest that the mothers of white and Asian children are less likely to experience the bulk of the strains associated with children's schooling conceptualized here, with the exception of the diagnosis of a disability. This means that mothers of color are more likely to encounter problems in the process of children's elementary schooling documented in the previous section to have negative implications for their own health and well-being, net of their initial well-being when the child started elementary school.

Multivariate Results

The bivariate statistics discussed above indicate that Black and Latina mothers are more likely to experience poor health and depressive symptoms compared to white and Asian mothers, while mothers with more education are less likely to experience negative well-being compared to mothers with less education. Additionally, these same groups of mothers also disproportionately experience strains associated with children's schooling. In this section, I use multi-level models with a longitudinal sample to explore the extent to which the disproportionate experience of strains associated with children's schooling are mechanisms for social status inequalities in maternal well-being for mothers of

elementary-aged children. I use separate models to better understand which conceptual type of strain may mediate the racial/ethnic or class inequalities in well-being. Therefore, in tables 5.5 and 5.6, model 1 is the baseline model with social status characteristics, controls, and kindergarten well-being. Then, I enter strains associated with health and school problems separately in model 2, strains associated with time pressures separately in model 3, and strains associated with school context separately in model 4.

(1) Mediating Effects for Mothers' Poor Health

Table 5.5 shows the multi-level model coefficients for mothers' poor health regressed on schooling strains. Model 1 is the baseline model and introduces mothers' race/ethnicity and education in addition to controls. Net of kindergarten poor health, mothers with a college degree are significantly less likely to experience poor health compared to mothers with less education. Additionally, Black and Latina mothers are significantly more likely to experience poor health compared to white mothers, with coefficients of 0.11 and 0.12 respectively. There are no statistical differences in the health of white and Asian mothers and mothers of other races. Race and ethnicity are time invariant variables, while the dependent variable measures poor health in third grade net of the level of poor health in kindergarten, interpreted as a change in health status. This suggests that while race/ethnicity did not change between kindergarten and third grade, the structural inequalities associated with being Black or Latina during this time are associated with potentially worse health.

Model 2 in Table 5.5 introduces the strains associated with children's health and school problems in addition to social status characteristics and controls (including kindergarten poor health) in order to calculate mediating effects. Introducing children's health and school problems reduces the coefficients associated with mother's education between 10 and 19 percent, suggesting that these strains partially account for social class inequalities in the health of mothers of elementary-aged children. Children's health and school problems, particularly mothers who rate their child as having worse health, account for a 44 and 30 percent reduction in the coefficients for Black and Latina mothers respectively. In fact, the coefficient for Black mothers is no longer significantly different from white mothers for poor health. Mothers' ratings of children's health influence race and class inequalities evident in experiences of poor health.[55]

Model 3 in Table 5.5 introduces strains associated with mothers' experiences of time pressures in relation to employment and children's schooling demands. Employment transitions and school demands have minimal effects on class and racial/ethnic inequalities in mother's poor health, creating only slight reductions in those coefficients.[56] This is consistent with bivariate findings that the experience of these strains was not contingent on

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[55] Using the criteria set forth by both Baron and Kenny (1986) and Sobel (1982), child poor health mediates the relationship between racial/ethnic and class differences in maternal poor health, with the exception of mothers with some college education or a technical degree and mothers of other races.

[56] Using the criteria set forth by both Baron and Kenny (1986) and Sobel (1982), movements from non-employed to employed do not mediate racial/ethnic or class differences, but movements from employed to non-employed mediate class differences in poor health. Missed activities mediate differences in poor health for Black and Asian mothers versus white mothers.

racial/ethnic or class status. In fact, for Latina mothers and mothers with a high school education, there is some evidence of a suppression effect, where the inclusion of time pressures slightly increases those coefficients.

Model 4 in Table 5.5 introduces the level two variables associated with children's school contexts. These school-level variables show significant effects on the coefficients associated with racial/ethnic and class inequalities in mothers' poor health. With the inclusion of school context variables, there are no longer significant differences in the health statuses of Black and Latina mothers compared to white mothers, reducing the coefficients for African-American and Latina mothers by 62 and 48 percent respectively. The reductions in the coefficients associated with class inequalities are more modest, with a 14, 11, and 7 percent reduction for less than high school, high school, and some college respectively.[57]

Tables 5.7 and 5.8 summarize the mediating effects of each of these groups of variables on racial/ethnic and class inequalities in maternal poor health. The tables show the percent reduction in the coefficients associated with race/ethnicity and education for maternal poor health with the introduction of each conceptual type of strain. Each model also includes controls and maternal well-being at time one.

(2) Mediating Effects for Depressive Symptoms

Table 5.6 shows the multi-level model coefficients for mother's depressive symptoms regressed on schooling strains. Again, model 1 is the

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[57] According to the criteria established by Baron and Kenny (1986) and Sobel (1982), school poverty rates and school neighborhood conditions mediate both racial/ethnic and class differences in maternal poor health.

baseline model, introducing mothers' race/ethnicity and education in addition to controls. Net of kindergarten poor health, mothers with a college degree are significantly less likely to experience depressive symptoms compared to mothers with a high school degree or less. There are no significant differences in the levels of depressive symptoms between mothers with some college education and mothers with a college degree. As with poor health, Black and Latina mothers are more likely to experience depressive symptoms compared to white mothers.

Model 2 introduces strains associated with children's health and school problems in addition to social status characteristics and controls. Introducing strains associated with children's health and school problems reduces the coefficients associated with racial/ethnic and class inequalities in maternal depressive symptoms. There is a 15 percent decrease in the coefficient associated with Black-white differences in depressive symptoms and a 7 percent decreases in Latina-white differences. The coefficients for mothers with a high school or less than a high school degree (compared to mothers with a college education or greater) decrease by 18 and 20 percent respectively. Accounting for strains associated with the focal child's health and school problems – particularly the presence of a new disability, health problem, or tutoring – may have a greater effect on class differences in the experience of depressive symptoms than racial/ethnic differences in these experiences.[58] However, given the greater proportion of mothers of white

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[58] According to the criteria established by Baron and Kenny (1986) and Sobel (1982), the diagnosis of a new disability mediates the relationship with depressive symptoms for Latina

children that noted the diagnosis of a new disability, the reduction in Latina-white differences in depressive symptoms as a result of this strain is not surprising.

Model 3 includes the strains associated with mothers' time pressures, particularly employment transitions and school homework and activities. The inclusion of strains related to time pressures is associated with a reduction of the coefficients associated with class and racial/ethnic variation in mothers' depressive symptoms. Controlling for school demands on time at home or work reduces the coefficients for Black and Latina mothers by 14 and 9 percent respectively. Differences between mothers with a high school education or less compared to mothers with a college degree are also reduced between 8 and 11 percent, largely through the mediating effects of employment transitions. These results show that some groups of mothers may experience more stress or anxiety in accommodating employment transitions, lots of homework, or missed activities at the school compared to others.[59]

Model 4 introduces the level two variables in the analysis associated with differences between children's schools. Similar to poor health, the school

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and Asian mothers, compared to white mothers. Child poor health mediates the relationship between racial/ethnic and class differences in depressive symptoms, with the exception of mothers with some college education and mothers of other races. Child receives tutoring mediates the relations between Black mothers and depressive symptoms, compared to white mothers.

[59] According to the criteria established by Baron and Kenny (1986) and Sobel (1982), moving from non-employed to employed mediates the relationship with depressive symptoms for mothers with less than a high school degree. Moving from employed to non-employed mediates class differences in depressive symptoms. Missed activities at the school is a mediator for Black and Asian mothers. Homework frequency is a mediator for Black and Latina mothers.

context also has significant bearing on racial/ethnic and class inequalities in mothers' experiences of depressive symptoms.[60] Once school context variables are included, there is no longer a significant difference in depressive symptoms between Black and white mothers. Additionally, differences between Latina and white mothers are reduced by 21 percent. School context controls also decrease class differences in maternal depressive symptoms by between 19 and 21 percent for mothers with a high school degree or less and mothers with a college education.

Tables 5.9 and 5.9a summarize the mediating effects of schooling strains on racial/ethnic and class differences in depressive symptoms described above. The tables show the coefficients for race/ethnicity and education in model 1 (baseline) and the percentage reduction in the coefficients with the inclusion of each conceptual type of strain.

SUMMARY AND CONCLUSION

Parents experience worse physical and mental health on average compared to non-parents (McLanahan and Adams 1987; Umberson, et al 2010). Efforts to understand the stressors associated with parenting often focus on strains related to caregiving, multiple roles, and workplace characteristics (Gore and Mangione 1983; Kandel, Davies, and Raveis 1985; Milkie, Bierman, and Schieman 2008; Pearlin, et al. 1990; Pearlin and Turner

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[60] According to the criteria established by Baron and Kenny (1986) and Sobel (1982),poverty rates at the school mediate the racial/ethnic and class differences in maternal depressive symptoms, with the exception of Asian mothers, who show no significant differences from white mothers in their relationship to school poverty rates or depressive symptoms.

1987; Thoits 1986). However, the origins of negative aspects of parental well-being are rarely investigated in the context of children's schooling experiences. Research also addresses the ecological contexts of mental and physical health, largely detailing the importance of neighborhood conditions (Brofenbrenner 1979; Ross and Mirowsky 2001; Schulz et al. 2000), but these perspectives do not incorporate the caregiving responsibilities that accompany children's education with the significance of the ecological context of the school for *mothers*. Moreover, we know little about potential differences in maternal well-being across race/ethnicity and social class. This chapter informs current work-family and educational literature in relation to both the role of schools as social institutions in mothers' lives as well as the mechanisms by which schooling experiences operate as potential stressors for mothers.

Net of mothers' social location and well-being at time one, the school-related strains mothers experience during kindergarten, first, and third grades have direct effects on maternal well-being. All three categories of strains – child health and school problems, time pressures, and school context – affect mothers' well-being. Elementary school may not necessarily offer relief from the personal care demands required for infants and toddlers, but rather bring new types of strains into mothers' lives. This chapter shows the direct effects of three conceptual types of strains on maternal well-being.

First, mothers of children with health, academic, or behavioral problems at school may face additional stressors over the course of elementary school.

For example, the mothers' ratings of a child's poor health and poor behavior are associated with worse mental and physical health. The diagnosis of a new disability between first and third grades and the receipt of regular tutoring at home are associated with more depressive symptoms, potentially linked to concerns that their child is not headed for easy successes in his or her future. The difficulties associated with a new diagnosis may also reflect differences among families who sought diagnosis at a young age, prior to the entry into first grade compared to families who considered a diagnosis something to be avoided but was unavoidable. The timing of diagnosis, the type of diagnosis, and maternal well-being is an area deserving of future research.

Second, in terms of time pressures, mothers may experience a decline in well-being during elementary school as a result of employment transitions or demands from the child's school and teachers. For example, employment transitions when children start elementary school are commonly considered a standard life course experience for mothers with children entering elementary school. Often, middle-class mothers are expected to return to the labor force, and mothers across class status may increase work hours or lose their jobs. These employment transitions cause additional strains in mothers' lives. While the transition to employment (compared to mothers continually employed or non-employed) is associated with better physical health, it is also associated with worse mental health. Mothers that move to non-employed status are more likely to experience worse mental and physical health. As mothers encounter logistical difficulties in attending activities at the school or

greater homework frequency, they are also more likely to experience worse physical or mental health.

Finally, there are direct effects of school context characteristics on mothers' well-being, net of social status characteristics and time one health status. A larger proportion of children in the school living below the federal poverty line is associated with worse physical and mental health for mothers. Poor school neighborhood characteristics, such as graffiti, violence, or dilapidated buildings, are associated with worse physical health.

These findings also provide knowledge on health inequalities for a large population of mothers, focusing on mothers currently engaging with elementary schools. Black and Latina mothers often face worse physical and mental health compared to white mothers. This is true when children begin elementary school in kindergarten and continues into their elementary school years. White mothers, Asian mothers, and mothers of other races show no significant differences in well-being. Mothers with less education also face disadvantages in terms of physical and mental health. Mothers with less than a college degree experience worse physical health compared to mothers with a college education or greater, while mothers with a high school degree or less than a high school degree experience worse mental health compared to mothers with a college education or greater. The strains related to children's schooling experiences that mothers encounter over the course of elementary school explain some of this racial/ethnic and class inequality in maternal well-being.

These results indicate that children's schooling experiences and demands have significant mediating effects on social status variations in maternal well-being. Mothers at particular social locations are more likely to encounter certain schooling strains and, at the same time, possess fewer resources for dealing with those strains. In looking at racial/ethnic variation in well-being, the school context variables show significant mediating effects in comparison to variables associated with the child's health and school problems or mothers' time pressures. Other types of strains also reduce racial/ethnic variation in mental and physical health, but not nearly to the extent to that of school context characteristics.

There are similar, but less substantial, results when considering the mediating effects of schooling strains in relation to mothers' social class (level of education). Both strains associated with the focal child's health and school problems as well as strains associated with school context offer similarly sized reductions in the coefficients associated with education level. These categories of strains account for approximately one-tenth to one-fifth of the variation associated with maternal education and mothers' self-rated poor health. The strains associated with time pressures do little to explain differences in maternal well-being across levels of education.

I suggest four key implications for this chapter. First, this chapter explores the social origins of health inequalities for a particular group of mothers – mothers of elementary-aged children. In expanding the stress process literature, it is important to not only examine differences between

parents and non-parents and the transition to parenthood, but also focus on the variation among mothers. While epidemiological and sociological research emphasizes the presence of racial/ethnic and class inequalities in mothers' mental and physical health, this research is often focuses on broader samples rather than exploring the ways in which these inequalities are created or perpetuated. Maternal well-being affects multiple aspects of family life, and a better understanding of health inequalities and the origins of these inequalities among mothers will inform social psychological research. These results emphasize the potential disadvantages that mothers with low levels of education and Black or Latina mothers face compared to white and more educated mothers in the elementary school setting. A better understanding of the disadvantages some groups of mothers face will inform long-term inequalities in parenting practices, parental involvement in education, and potential policy solutions to address these inequalities.

Second, the results indicate that a conceptualization of schools as prominent social institutions in mothers' lives is essential to a better understanding of maternal well-being. Mothers perform the bulk of the work associated with children's education including helping with homework, attending parent-teacher conferences, and organizing the family's daily routines (Arendell 2001; Griffith and Smith 2005; Lareau 2000a). Results suggest that multiple aspects of children's schooling negatively affect maternal well-being over the course of elementary school, net of mothers' health status at time one. When children must navigate school with a disability, require

tutoring and educational assistance, have frequent homework, or attend schools with poor conditions, these problems create additional strains for mothers that negatively affect their health. Additionally, mothers' own work requirements also create additional stress; employment transitions during children's elementary school years negatively affect maternal well-being.

Third, schooling related challenges are mechanisms for structural inequalities in maternal well-being. These results document the disadvantages in well-being that Black and Latina mothers and mothers with low levels of education face during children's elementary school years. By accounting for the strains associated with children's schooling experiences, particularly those related to a child's school context, the Black-white and Latina-white gaps in poor health are eliminated, and the Black-white gap in depressive symptoms is eliminated while the Latina-white gap in depressive symptoms decreases by almost one-third. Additionally, accounting for all types of schooling strains decreases the differences associated with level of education. Mothers at particular social locations encounter difficulties that affect their well-being in their efforts to deal with the education system. For example, Black mothers may disproportionately face poor school neighborhood conditions or higher rates of poverty within their child's school compared to white mothers. They may also lack the necessary supportive resources to compensate for these negative school circumstance compared to white mothers. Evaluating children's schooling strains in relation to variation in

maternal well-being further documents the structural inequalities present in the educational system that not only affect children, *but also* their mothers.

Finally, these results suggest that we must engage an institutional, life course perspective to understand health inequalities for parents. The influence of schools as a key social institution in mothers' and families' lives is likely to change over the life course. We might expect that involvement with or interactions with the school change as children age. It is essential to include schools as a key institutional component in evaluations of the constellation of pressures – from work, family and other sources – which mothers face. Just as work conditions and family background influence the stressors mothers experience, schools also shape and limit mothers' opportunities to influence children's educational experiences. Results suggest that multiple aspects of children's lives at school influence maternal well-being. A child's disability, behavior, and health in addition to maternal employment transitions and school conditions not only influence how a child performs at school, but the ways that a mother might internalize these problems or deplete physical health as she compensates for these difficulties.

CHAPTER SIX: *Costly Investments? Race, Motivations, and Maternal Involvement in Children's Elementary Schooling*

INTRODUCTION

Chapters Four and Five illustrate the key strains that mothers may encounter as their child advances through elementary school. Mothers whose children are newly diagnosed with a disability, who experience employment transitions, or whose children attend high-poverty schools are more likely to experience poor health and depressive symptoms. In addition to navigating these strains, mothers must also navigate interactions with administrators, teachers, and other parents within the educational system. Mothers are concerned with their child's success in school and often engage with their child's school, its teachers, curriculum, and parent-teacher association (Lareau 2000a, 2003; Lawrence-Lightfoot 2003). These not insignificant efforts often provide benefits to children in school through improved academic performance and teachers' perceptions (Domina 2005; Henderson and Mapp 2002; Jeynes 2003, 2005; Lareau 2000a), even facilitating children's happiness and comfort at school (Warner 2010). However, we know little about the implications of this time and effort in relation to *mothers'* health, well-being, and stress.

Participation in children's schooling, in the form of attending PTA meetings, events, and parent-teacher conferences or simply spending time at the school in an informal way, can improve mothers' sense of social integration. Social integration can positively influence both mental and physical health (Seeman 1996; Turner and Turner 1999). However, there is also considerable emotional work that goes into participating at children's

schools. Facilitating a child's experiences through school is a central part of

mothering work, and mothers across class statuses note difficulties associated

with helping children succeed through elementary school. Qualitative

research, largely conducted in Britain, reports on the anxiety, frustration, and

stress that participation in children's schools and interventions with children's

teachers can cause mothers (Gillies 2006; O'Brien 2007; Reay 1998, 2000).

Using mixed methods, this chapter explores the extent to which school

involvement offers benefits to maternal health and well-being net of social

status and focuses on the key motivations for involvement as expressed by a

diverse group of middle-class mothers. Mothers may be prompted to engage

with schools as a form of mothering work or schools may offer mothers an

avenue for social integration. Each of these motivations may come with costs

and benefits for individual mothers.

This chapter focuses on answering the third research question posed in

this dissertation:

What role does mothers' integration play in benefiting (or negatively

influencing) maternal well-being or mitigating some of the strains associated

with children's elementary schooling?

In doing so, I first extend the quantitative results from Chapter Five to include

measures of social integration at the school. Then, I present qualitative

findings from interviews with middle class mothers to inform the quantitative

results. The qualitative findings are divided into two parts. I first document

strains and benefits most mothers in the sample note as being associated with

social integration at the school. Then, I discuss differences in motivations for involvement, which appear to vary across mothers' race/ethnicity. These differences in the motivations for mothers' involvement in schools suggest some of the ways in which mothers of color and white mothers may benefit differently from their involvement.

QUANTITATIVE FINDINGS: THE BENEFITS OF MOTHERS' SOCIAL INTEGRATION AT SCHOOL

I begin with quantitative findings from longitudinal analyses of mothers' physical and mental health between kindergarten and third grade based on their involvement in children's schooling. These findings are intended to provide a starting place for understanding the potential influence of school involvement on health, but the bulk of the analyses for this chapter will focus on qualitative findings.

In this section, I discuss descriptive statistics for the variables in the analyses. The multivariate models in this section include the schooling strains discussed and analyzed in Chapter Five, but I do not show or discuss the descriptive statistics for these strains, which are the same as in Chapter Five. All of the descriptive tables shown here include the sample of mother respondents present in both kindergarten and third grade. Table 6.1 shows descriptive statistics for social status and social integration. On average, mothers participate in approximately four types of activities annually between kindergarten and third grade. Most commonly, mothers attend parent-teacher

conferences and open houses, with the fewest mothers attending PTA meetings each year in kindergarten, first, and third grades. Table 6.2 shows the bivariate association of social integration at school (school involvement) with mothers' poor health and depressive symptoms in third grade, illustrating mothers' mean well-being across levels of school involvement. The association follows a linear pattern, with less depression and poor health as mothers participate in more types of activities at the school. However, there is some variation, with mothers reporting worse health on average with 3 types of involvement compared to two types of involvement. Once mothers participate in one school activity, the relationship with depressive symptoms is consistently linear; depressive symptoms decrease as mothers participate in more types of activities at the school. In Table 6.3, I also include associations with the six individual measures of school involvement and maternal well-being. For each type of activity, mothers that participate in the activity at all three waves compared to mothers that do not participate show better health and fewer depressive symptoms. However, there is little variation in the average health or depressive symptoms for each type of activity. Table 6.4 shows the mean level of school involvement across mothers' race/ethnicity and social class to provide baseline measures for exploring interaction effects of the differential effects of social integration across race/ethnicity. White mothers participate in more types of activities at the school on average compared to mothers of other races/ethnicities. Black and Latina mothers participate in a similar number of activities at the school, but the fewest

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activities compared to White and Asian mothers and mothers of other races or two or more races. Mothers of all races/ethnicities are more likely to participate in parent-teacher conferences compared to other types of involvement. African-American mothers are more likely to participate in the PTA than volunteer for other events at the school, while the reverse is true for other racial/ethnic groups of mothers. Additionally, African-American mothers are more likely to participate in school events rather than school fundraising, while the reverse is true for the other racial/ethnic groups of mothers. Otherwise, trends across race/ethnicity in the types of involvement mothers prefer are consistent, with parent-teacher conferences followed by open houses and events. There is a positive linear relationship with education level and the number of activities at the school in which mothers participate. This relationship is also consistent across each individual type of school involvement.

The following two tables (Tables 6.5 and 6.6) show multivariate results. Model 1 presents the baseline model, including controls for strains mothers may encounter during their child's schooling, employment status, and family structure. I also include the kindergarten measure of physical or mental health as an independent variable. Model 2 introduces the level of school involvement as a predictor of maternal health. Model 3 shows interaction effects between mother's race and her level of school involvement to illustrate differential effects of school involvement across race/ethnicity.

Table 6.4 shows mothers' rating of poor health regressed on social integration at the school. In model 1, class shows a linear relationship with poor health; mothers with a college education or greater have better self-rated health during elementary school compared to mothers with less than a college degree. In model 2, the introduction of social integration at the school, measured by the number of activities in which the mother participates on average between kindergarten and third grade is negatively and significantly associated with poor health. Net of kindergarten poor health, mothers that are more involved in their child's school on average show better health compared to mothers that are less involved. However, the contribution of these effects to the explanatory power of the model is relatively small, suggesting that while more social integration at the school is associated with better health, the effects are small compared to other variables in the model. On average (holding other variables in the model at their average), mothers participating in no activities rate their health a 3.44 (between good and fair), while mothers participating in 6 activities rate their health a 3.33. This is an improvement in health of approximately 3.2 percent. Additionally, the inclusion of social integration at the school mediates some of the class differences in self-rated poor health, showing a slight reduction in the coefficients associated with class, which supports previous research noting class differences in the extent to which mothers participate with schools.[61] Model 3 shows interaction effects of race/ethnicity by levels of involvement. The slope associated with school

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[61] According to the criteria set forth by Baron and Kenny (1986) and Sobel (1982), school involvement mediates racial/ethnic and class differences in maternal poor health, with the exception of mothers with some college education and mothers of other races/ethnicities.

involvement for mothers across race/ethnicity is negative, where less involvement is associated with worse health. However, the slope for white mothers is slightly steeper compared to that of Black or Latina mothers, suggesting that white mothers may receive slightly greater health benefits from involvement compared to Black and Latina mothers. Finally, models 5 and 6 show that school involvement provides minimal buffering effects for the experience of schooling strains. Additional analyses tested for interaction effects between school involvement and strains associated with child behavior and school problem and time pressures, but did not find significant effects. The only significant interactions were related to school context, where higher levels of school involvement protect mothers from some of the negative effects associated with school context, but the effects are relatively small. For example, the predicted average health for mothers with children at schools with high neighborhood disorder and low school involvement is 3.40, compared to mothers with children at schools with high neighborhood disorder and high school involvement with predicted average health of 2.93.

Table 6.5 shows mothers' depressive symptoms regressed on social integration at the school. In model 1, mothers with less than a high school education are more likely to experience depressive symptoms during children's elementary schooling compared to mothers with a college degree. Additionally, Latina mothers are more likely to experience depressive symptoms compared to white mothers. In model 2, higher levels of school involvement between kindergarten and third grade are associated with fewer

depressive symptoms, net of the mother's report of kindergarten depressive symptoms. However, similar to the results with poor health, the positive effects of social integration at the school are relatively small in comparison to the effects of other variables in the model, with little change in the negative log likelihood between models. Model 3 shows no differences in the effects of school involvement on depressive symptoms across race/ethnicity.[62] Finally, as shown in model 5, similar to the models for health, school involvement provides few buffering resources for mothers, with the exception of neighborhood disorder.

QUALITATIVE FINDINGS: THE COSTS OF MOTHERS' SOCIAL INTEGRATION AT SCHOOL

Higher levels of participation in children's schools between kindergarten and third grade are associated with fewer depressive symptoms and better self-rated health over this time period. However, while maternal school involvement may offer overall benefits to mothers' physical and mental health, this involvement does not come without costs. Interviews with 27 mothers of elementary aged children suggest that school involvement, particularly that related to fundraising, volunteering, and PTA participation, can be stressful for mothers. Mothers' feelings of time pressures, lack of assistance, and

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[62] According to the criteria set forth by Baron and Kenny (1986) and Sobel (1982), school involvement mediates racial/ethnic and class differences in maternal depressive symptoms, with the exception of mothers with some college education and mothers of other races/ethnicities.

frustration may not be adequately captured in the health-related outcomes discussed above.

In this section, I describe three ways in which maternal involvement in children's schooling is potentially stressful or frustrating. In the next section, I note that universally, mothers in the sample indicated that being physically present or administratively involved with the school increased their knowledge of their child's life at school, a benefit mothers noted as being of importance of them. I conclude this chapter with a section highlighting potential differences in white mothers' and mothers of color's motivations to become involved in children's schooling.

While most mothers interviewed were happy overall that they participated in the PTA and events at their child's school, the completion of these activities was often accompanied by stress or frustration. Mothers interviewed noted stress in relation to three main aspects of their lives: (1) school involvement impinges on family and work time, (2) mothers must navigate PTA politics and challenging personalities, and (3) a lack of others' participation at the school creates stress through felt injustices. These areas of stress are not mutually exclusive; mothers often noted strains that arose in each of these contexts. For instance, low levels of parental participation at the school can increase the workload associated with mothers' involvement, causing additional strains on family time. While maternal involvement in schooling may offer benefits for children, and to mothers through knowing they are helping their child, it can also come at a cost for mothers.

(1) School Involvement as an Imposition on Family Time

While the work that accompanies involvement in children's education offers children potential benefits, it also occupies mothers' personal time that might otherwise be used to complete additional household tasks, play with the child, or in leisure, spouse time or paid work. Mothers, particularly those that held an elected position with the PTA, volunteered to chair an event committee or auction, or frequently responded to requests for organizational assistance, noted that their work at the school caused tension at home. Sydney, a 35-year-old white mother of two, works part-time 20 hours a week and is her school's PTA president. She explained that she had to create boundaries at home for her PTA work.

> It [PTA president] is an obligation for me right now. And it's a point of stress for my husband and I, because he knows how much certain people rely on me to do everything. So he's worried that people are going to keep pushing that and it's going to impact our family. So we've gotten rules that say, "I don't touch this stuff on Friday to Sunday. That's it." Because I do; I let it consume me. I worry about things and I want to respond, I want to get back to people but ultimately that takes away from my family and so I've had to make sure that I shut that down on the weekend and that I'm committed to the kids.

Olivia, a 40-year-old Hispanic mother of four, explained that it was easy to get over-involved in the school when her oldest daughter first started school. There were numerous opportunities for involvement, and she wanted to participate in her child's education. However, as her younger children entered school, Olivia found that delegation was an important component of PTA work. She explains,

> I think it [having more children] might have changed in the
> way that I see things because when [my daughter] started
> [school] I was new. And so it felt like you get there and the
> parents and the staff [think], "Oh fresh blood! We've got to
> get her in the PTA. She could do this, she could do that."
> So you get over involved … You do more than you should
> be doing! And so you try to help out here and there, try to
> do it all. But as the kids have grown and progressed and
> I've seen other kids coming in, I realized, "You know
> there's a lot of people and the more the merrier." A lot of
> hands make the work go quicker and so you can let go.

Several mothers, particularly those that do not work outside the home for pay, noted that their involvement with the school can cause stress, but they also find it fulfilling and worthwhile in the long-term.[63] Tamera, a full-time employed African-American mother of one child summed up her experience as PTA President with, "It was good. It was stressful, but it was good." Another full-time employed mother described her experiences as "exhausting but I know it's all going to be worth it in the end." April, a 39-year-old (non-employed) white mother of two, involved with chairing committees at the school and assisting with events, relayed a discussion that took place with her husband about her future work with the PTA. She said,

> In fact, it makes him [my husband] nervous that he knows
> I'll be president one day because then this might add
> stress or I might have taken on too much. He doesn't
> want me to be stressed out, but what he doesn't
> understand is that removing all those elements that might
> cause stress, drives me insane, because then I'm just a
> vegetable.

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[63] I do not focus on the nuances of involvement associated with mothers' employment status in this dissertation. Like race/ethnicity and social class, employment status is an important component of understanding levels of engagement and mothers' frequency of activities with the school. However, employment status is beyond the scope of the dissertation and best suited for an exclusive focus on variations across maternal employment status in future research.

Jessica, a 50-year-old white mother of three, felt that her PTA involvement also had been worthwhile, though she did not expect to repeat the experience, opting instead for positions assisting with projects rather than delegating work. Her fourth-grade daughter had also noticed that her work with the PTA was time consuming. Jessica explained, "I've enjoyed it, but it's been challenging for me … A lot of my time has been spent on the computer, which [my daughter] has said, not too many times, but [still], 'I'll be glad when you're not the president anymore.'"

In short, involvement at school, particularly a position serving as president of the PTA, can require a significant amount of time on the part of mothers. These volunteer efforts, often portrayed in the literature as serving a child's best interests at school through the formation of family-school relationships, can actually take mothers away from the very people they intend to be serving. This decision on time allocation may be met with resistance by spouses and children, if not the mothers themselves.

(2) Negotiating PTA Politics and Difficult Personalities

Some of the stress and frustration mothers express in relation to their school involvement results from the challenge of navigating difficult personalities in an effort to fulfill the school's agenda.[64] Schools, perhaps

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[64] I do not include these examples here, but strains associated with difficult personalities in the school setting are not limited to interactions in the context of the PTA. Most of the mothers interviewed mentioned dealing with difficult personalities and gossip "on the playground," over school-related listservs, and outside of school hours. There are challenges associated with negotiating different approaches to parenting in the school setting and dealing with parents with whose parenting techniques you may not agree. For example, mothers mentioned issues with other parents related to the following: cell phone ownership, playground obedience, discipline (especially in relation to child-to-child conflict at recess or during school), conspicuous consumption, playdate snack food, and television watching.

even more so than the workplace, are a social institution that can bring together a diverse group of individuals with varied family backgrounds and expectations for interaction. Some schools may feature a more or less homogenous parent body, though the three key public schools from which this sample is drawn attract fairly diverse student bodies, as outlined in the data and methods section in Chapter Three. In bringing a diverse group of parents together, disagreements and different priorities for individual children are likely to arise. Not surprisingly, a number of the involved mothers in this sample faced issues dealing with PTA politics, and some less involved mothers opted out of PTA participation in an effort to avoid dealing with difficult personalities.

Tamera, a 43-year-old African-American mother of one notes that she found dealing with some parents at her daughter's school to be the most challenging part of her involvement. Additionally, while Tamera states that it is a struggle to find a willing PTA President each year at the school, the monthly meetings at this school tend to be well-attended, generally with over 20 parents present. Other parents at the school also echoed the reluctance of parents to serve on the PTA board in general, and while parents appear willing to be involved, few want to be responsible for coordinating parental participation at the school. Tamera explains,

> It's hard being PTA President. No one really wants to do
> it … I dealt with some difficult parents. Not very many.
> There were one or two difficult parents who wanted things
> their way … We have people with strong personalities.
> People can just be *jerks* [laughs] … People are just
> difficult; you have to adjust to different personalities.

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Another mother at the same school, who often attends the monthly PTA

meetings, but does not get personally involved in organization, explains her

rationale. Claire, a 39-year-old white mother of three, limits her involvement to

one event per school year and the occasional request for assistance she

receives over e-mail. Instead, she prefers to spend time with parents on the

playground after school and at other socializing opportunities.

> So, what I've learned from the PTA. There were a lot of
> issues and conflicts with their politics at some point.
> There was one principal who was a nice woman, but was
> a bit inexperienced and she took on this issue her first
> year when she didn't know anyone, instead of first
> checking what's going on and so she started with this new
> thing and created a major split [among parents] and then
> there were two camps. But I had enough politics at the
> office and I saw it coming. I always said, "I don't want to
> sit on the PTA and I'll take one project, which is my
> contribution." And that's what I do … I'm a periphery of the
> PTA. I really was very clear that I didn't want to get
> involved. I don't want to be in the politics of it. It can get
> quite nasty. I mean not nasty, but it just gets very intense.

A third mother at the same school referred to "high maintenance" and "strong-

willed" parents at the school that can create problems for the larger school

community, making some parents feel "intimidated" to participate. The

obligation of the PTA board, and president in particular, to navigate through

these tricky personalities while also meeting the needs of a diverse group of

parents can add a significant level of stress to the position. Finally, Danielle, a

39-year-old African-American mother of two also at the school expressed a

similar opinion.

> Danielle: There's still personality differences no matter
> what the demographic is, or the socioeconomic level. So
> yeah, we have the same personality clashes that we had

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at other PTAs and that my older daughter's school had.
So that's pretty universal. [People] want things; people
want different agendas.
CW: Can you think of an example of something?
Danielle: Not really, a lot of adults, and this isn't all adults,
can't learn to agree to disagree. And sometimes that's just
what we have to do. I can't think of any specifics.
Everybody just doesn't know how to share.

Experiences with difficult personalities and school involvement are not
limited to a particular public school. One mother, whose daughter attends a
private school with high levels of parental involvement and financial
commitments, mentioned that keeping parents with "difficult personalities" from
getting "riled up" was always a challenge. Mothers that are highly involved in
the school, present often on the playground and at events, or even
peripherally involved in chairing an occasional committee or book drive may
find that they are faced with navigating challenging personalities and diverse
needs. Dealing with issues between parents, especially from a position of
power, can lead some mothers to fear involvement because they might "lose
friends," or "disappoint" parents that trusted them. Dealing with many different
personalities and priorities through the course of involvement in children's
school can create both additional work and additional distress for mothers who
prefer to have their associations with the child's school remain free of such
challenges. Moreover, these types of challenges may mean that many
mothers, particularly those from different backgrounds than the middle class or
non-employed mothers traditionally involved, shy away from becoming
involved in group or committee activities at the school.

(3) Lack of Participation and Challenges of Broad Inclusion

In other instances a lack of parental involvement all together at school also creates stress for those parents that decide to contribute to school activities. Some schools face a shortage of parents available to attend PTA meetings and volunteer for school events, let alone take a position on the executive board of the PTA. Mothers in the study note that a lack of parental participation at the school can make volunteering more stressful since it increases their own responsibility. Danielle, a 39-year-old African-American mother of two, changed elementary schools between her first and second children. She faced a number of challenges at her daughter's previous school in trying to get additional parent support for school events. She explains,

> I was on the PTA at my daughter's previous school. And the previous school was a very different makeup, it was a very different demographic. It was majority African American, majority low income, middle income parents. And I don't know if there's a correlation, I'm just saying that's just how it was. And where the PTA's board was very small and had to do a lot. We didn't have very much parental involvement from the school. So I kind of got a little burnt out after having to do everything.

A lack of participation in general at the school can discourage participation even perhaps among the more actively involved mothers. Danielle took a break from volunteering at the school, despite the fact that she is also an educator and considers parental involvement in children's schooling part of her parenting responsibilities. Sarah, a 39-year-old white mother of two, also found that the lack of involvement caused stress for her in trying to get organized for events. She notes that only five or six parents regularly attend

PTA meetings at her elementary school, and language barriers can make communicating volunteering opportunities difficult. She recounted her story,

> I remember at one of our first events, it was a Fall Festival Day and I couldn't believe that it's a week away and we had three parents who had volunteered to help on this day that was going to be a five-hour day where there were pupusas being made and food being sold and face painters there and lot of games for the kids. I didn't know how it was all gonna run and it threw me into an organizational panic. And [the PTA president] just sat me down and explained this is what we deal with and we do the best we can and if we don't have enough parents show up, then that game doesn't get played or if we run out of food because we don't have enough hands making the food, then we run out of food. We do the best we can. And that attitude has helped me a lot at [our school] because we're a Title I school and while we get certain money to do certain things, there isn't a lot of money for after-school programs for the kids.

In addition to an overall lack of parental participation, a lack of diverse and inclusive participation can cause problems for some mothers. A number of mothers noted that many parents at their school could not volunteer regularly for a variety of reasons, largely a result of work commitments, language barriers, and scheduling challenges. All three of the public schools at which this research was conducted were racially/ethnically diverse (see Table 3 for a description), and many of the white mothers in the study noted that gaining more diverse participation was a PTA objective. The lack of diversity (in terms of socioeconomic status, race/ethnicity, and employment status) in involvement was discussed as a challenge in the large majority of interviews. Mothers usually regretted the lack of diversity, but accepted it as a structural reality. Cam, a 57-year-old African-American mother of three, noted,

"There are 40% of the people doing the work. And I don't fault the other

people who've got to go to work. They've got to feed those children. They've

got to get them uniforms that we have to put them in. And they've got to get

shoes."

However, despite a concern with diversity in participation, some groups

of parents at the school may feel their involvement is less welcomed or

needed, and this may cause emotional distress. Sydney, a 35-year-old white

mother of two, noted this problem.

> I think those of us that are on the executive board this
> year that were on it last year have been very supportive of
> that and trying to teach people and put goals in place to
> say, "You may be the loudest, you may be the pushiest,
> you may be the most visible, but you don't represent an
> entire community." And the Latinos, to be honest with you,
> have felt very disenfranchised in the past with the leaders.

Lindsey, a 43-year-old white mother two expressed similar concerns about

segregation at the PTA.

> What you don't want to see, and this is where we try to be
> a little bit better, you don't want to see just groups of
> people. Like here are the Hispanics, here is the Black
> group. You know, socio-demographic [groups]. You're
> the White parents. It's an effort to try and break down
> those barriers sometimes, but at the same time I think
> we've done a fairly good job of it.

Tamera, a 43-year-old Black mother of one also at the same school

questioned the success of the PTA in enfranchising diverse groups of parents.

> Not anything major, but it's too much drama for a small
> school when I thought it could have been fixed. Make
> everybody feel like they are part of it, not just one select
> group. Or parents. You know, there's always those same
> parents who seem to be the favorites.

Lindsey echoed Tamera's sentiment noting that inevitably some parents, perhaps those with more free time to spend at the school and volunteering, may have a larger voice in PTA activities or the fundraising agenda.

> A lot of the parent community, they're working. They don't have time to come to book club. So you have those few select people that maybe they feel that are just getting special treatment or "Oh, she thinks she knows it all because she goes to this, this and this." And, "Her name was all over the auction because she doesn't work. Yeah, she does all that stuff." So sure. I'm sure there's people out there that have those comments.

Realizing the challenges of meeting the needs of a socioeconomically diverse group of parents can also come as a surprise to some mothers and increase the stress that they encounter through school involvement. Sarah, a 39-year-old white mother of two described this experience, noting that it was mostly the same seven or eight "white, affluent women who could afford to stay home" volunteering at the school. She realized how little she knew about other parents' experience when she began working with the PTA.

> I was running a major portion of the PTA when I didn't have very much experience with how the school ran. We'd been going to the school for two years, but I didn't know who all the players were and the politics in the school … I didn't even know all the challenges our students were dealing with in terms of coming from different socioeconomic backgrounds, not knowing English when they started school, kids coming from families where their parents were working a lot of hours and maybe older siblings were taking care of them as opposed to parents. And so that was kind of a really big adjustment for me to realize that not everybody had the time to give that I did, and it wasn't because they didn't care about their child, it was because they were putting food on the table and that was the most important thing.

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The school's failure to incorporate a representative sample of the student body did not escape the attention of the mothers involved with the school. Many of them felt powerless to change the situation, or felt that it was their responsibility to become more involved in the school to "help" those parents who are not able to be involved. In some cases, the lack of participation in school activities created distress for mothers as they attempted to plan events and activities that they hoped would be inclusive for the larger student body. Most importantly missing here, however, are the voices of those mothers that are not participating in school activities and whether low levels of involvement may also create emotional distress or anxiety.

QUALITATIVE FINDINGS: RACIAL/ETHNIC DIFFERENCES IN MOTIVATIONS FOR INVOLVEMENT

Mothers have some choice in how they become involved with their child's school. The ways in which parents choose to be present at a child's school have implications for the benefits they receive from their involvement. The choices parents make vary not only according to employment status and logistical availability, but also in what motivates them to become involved.[65] Interviews with mothers in this sample suggest that some mothers spoke of informal involvement as well as formal involvement with the school. Mothers'

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[65] I expect that future research stemming from these interviews and observations could focus on mothers' employment status and the *types* of involvement that they preferred. Flexibility at work, less demanding hours, or non-employment often directed the type of activities mothers chose. For example, some employed mothers with flexible jobs preferred to only be involved in classroom activities where their child could see them physically present. Mothers with demanding jobs that worked long hours preferred to provide administrative assistance that could be completed at work, while also sharing their efforts with their child so he/she knew it was important.

informal involvement focused on *playground networking*, and the community relationships these mothers developed with other parents at the school by being physically present on the playground or around the school. Other mothers focused on formal involvement with the school, focusing on their *child as the motivation* for involvement and pursuing opportunities sponsored by the school.[66] Motivations for networking or for the sake of their child are not mutually exclusive. Many of the mothers that engaged the most formal involvement also noted significant levels of informal involvement at the school. However, these types of involvement offer different benefits to mothers themselves, and the mothers that engaged in playground networking were more likely to be white and non-employed, while the mothers that volunteered solely to benefit their children were more likely to be mothers of color with kin networks available for additional support. I discuss each of these motivations and types of involvement in turn below.

(1) Child-Centered Involvement: Formal Involvement as a Form of Good Mothering

Children's schooling represents a significant component of mothering work, including interventions with teachers about problems, homework, coordination, and volunteering at the school (Griffith and Smith 2005; Reay 1998). Often, the African-American and Latina mothers interviewed expressed their motivation for involvement as stemming from their child. These mothers

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[66] In terms of formal involvement, mothers also expressed preferences for different types of formal involvement, and these preferences were more likely to coincide with employment statuses. Some mothers preferred classroom involvement and field trips for contact with their child while other mothers preferred more administrative involvement tied to fundraising, PTA, or classroom room parent (organizing class supplies and volunteers).

saw showing interest in their child's school and educational success as a

responsibility that accompanies motherhood, and in order to show that school

is a priority they wanted to volunteer for the school and participate in PTA and

school fundraising. Rosa, a full-time employed, Latina, 39-year-old mother of

one, spoke of her efforts at her daughter's school only in terms of increasing

her involvement in her daughter's life. Rosa explained,

> I mean [my daughter] is my life, so I work and I try to plan
> out, "Okay, [she's] got this at school, I need to put it on my
> schedule."… I look at it that I'm blessed just to have her.
> Everyone is gonna have their good days and their bad
> days, but at the end of the day, when I'm having my bad
> day, she's the one who puts the smile on my face … [I'm
> involved] just to show [my daughter] that I'm available to
> her whenever she needs me … So, I want her to know
> that no matter what's going on in my day that she's
> important and she needs to come first.

For some mothers, being active at the school is an extension of their

responsibilities as a parent. Tanya, an African-American, 43-year-old mother

of one, explained her involvement simply as a chance for "just spending time

with her. Spending as much time as I can because I don't think I spend

enough time with her." School involvement also offers mothers access to the

institution where their children spend a significant portion of their days, and it

is important to take advantage of opportunities to observe children in that

environment. Tamera is a 43-year-old African-American mother of one. She

is a former PTA president, and dedicated to remaining aware of issues at her

daughter's school.

> I never felt obligated. I've always been active in her
> school. And when she was in the early learning program,
> I was active there. I just feel like as a mother I needed to

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know what was going on. I'm not trying to run the school. I'm not trying to tell teachers and principals how to run the school, but if they need my support, my help, then I can do that. It was really busy because I was going through a divorce during all that. That made it a little more challenging. But, it was fine. I am taking a break. I will remain active, but I'm going to be low key for a couple of years.

Child-centered involvement offers mothers benefits through emotional fulfillment related to mothers' own conceptualizations of good mothering. I offer three situations in which this may come about: through instilling educational values, assisting with educational difficulties, and improving school quality. Ariana, a 44-year-old Latina mother of three, whose two youngest daughters are in elementary school, also considers her interest in her daughters' education an extension of her mothering responsibilities. Ariana does not serve on the PTA and only occasionally provides classroom assistance, but regularly attends conferences and openly contacts teachers at the school when issues arise. As a teacher, Ariana has a professional interest in her daughters' success, but defines her educational involvement through her role as mother, wanting to "make a difference" in her daughters' lives.

> CW: So tell me some of the reasons why you are
> involved. Why do you go to events?
> Ariana: I want to be a role model for my daughters. It goes
> a little deeper. I did not have my parents there for me. My
> grandmother raised me when I was nine. And then I came
> out here and my mom had to always work to try and
> support all of us because she was a single parent. And
> then I won a scholarship to go to boarding school and
> down deep inside I want to give them what I never had.
> And it's that circle of life to be able to give to their children
> the way I'm giving to them … And I just want them to be
> able to see that in me. That you can still work, still help
> make sure that you check on things, and not neglect it at

school. So I don't hardly watch TV or have any sit down
time. I'm always just trying to be on them. And the perfect
scenario yesterday, my oldest is running for president
next year so we sat here yesterday and made three
posters. We got some fliers together. On top of that did
homework, did piano and violin lessons. Got everybody
ready for bed. And finally at 10:20 I'm done. I need to go
to bed. But not one time was I on the cell phone or
watching TV … So it's exhausting but I know it's all going
to be worth it in the end.

Child-centered involvement offers mothers emotional fulfillment through their conceptualization of good mothering. Ariana's child-centered involvement is a means to instill particular values in her daughters, showing them that a mother can have full-time employment and stay involved in her daughters' lives and education. She is providing her daughters with something that she feels she missed as a child. Danielle, a 39-year-old, African-American mother of two, also found "comfort" and fulfillment through her formal school involvement. When asked why she enjoyed getting involved (she volunteers in the classroom, goes on field trips, and has an active role on the PTA), Danielle also reported on her involvement as an extension of mothering responsibilities.

I think it's a couple of things. I think I feel good being close
to [my daughter]. I feel good that I'm able to help. I feel
good that I'm able to do something I like to do, but still be
able to get paid somewhere else. And I think it's just how I
was raised because my mother was an educator. And so I
was always at school anyway. So I don't know if it's like
my comfort zone for some reason. I just had an epiphany!
Maybe that's what it is! Because when I was little she
taught and so I was always at school. So maybe I
associate the familiar surroundings with that.

This child-centered involvement can also come as a result of feeling that a child needs extra attention at school. Mothering responsibilities may

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demand that mothers provide extra time and assistance for children having

trouble at school. Problems at school create additional mothering demands,

and mothers that already see formal involvement with the school as a way to

emphasize the importance of education may choose to pursue additional

involvement. Two mothers in this sample noted that their sons' academic

problems in school were associated with their increased involvement and

presence at the school. Vanessa, a 46-year-old Latina mother of two has

found herself much more involved in her son's education compared to her

older daughter. Though her daughter also attended the same school,

Vanessa has found that she needs to be more present at the school to help

her son succeed. Her fourth-grade son did not pass his standardized tests

this year, and so Vanessa spends time with him completing tutoring on the

computer, finishing his homework, and working around his extracurricular

soccer schedule. She is full-time employed, helping to care for her live-in

mother in law, and an active member of the PTA at the school. She explains,

> I didn't do all the things [with my daughter] that I'm doing
> with [my son] right now. Like be constantly on everything
> so he can do everything. I mean they get so distracted
> easily…But at the same time you enjoy it…I don't see it in
> a bad way honestly. I think a parent needs to be involved
> more in the child's life. And I think personally, in my
> culture, parents don't take enough time to be on top of
> everything with their kids. That's why there are so many
> problems later on in life. They're not helping them to
> prepare for more difficult things in life. And the more you
> challenge your kids when they were little…I don't know if
> I'm doing it right or wrong but trying to help him out so he
> can do better in school honestly.

Sometimes children's experiences at school require additional assistance, and mothers in this study, particularly the mothers of color interviewed, used formal involvement in school events, classroom volunteering, and PTA as a way to solidify their connection to the school and improve their child's experience.[67] In another example, Cam is an Afircan-American 57-year-old mother of three, and her son is repeating third grade. She also notes that she is much more involved with the school compared to when her older daughters attended. "Number one, I'm an advocate for my own child…With [my older daughter], I took her to school and I went and picked her up. That's all that I really had to do."

Finally, mothers may also dedicate time and effort to formal activities at the school in order to improve the school quality to benefit their child. This child-centered motivation also benefits other children at the school, but is aimed largely toward improving conditions for one's own child. Cucchiara and Horvat (2009) also document on these individualized efforts made by middle-class parents and the limited extent to which such activism provides collective benefits at the school. Stacie, a 46-year-old African-American mother of three provides an example of this child-centered motivation to improve school

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[67] Several of the white mothers in the sample also had children facing difficulties at the school, with diagnosed emotional and behavioral problems. However, rather than pursuing additional formal involvement in the school (e.g. through PTA or classroom volunteering) these mothers often chose to scale back this involvement and focus on external tutoring, personal interventions with the teacher, and private therapy. Sarah, a 39-year-old white mother is an example of this. She notes, "I spent a year as the vice-president of the PTA, and then I stepped down. I go to PTA meetings and I volunteer for events, but I don't run anything anymore because my kids just require more time and attention. The therapy has to come first." Additional research on a diverse group of mothers with children with disabilities in elementary school could investigate at the intersection of race/ethnicity and class differences to better understand how household income and access to services informs these decisions as well as the potential benefits of different levels of maternal school involvement for children with disabilities.

quality. The family recently moved from another public school out-of-state, which Stacie describes as "Disneyworld," and she feels that her daughter's current school can be that way also. Stacie explains her motivation to get involved:

> I think you have to [get involved]. I went to private school
> … There's no way that I'm going to pay $40,000 a kid …
> There are some great public schools out there where your
> child can get phenomenal education. And if I invest my
> time at [this school] and see that we get these special
> programs in place at this school, and there are a lot of
> parents here that think, like me, we can create a private
> school atmosphere at a public school with parent
> participation. It is very easy to do … A lot of it comes
> down to parent participation because parents can turn a
> school, and that's what you're seeing here. That's the
> reason why I would commit to this school because I see
> parents who, even though some of them are working,
> they're highly, highly educated and highly, highly
> motivated.

All of the mothers of color interviewed in this study expressed their motivation for school involvement as stemming from their child, as an extension of their mothering responsibilities. For these mothers, formal involvement at the school, by helping in the classroom, attending events and field trips, and participating in the PTA were means by which they could express their educational priorities to their child, gather information about their child, and potentially improve school conditions for their child. In field notes, when talking casually after an interview, Candice, a 52 year-old African-American mother, mentioned that making friends on the playground was not a "luxury" she had available to her. She has concerns about institutional racism at the school, and her daughter has big dreams for a prestigious college.

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Candice felt that her mothering was held to a different standard, and she had

to be constantly vigilant on her daughter's behalf rather than concerned with

her own friendships. White mothers in this study were also motivated to be

involved on behalf of their child, but did not express their desire for

involvement and the ways that it benefited them in their role as mothers by

using a discourse about motherhood and child-centered interest. I describe

these mothers' motivations in the next section.[68]

(2) Building the Playground Network: Making Friends at the School

Informal involvement at the school was often described by mothers in

terms of the amount of time they spent with other parents at the school or on

the playground and their sense of community associated with the school.

While all the mothers interviewed participate at the school because their child

attends, not all mothers expressed their motivation for involvement as a

responsibility that accompanies motherhood. Instead, these mothers focused

on the sense of community they gained from attending the school, the

pleasure of seeing familiar faces on the playground, and the opportunity to

exchange drop-off and pick-up favors with other mothers at the school. These

mothers are often involved formally at the school, but when they discuss their

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[68] Karen, a white, 39-year-old mother of two, is an exception to the potential racial/ethnic variation in motivation I report. Her family moves every two years, and she noted that she volunteered in her son's classroom to get to know his teacher and spend more time with him. She prefers not to be involved in PTA and fundraising work as that does not afford her additional time with her son. Karen is the only mother interviewed at this particular elementary school, and so it is difficult to comment on potential reasons for her lack of interest in social integration at the school. She says, "[I volunteer] where I'm actually physically in the same room as my kids, doing the reading or whatever, because I like to be with them. I like to see what's going on. I want to know who their friends are. I want to know if I think I like their teacher or not. I want to be friendly with the teacher."

own motivations for involvement, they focus instead on informal relationships at the school with other mothers.

Claire is a white, 39-year-old mother of three. She has been scaling down her work hours since her oldest (now in third grade) entered pre-kindergarten, and currently works part-time. She feels that having more time to be informally involved with the school has given her a better sense of community. She explains,

> Being more available and on the playground, I've created
> nice friendships and I've got more of a support system.
> So, if for instance I'm late or suddenly I've got to be full-
> time at work for three or four days, I've got a whole lot of
> people I can [call on]. We support each other and that's
> been very nice. And it's required me investing a bit of
> time to just hang out at the playground to create those
> friendships because the first year I was just dropping her
> off at 8:30 and picking her up at 6:00. There was no time
> for social interaction with parents. So, the few months
> where I was quite a bit around, have actually paid off
> hugely in terms of feeling more a part of the community
> and feeling I've got a network I can rely on when I need it.

The playground (and in two cases, school-based sports teams) provide the necessary opportunity to meet other mothers in order to gain information, development a sense of community, or exchange favors. One mother noted how grateful she was for the socialization opportunities available on the playground. Sydney, a 35-year-old white mother of two, is highly involved in the PTA and event planning at the school, but she is also just glad for a safe playground for spending time. She mentioned that there was little opportunity to meet other parents at her child's previous public school explaining,

> We didn't do play dates with other families or hang out.
> And I think that was just because I didn't have that

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opportunity to hang out because we couldn't hang out on
the playground where it was. I showed up four times that
year with a SWAT team on top of the school. You just did
not hang around.

With the exception of Karen, whose family moves frequently, most of the white

mothers I spoke with mentioned relationships with other mothers as a

motivation for their presence at the school. For many, the school is an

extension of the neighborhood, and meeting parents is easy since everyone

lives close to each other. For example, Lauren, a white, 40-year-old, full-time

employed mother of three noted the benefits of proximity to exchange favors

with other mothers at the school.

We have a great neighborhood. There must be 10
second graders just from our neighborhood. So we have
a great set of resources and friends that will help out and
even with the soccer practices on Friday nights, I team up
with a mom. So, I do every other Friday night and she's
there the other Friday night.

This type of involvement is not without its benefits. Just as many

mothers feel that they gain additional information about their child's

experiences by being physically present in the classroom, spending time on

the playground and socializing with other parents can also provide mothers

with additional information about school politics and children's experiences.

Lindsey is a white, 43-year-old mother of two. She is currently non-employed,

but like many non-employed mothers in the sample, is considering an

employment transition when her three-year-old enters school full-time. When

the weather permits, Lindsey spends between one and two and a half hours

on the playground with her children at the end of the school day.

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I talk to people that are out on the playground. One of the friends that I met has been at [the school] for a long time and she has pretty much stood up and fought for a good principal. So, for a good amount of time I got a lot of background on what was going on at [the school] and the dynamic and why things are the way they are. So I had that knowledge that some people probably don't know as much of, unless you've been involved in that conversation. Whether that helps me? It gives me insight so that I can see why some of the parent bickering is still left over from kind of that past … But I may know some things one or two days before they're public, but nothing that's gonna not ever be released for public information. No, I don't feel like I'm a big insider person at all. I don't have that relationship with the principal. I'm not one of those people who are in on inside meetings or anything of that sort. No.

Building these relationships with other mothers may be a product of employment status and the need to build additional support systems for their family. Some mothers feel their ability to meet other parents is limited by the time they have available to spend on the playground. Hillary, a white, 45-year-old mother of two noted that the return to full-time employment meant that "you miss that connection with other parents," a transition particularly hampered by attending a public school outside of the family's boundary neighborhood. However, several white, full-time employed mothers, such as Lauren above, also discussed spending time on the playground after a 6:00 pick-up time before heading home to dinner.

In fact, many of the mothers of color that expressed a child-centered motivation for involvement, preferring to invest in formal volunteer activities at the school rather than informal networking, already had extensive extended family networks in the area. Eight of the 10 mothers of color in the sample

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noted that the spent most of their free time with extended family in the area and called on these family members for social support and child care assistance when needed. Three of the 10 mothers of color in the sample reported sharing the household with a child's grandparent. These mothers reported that local, extended family members were always their first call when they required additional assistance, and noted rarely turning to individuals outside of the family for assistance. The literature is mixed on the extent to which families of color may have access to greater kin networks and family integration; Sarkisian and Gerstel (2004) argue that an intersectional approach is central, with most of the differences in family integration resting between women and further divided across class statuses. The two mothers without extended family in the area actively mourned its absence during interviews. A child-focused motivation for involvement was also accompanied by a lack of interest in creating support networks through the school. Stacie, an African-American, 46-year-old mother of three notes that she prefers relatively few close friends and relies on her family for social support. She explains,

> Stacie: I'm a loner by nature so I don't necessarily need a
> lot of friends … So I have one or two close friends and
> then I have my best friend, who is my husband, and I
> have a very, very tight family. So I don't have a need to
> make a friend. That's not me.
> CW: If you need to take one of the kids to the doctor and
> don't want to take all three…
> Stacie: Grandma! Auntie! One of the wonderful things
> about moving back here is a very big family.

Vanessa, a Latina, 46-year-old mother of two also notes that she has extended family in the area, and her children mostly socialize with cousins on

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the weekend. She prefers to rely on family members to be responsible for her

children when she is not able. Her mother-in-law also lives with the family and

provides additional child care when necessary. Vanessa said,

> Because I know myself, I know my husband, I know my
> family, and I know we're there all the time to protect the
> kids and anything like that. And building trust with other
> people is something that is honestly very hard for me. I'm
> talking very openly here, but I'm not that very open person
> in that level, like to trust my kid to so many things that
> happen. And I don't want to go through that or put my kids
> through that. I'd rather know people more. And we don't
> have the time to just visit people.

Other mothers of color in the sample also noted that there wasn't enough time

to form trusting relationships with new mothers at the school. For example,

Rosa, a 39-year-old Latina mother who reported that her child was her sole

reason for involvement at the school noted that making friends just wasn't a

priority for her. "As a single parent, I don't really look to meet other people. It's

just about taking care of [my daughter] … Also on that aspect, I have my mom

who lives here with me, too. So my mom stays with her. She's a blessing."

Family networks often seemed to alleviate the need to create additional social

networks at the schools to benefit the *mothers*, and, instead, these mothers

tended to focus on child-centered school involvement as a form of mothering.

To the contrary of the experiences of mothers with extended family in

the area or even living with them, many of the white mothers in this study were

grateful for the social networking provided by the school and used these

networks to exchange favors and help with child care. For example, Elizabeth,

a white, 37-year-old, full-time employed mother of two was grateful for the

summer "camp" one of her friends at the school offered each summer for

Elizabeth's children.

> Next week she does [a] camp, which she makes up. It's
> for my kids, so I throw her my kids, write her a check, and
> she just has them all week. It's great. They love it. My son
> said, "I wish all the camps would be run by a mommy.
> That's my best camp, mommy."

June, a white, 45-year-old mother of three sends her children to the local

neighborhood public school. They are "walkers," meaning the kids do not

need to take the bus to school. She also described the sense of community

created around school activities.

> And then in our neighborhood we have a really good set
> of friends who are friends with all my kids, same age kids.
> And we do everything, very interdependent, absolutely.
> Every day we're on the corner, "Are you going to pick up
> from drama or am I going to do it? Are you going to do
> swim team or am I going to?" It's really beautiful.

Finally, Claire, who described her new ability to make friends on the

playground with her decrease in work hours above, has also found those

social networks the most rewarding part of her involvement in the school.

> I think that's probably I'd say what I like about [the school].
> It's quite a small group and so everybody knows each
> other and we all share responsibility for each other's kids,
> and I love that about it. We care for one another's kids as
> well and that if I see something's wrong with one child I
> will check on it. And I feel very comfortable with my kids
> being looked after – even just, "Hey I quickly need to get
> to [the store], can you keep an eye on my kids?" It's just
> easier, that kind of stuff. We do it for one another all the
> time.

> This section evaluates potential racial/ethnic differences in mothers'

motivations for school involvement and the benefits that may accrue from the

types of involvement mothers use to pursue these goals. Mothers with child-centered motivations usually focus on formal involvement at the school – assisting in the classroom, participating in the PTA, and going on field trips. The benefits of school involvement for mothers with child-centered motivations accrue through the fulfillment of a sense of good mothering. It is a responsibility that accompanies motherhood, and these mothers embrace this responsibility as a means to instill values in their child, improve the child's performance at school, or improve school quality. In exchange, if offers them the emotional fulfillment that often accompanies care work.

Mothers that are interested in social integration at the school often select less formal means of involvement, focusing instead on making friends through informal neighborhood ties, sports teams through the school, or playground networks. The mothers that pursued these interested were more often white and lacked the support of extended family members in the area. These playground networks offered an opportunity to exchange child care responsibilities with other mothers at the school or run impromptu errands. Mothers of color in the sample often had extended family present in the area and preferred to use family members when possible to provide any child care assistance. Many mothers of color indicated that they were not interested in making friends or had difficulty entrusting their child to someone outside of the family. There were exceptions to this, and two mothers of color noted that they used playground networks to gain additional information about their child or provide child care assistance.

These potential racial/ethnic differences in motivations for involvement must be taken cautiously. In some ways, these differences may reflect structural limitations present in the lives of mothers of color, but not white mothers. For example, structurally, mothers of color often have more extended kin networks on which to rely, obviating the need for "playground networking." Similarly, the lack of a purposive sample across employment status – there is only one non-employed mother of color – makes it difficult to evaluate cultural differences across race/ethnicity, structural differences across employment status, and motivations for involvement with certainty. It is clear that the mothers in this sample used different language and actions when describing their involvement with the school on their child's behalf, and these motivations divided across racial/ethnic boundaries likely for both cultural and structural reasons.

These two motivations are not mutually exclusive, and mothers in both groups would likely agree with the benefits of a child-centered motivation or the value of building playground networks, but the frequency with which mothers of color and white mothers expressed one of these motivations as primary varied dramatically. Many of the mothers that engaged in informal involvement at the school were also formally involved in the PTA or fundraising for the school. Both groups of mothers receive personal benefits from the involvement they pursue, but these benefits vary. Moreover, these benefits are not captured in the quantitative analyses of how formal social integration at the school through six types of involvement is associated with

improved maternal well-being. Interaction effects suggest that white mothers benefit slightly more from their involvement at the school, and this may be a result of the additional social networks they are creating.

SUMMARY

This chapter focuses on answering the third research question addressed in this dissertation: What role does mothers' school involvement play in benefiting (or negative influencing) maternal well-being or buffering some of the strains associated with children's elementary schooling? Quantitative findings suggest that social integration accrued through school involvement during children's elementary school years offer positive health benefits for mothers in the form of improved health and fewer depressive symptoms. However, this social integration does little to mitigate potential strains associated with children's schooling. Mothers' increased involvement in activities at a child's school does not decrease the extent to which strains related to children's education negatively affect maternal well-being. The exception to this is in reference to a mother's perception that her child has worse behavior compared to other children the same age. Mothers that are more highly involved with the school are less likely to experience negative effects of this perception on their health, perhaps because they are able to form relationships that alleviate some of the anxiety associated with children's behavioral problems. Maternal school involvement not only positively effects children's educational outcomes, but may also offer benefits to mothers as

they become socially integrated into children's elementary schools. These findings suggest that children who attend schools with low levels of maternal involvement are not only potentially disadvantaged in terms of educational outcomes, but their mothers may also lack opportunities present at other schools.

Qualitative findings suggest that there are costs to mothers' participation in school activities not captured through quantitative analyses. Mothers may encounter stress related to a loss of family time due to their work on the PTA or school fundraising, they may have to deal with difficult personalities in their work at the school, and they may experience anxiety as a result of low levels of overall parental involvement at the school. Though mothers often reported that their participation at the school was "worth it" after the fact, these costs are not captured in the quantitative analyses.

Finally, there are potentially some racial/ethnic differences in the motivations for involvement at the school. Quantitative interaction effects indicate that Black and Latina mothers receive fewer benefits from higher levels of school involvement compared to white mothers. For Black and Latina mothers, more activities at the school are associated with worse self-rated health compared to that of white mothers. On average, however, the slope of the line associated with school involvement is negative, regardless of mothers' race/ethnicity. In qualitative findings, mothers of color often focused on the formal activities in which they participated at the school and emphasized their involvement as child-centered and an extension of mothering responsibilities.

When they reported on their personal enjoyment of the involvement and their personal motivations for involvement, they continued to focus on the potential benefits for their child and the ways in which they, as mothers, benefited through their child. White mothers were more likely to emphasize the potential for community-building and social integration through informal participation at the school. While many white mothers were also involved in the PTA and other formal volunteer activities at the school, their enjoyment stemmed from relationships with other mothers at the school and the ability to exchange child care responsibilities with these mothers. To the contrary, most of the mothers of color in this sample had extended family present in the area and did not pursue social integration at the school to facilitate child care or daily activities. Both types of and motivations for involvement brought benefits to mothers. Both groups felt that they had access to additional information through either formal involvement or playground networking, and this information sharing, participation in formal activities, and strong parental presence on the playground are also likely to improve school quality for the children at the school. Mothers with child-centered motivations also gained emotional fulfillment through their involvement while mothers interested in playground networks extended their support resources.

There are limitations associated with these findings. First, the quantitative findings only measure the effects of an increasing number of different types of activities on maternal well-being. They do not indicate the extent to which a different level of total involvement at the school may

influence maternal well-being. For example, in quantitative analyses, there is no way to distinguish between a mother who serves as PTA president and a mother who attending one PTA meeting during her child's school year. Qualitative findings provide some indication of the potential stress that might accompany greater levels of involvement, but future quantitative research could examine how absolute levels of involvement affect maternal well-being. Second, qualitative findings only indicate the costs and benefits of involvement for middle-class mothers. Moreover, there is a considerable degree of variation in the wealth and income of white mothers and mothers of color in this sample, with white mothers possessing greater household income on average. These findings cannot indicate how mothers with lower levels of education may feel about their involvement in children's schooling, their motivations for involvement, and whether they wish for additional involvement at the school or find the school's demands on their time or fundraising to be stressful.

These findings are evidence of the mothering work and anxiety that accompanies children's elementary schooling. Mothers perform the bulk of the work associated with children's education, and parental involvement in education is approached in public policies as an ideal means of improving children's outcomes. However, there is little evidence of the potential toll this involvement takes on mothers. These results suggest that maternal involvement in children's schooling does not come without potential costs and additional anxiety, even the most basic forms of involvement like attending

school events/fundraisers and PTA meetings. For example, children whose mothers become highly involved at the school or involved when there are few other parents engaged with the school may face significant strains in balancing the demands of work, family and school-related obligations. While quantitative findings suggest that, on average, mothers benefit from involvement in a greater number of activities at the school, these benefits are uncertain and can vary by the nature of involvement at the school and the additional demands on mothers' time. Also, mothers of color may approach their involvement and enjoyment in children's education differently than white mothers, seeking different types of social integration and relationships at the school. It is important to consider school involvement not only in terms of the benefits it can offer to children, but also to their mothers. A greater awareness of what school involvement means to mothers can assist in increasing maternal involvement in children's schooling. In short, these findings illustrate both the costs and benefits associated with social integration at the school for *mothers*, and indicate the potential inequalities mothers may encounter in the relationships with schools.

CHAPTER SEVEN: *Conclusion*

In this dissertation, I use a stress process model to examine the institutional role that schools play in mothers' lives. I conceptualize and test the effects of three key categories of potential stressors associated with children's education on mothers' mental and physical health. Next, I demonstrate that these stressors are experienced disproportionately by mothers across racial/ethnic and class statuses. Finally, I suggest the positive and negative effects of social integration at the school on maternal well-being.

This dissertation uses kindergarten, first-, and third-grade data from the Early Childhood Longitudinal Survey, Kindergarten Cohort (ECLS-K) in addition to 27 interviews with a racially/ethnically diverse group of middle-class mothers. I address three primary research questions: 1) How are strains in children's elementary schooling process associated with mothers' health? 2) Are these strains mechanisms for understanding racial/ethnic and class variation in maternal well-being? 3) What role does mothers' social integration at the school play in benefiting (or negatively influencing) maternal well-being or buffering some of the strains associated with children's elementary schooling?

This dissertation makes two key contributions to sociological theory. First, I expand current applications of the stress process perspective beyond a focus on caregiving at home in addition to work obligations to better understand the role that schools play in shaping maternal well-being. Second,

I offer key contributions to sociological literature on stratification in health, particularly stratification in relation to maternal health and educational inequalities.

The stress process model explains individual health inequalities with a focus on the role of social status and institutional setting. While the stress process perspective is often applied to research on parental well-being and caregiving, this model has not been applied to mothers' caregiving efforts within the school setting. Pearlin (1999) notes that both family and neighborhood are key contexts for employing a stress process model because of the significant emotional investments individuals have in family members' outcomes and the ambient stressors housed in the neighborhood context. Schools are an obvious extension of this model, as mothers entrust their children to a social institution that undertakes responsibility for a child for a significant portion of the day and has the power to alter a child's outcomes. Because of schools' potential power and authority in children's lives, schools as social institutions also reflect an area in which mothers may have significant emotional investments.

This dissertation shows that schools are a major social institution in mothers' lives as well as children's and conceptualizes the potential stressors mothers experience in the school setting. Interestingly, the emotional investments that mothers have in children's activities and performance at school as well as in the quality of the school setting have significant effects on mothers' well-being. Caregiving does not just take place at home or when

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mothers are physically with their child, but in monitoring and shaping children's daily lives outside of the home. Often, stress process models fail to consider the constancy of parenting strains even across institutional settings. I find that not only does elementary school house substantial influences on maternal well-being, but also that mothering stressors extend to multiple institutional settings. Even though mothers do not accompany their children to school and the start of elementary school is often associated with a decline in caregiving responsibilities, this dissertation suggests that the strains associated with parenting continue despite the fact that children are physically supervised elsewhere. These findings also support a perspective that incorporates the significant emotional and intellectual work that accompanies parenting, beyond routine caretaking efforts. Other individuals, such as teachers, principals, and other family members may also engage in "mothering" work in the school context, and future research should consider a broader interpretation of "mother."

Future applications of the stress process model could explore the chronic strains associated with caregiving across different institutional settings. Additionally, a comparison of the efforts men and women make in regard to the school setting and children's education would allow further exploration of the potentially gendered nature of the work involved in children's elementary schooling. Finally, additional outcomes associated with not only mothers' mental and physical health, but their perception of the effort, fairness, and burden of the work associated with children's schooling would allow for a more

nuanced exploration of education and mothering inequalities through a stress process perspective.

In the second theoretical contribution, I note the ways in which stressors encountered in the school setting explain racial/ethnic and class inequalities in well-being for mothers of elementary-aged children. Social status is a key component of the stress process perspective, and this dissertation supports previous findings that experiences and stressors follow different pathways across social statuses. The stress process suggests the ways that social statuses create "linkages between the status placement of people in the larger systems of society and their health and well-being" (Pearlin 1999: 397). Additionally, a solid foundation of research explores the inequalities that children encounter within the educational system based on racial/ethnic and class differences. Mothers bear a disproportionate burden for accommodating the demands brought by children's schools, making an understanding of these stress pathways also important in addressing potential gender inequalities. This dissertation applies the stress process model in such a way that links these three diverse sets of stratification literatures – health inequalities, educational inequalities, and gender inequalities. Mothers' social statuses are a key factor in understanding not only which strains they are likely to encounter in educational settings, but also the ways in which they draw upon the potential resources that schools have to offer.

The social reproduction of inequality through the educational system and the potential mechanisms that inform this process are the focus of

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substantial sociological interest. I find that the stress process perspective offers a new model to apply to a significant social problem. Inequalities in the educational system are also reflected through inequalities in maternal well-being. Additionally, the disadvantages mothers face as a result of structural discrimination at schools has the potential to further affect children's outcomes. Results show that children's schools can house significant stressors for mothers; and moreover, mothers experience these stressors disproportionately across social statuses, with Black and Latina mothers and mothers with less education often more likely to encounter problems with children's health and behavior and in the child's school context compared to white and college-educated mothers. It is essential to consider that the effects of schooling extend beyond children's outcomes, and also have a disparate impact on mothers' and families lives. The question of the nature of family-school relationships is an important one, and one that should not only be asked in terms of how families can influence children's outcomes at school, but also how children's experiences at school may be taking a toll on family life.

Future research could consider additional ways in which a stress process perspective would inform findings on educational inequalities and gendered institutional expectations. For example, this model could be applied to children's health and well-being within the educational system, particularly in terms of potential chronic effects of institutional context on child well-being as children progress through the elementary, middle, and high school. This

research may also be particularly useful in addressing the importance of structural improvements to the educational system for children and parents that spend 12 years in schools and institutions that offer below average or inadequate resources. It is also possible to extend this research to better understand the mechanisms by which mothers experience stressors in the school setting can also affect children's outcomes.

This dissertation also offers concrete findings on the types of stressors associated with children's education that affect maternal well-being. The first research question addressed explores how strains associated with children's schooling influence maternal well-being. Using cross-sectional and longitudinal data, I conceptualize and show that particular strains associated with children's health and school problems, mothers' time pressures, and school context have direct effects on maternal well-being, net of mothers' social statuses and controls. Below, I address key findings for this research question.

In terms of children's health and school problems and mothers' well-being, mothers of elementary children with a disability or health problem report lower well-being compared to mothers of children with fewer problems. Additionally, depressive symptoms are associated with having a child who has academic problems in school, such as low reading scores, poor adjustment to school, or needs additional tutoring. These findings suggest that children's academic and behavioral problems are stressful for mothers, perhaps requiring additional time and energy to be placed into the schooling process or

during daily life at home. Interestingly, longitudinal findings show that the diagnosis of a new disability between first and third grade is associated with increased depressive symptoms, meaning that although lowered maternal well-being may create problems for children, children's problems have effects on mothers' health. This new diagnosis is significantly worse for mothers' depressive symptoms compared to when children are diagnosed prior to kindergarten. Navigating a new diagnosis within the institutional context of schools may also be particularly difficult for mothers, while mothers that are aware of previous disabilities when a child enters school may find that the resources schools offer actually assist with the challenges brought by a disability. Also, perhaps parents of children diagnosed with disabilities at older ages sought to avoid diagnosis and potential accompanying stigma, but found it impossible. Additional research could explore the effects of different kinds of disability diagnoses during elementary school on maternal well-being, the timing of these diagnoses, and the potential coping resources that may help mothers handle these problems.

In terms of maternal time pressures, employment transitions and difficulties in meeting the school schedule are associated with poor well-being for mothers of elementary-aged children. Mothers that make employment transitions during elementary school (from employed to non-employed or non-employed to employed) experience more depressive symptoms. While these transitions are often taken for granted as a rite of passage for mothers of school-age children, the dramatic change to the family's schedule likely takes

its toll. Future research should address the timing and nature of employment transitions for mothers of elementary-aged children to better conceptualize how these transitions affect maternal well-being and family life. Similarly, missing activities at a child's school that mothers would have normally attended is associated with decreased maternal well-being, both in terms of poor self-rated health and depressive symptoms. Mothers may find that while they wish to be more involved in their child's schooling, work and family commitments do not allow them to attend all the events and conferences proposed by the school. Moreover, social norms associated with good mothering may create social pressures for mothers to attend these events, and thus mothers may experience corresponding negative well-being when they are unable to make their schedule work.   The findings associated with time pressures suggest that hours worked per week (e.g., non-employed v. full time) and child care arrangements are not the key factors associated with maternal well-being, but rather how mothers' daily time requirements allow them to accommodate the schooling demands, meaning that changes in schedules as a result of employment transitions or the inability to attend meetings or fit in homework can be difficult.

Finally, children's school context also has direct effects on maternal well-being. Previous research documents the importance of neighborhood characteristics for individual health and well-being and the effects of school context on children's educational outcomes (Boardman 2004; Hochschild 2003; Hochschild and Scovronick 2004; Lankford, Loeb, and Wyckoff 2002;

Ross and Mirowsky 2001; Milkie and Warner 2011; Schulz et al. 2000; Wheaton and Clarke 2003). However, I suggest that school contextual effects also extend to children's mothers. Mothers of children that attend a school with high levels of poverty and poor neighborhood conditions are more likely to report decreased well-being over the course of elementary school. There are negative cumulative effects of school characteristics on mothers' health and depressive symptoms. Additional analyses show that accounting for mothers' reports of their own neighborhood conditions does not significantly diminish the effects of school context on maternal well-being. Sending children to a school that lacks adequate resources and infrastructure or is located in an unsafe area also negatively affects maternal well-being. Mothers may feel uneasy leaving their children in such a setting, or the setting itself may create additional health problems for mothers.

The second research question addressed in this dissertation focuses on the extent to which stressors associated with children's schooling mediate racial/ethnic or class inequalities in maternal well-being. As discussed in Chapter 1, we know relatively little about demographic differences in the well-being of mothers of elementary-aged children, and even less about the social origins of these inequalities (see Fiscella and Williams 2004; Giordano and Lindstrom 2010; Williams and Collins 1995; Eaton and Muntaner 1999; Kessler and Cleary 1980; Turner and Lloyd 1999 for socioeconomic and racial/ethnic differences found in particular samples). In an effort to better understand health inequalities among mothers, we must take into account the

potential strains – in the form of learning and behavioral problems, time pressures, and school quality – that schools bring into mothers' and families' lives. These problems not only affect children's trajectory through the educational system, but also mothers' well-being over time. Interestingly, school context plays a significant role in understanding the social origins of health inequalities between Black and white and Latina and white mothers. Once poverty at the school and school neighborhood conditions are taken into account, there are no longer differences in well-being between Black and white mothers; school context also accounts for Latina mothers' worse self-rated health compared to white mothers, and significantly reduces the coefficient associated with depressive symptoms (by 21 percent) between Latina and white mothers. These effects remain when controlling for neighborhood characteristics of the home, and of mothers' own socioeconomic status. Mediating effects associated with class differences are not as dramatic, both strains associated with health and school problems and school context account for between 15 and 20 percent of the differences across education level in mothers' likelihood of experience decreased well-being during children's elementary schooling. These findings provide important evidence of the disproportionate experience of stressors associated with children's schooling across mothers' race/ethnicity and class. Children of color and disadvantaged class status often need additional supports in the educational system, and the fact that schools are also negatively influencing maternal well-being makes it more difficult for mothers to provide this sort of

assistance to children. Moreover, improving the supports at children's schools available for disability or behavioral problems in addition to improving the school context would help make strides in reducing stratification in maternal well-being. While individual supports through health care access and family supports through policy solutions are one avenue, I suggest that children's schools may also offer another avenue for improving mothers' daily lives and health.

The third research question in this dissertation considers the role of mothers' social integration at the school in buffering the strains mothers experience in the school setting or providing direct benefits to maternal well-being. Unfortunately, mothers' school involvement does little to buffer the strains that mothers experience during the course of children's schooling. There are no moderating effects associated with a mother's level of school involvement and the direct effects of the strains she may experience. However, mother's school involvement does provide direct benefits to maternal well-being. Mothers who participate in activities with a child's school over time are more likely to experience improvements in well-being during the course of children's elementary schooling. While these effects are relatively small, the potential benefits of social integration at the school are elucidated through interviews with middle class mothers at urban schools. I find that involvement offers some mothers (particularly white mothers) access to additional friend networks and offers other mothers (particularly Latina and Black mothers) emotional fulfillment through a child-centered focus on

involvement at the school. Interestingly, these interviews also suggest that involvement at the school can have negative effects on maternal well-being not demonstrated in quantitative analyses in the form of infringing on family time, necessitating interactions with difficult personalities, or increasing anxiety as a result of low parental involvement at the school. As Pearlin, et al. (1981) suggest, just because individuals possess large social networks that can be defined as social integration or support, does not mean that these networks actually provide assistance during times of need. Interviews with mothers support this perspective, suggesting that social integration at the school is accompanied by both positive and negative effects. Additionally, some mothers may have access to more useful networks at the school compared to others. Parental involvement in children's schooling has received much attention in terms of its effects on children's education outcomes. These findings show that mothers' involvement at school also has important implications for maternal well-being, providing an overall positive effect, but also requiring additional effort and creating anxiety for mothers. Moreover, interviews suggest that the results are not all positive for children, and school involvement can actually diminish the time mothers have to spend with the children they are trying to support at school. The demands that schools make on mothers' time, particularly in an environment that increasingly requires parents to provide more material resources, can negatively affect maternal well-being. At the same time, middle class mothers may benefit from the social integration and emotional fulfillment that such involvement offers.

This dissertation has several limitations. First, there are issues associated with causal direction in the cross-sectional and longitudinal data presented. Though useful in establishing baseline associations among social status, children's schooling strains, and maternal well-being during kindergarten, these cross-sectional analyses leave open the possibility that poor maternal well-being may create problems for children at school. There are cases where this is more likely than others. For example, it is possible that maternal depression or poor health could influence child behavior, maternal employment status, or mothers' likelihood of attending school events. However, it is unlikely that low maternal well-being created poor conditions at children's schools. The longitudinal analyses address some issues associated with causality in the cross-sectional findings. Considering change in maternal well-being between kindergarten and third grade, allows for a baseline control of how children's school experiences affect mothers' health, even net of employment, marital, or economic transitions. However, the time ordering of strains for the longitudinal analyses is imperfect. Given that strains are averaged over kindergarten, first, and third grades, some of the strains occur simultaneously with the third grade measure of maternal well-being. However, this analytical decision allows us to measure the effects of cumulative strains on maternal well-being rather than whether problems in first grade have long-lasting effects on maternal well-being in third grade. Finally, causality is a larger issue for some strains more than others. It is unlikely that mothers' health created strains associated with the school context or changes in

maternal health between first and third grades caused a child to be diagnosed with a disability.

Second, the longitudinal analyses only measure maternal health at two points in time. It would be possible to use more sophisticated techniques, allowing for a curvilinear pattern in maternal health if there were multiple points in time at which mothers reported their health during elementary school. Future research could consider the extent to which mothers' health changes over the course of elementary and middle school in relation to changes in children's schooling strains at multiple points in time.

Third, the distributions of the dependent variables are highly skewed. While additional analyses using ordered logit offer similar results to those presented in the dissertation, there may be error on some of the estimates presented. However, given the relative rarity of experiencing poor health or depression, the findings reported in this dissertation are conservative, presenting the lower-bounded estimates.

Fourth, the measure for social integration at the school, or mothers' school involvement, is imperfect. Rather than measuring a level or frequency of involvement in terms of how often mothers engage with the school or spend time at the school, school involvement is measured by the number of different activities in which mothers engage at the school. While this is likely indicative of the frequency with which mothers interact with the school, it is not exact. This shortcoming is supplemented by the qualitative interviews, which give a better sense of the amount of time individual mothers spend at the school.

Finally, there are also several limitations associated with the qualitative sample in this dissertation. The qualitative findings are limited to a purposive sample of middle-class mothers with children attending urban schools. These findings are not generalizable to the strains and meanings that working-class or poor mothers might attribute to social integration. Additional research could focus on a larger sample of middle-class mothers of color as the nine respondents in this sample make findings in relation to racial/ethnic differences tentative. Similarly, there are substantial income differentials among mothers in the qualitative sample, particularly across mother's race/ethnicity. This could affect the extent to which mothers feel socially integrated and able to network at a school, because parents often socialize along class lines, creating networks with people they perceive has having similar experiences. Additionally, this dissertation does not address variation in mothers' motivations for and feelings about social integration at the school in relation to employment status. Data analysis suggests that there are differences in mothers' feelings about school involvement across employment statuses, but these findings are beyond the scope of this dissertation and can be addressed in future research. Last, given the limited participant observation used in this dissertation, the extent to which mothers' actions might differ from the descriptions and motivations they attribute to their involvement is unclear.

In sum, in this dissertation, I conceptualize education as a fundamental institution in mothers' lives and identify specific institutional stressors that

affect mothers during children's elementary school years. The nature of stressors associated with children's education may change as children advance through school, with potentially increasing effects associated with children's academic outcomes, participation in gifted and talented program, high school graduation rates, and college admission. Future research should take a life course approach to understanding the ways in which schools influnce mothers' lives. Additionally, the existing social status inequalities in maternal well-being may worsen as children advance through school, and future research should consider the ways in which mothers' poor health may limit their ability to facilitate children's schooling experiences. Finally, social integration at the school is not only of interest for children's outcomes, but also for maternal well-being and the ways in which mothers perceive their mothering identity and form social networks. Schools are an additional avenue through which mothers may receive benefits in the form of social integration from children, but at the same time schools may demand much time and assistance from mothers that comes at a cost for their anxiety, stress, and family time. As we take into account mothers' consistent engagement with children's schools, we must better conceptualize the ways in which children's schools also play a role in mothers' daily lives and figure into the many work and family commitments mothers face.

FIGURE 1

Figure 1. Conceptual Model of Schooling Strains and Mothers' Well-Being Based on the Stress Process Model.
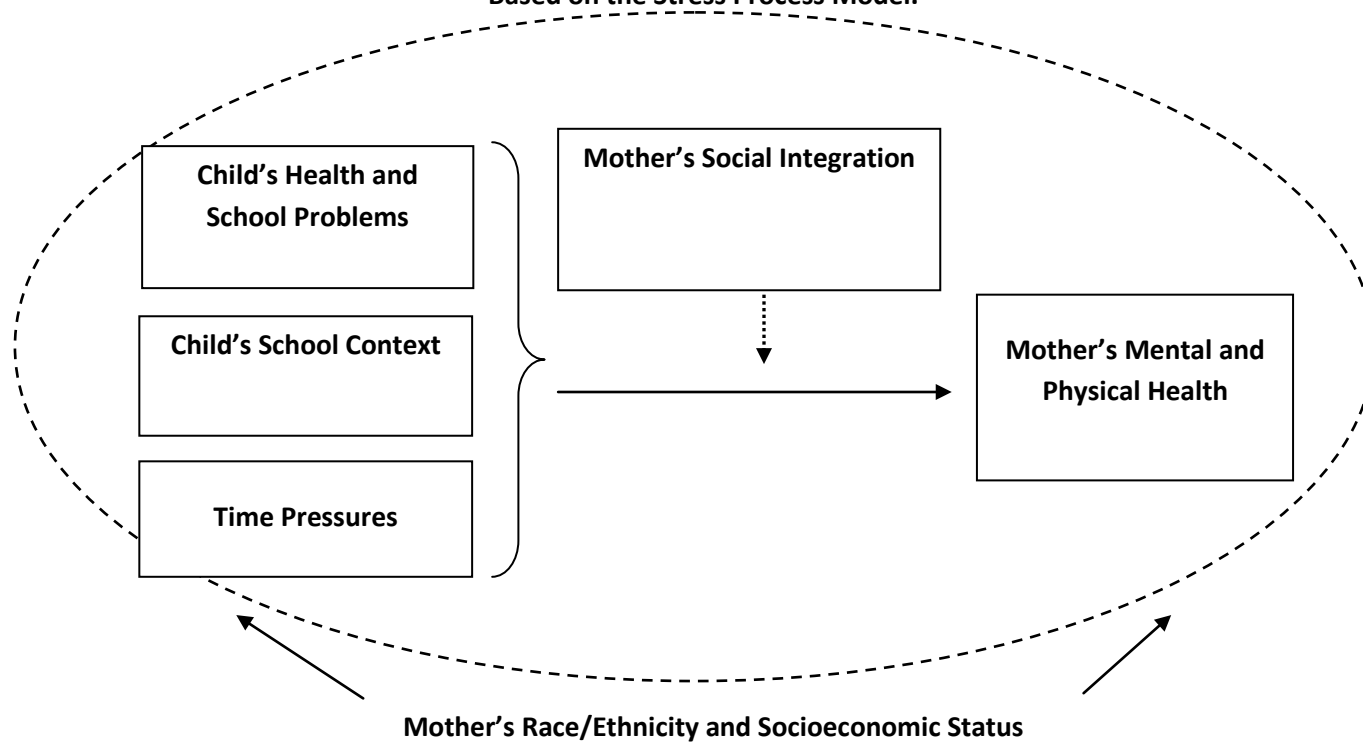
	Table 3.1 Sample Selection and Attrition	
Kindergarten		
	21,260	Observations
-	4,677	Attrition and Non Mother Respondents
	16,583	Mother Respondents in Fall of Kindergarten
-	2,576	Different Respondent in Fall and Spring of Kindergarten
-	734	Attrition between Fall and Spring for Mother Respondents
	13,273	Mothers in Spring and Fall of Kindegarten
-	2,048 to 2,067	Non-response on key variables in Kindergarten
	11,225	Mothers for Kindergarten DV 1
	11,206	Mothers for Kindergarten DV 2
Longitudinal Sample		
	17,565	Observations
-	4,158	No parent response in third grade
-	1,694	Not mother respondent in 3rd grade
	11,713	Mothers in Third Grade
-	3,142	But not mother respondent in Kindergarten
	8,571	Mother Respondent in Kindergarten and Third Grade
-	1,567 to 1,576	Missing and Non-Response on Variables in Analyses
	7,004	Mothers for Longitudinal DV 1
	6,995	Mothers for Longitudinal DV 2

Table 3.2: Mean Sample Selection Characteristics by Race/Ethnicity, SES, and School Type

| | Race/Ethnicity | | | | | SES[a] | School Type | | |
	White	Black	Latino	Asian	Other		Public	Private	
Mothers K-3									
Non-Response	0.54	0.15	0.22	0.06	0.04	-0.06	0.89	0.22	
In Sample	0.70	0.10	0.13	0.04	0.03	0.05	0.77	0.47	
N (Attrition)[b]	3,557	3,557	3,557	3,557	3,557	3,589	3,032	3,032	
N (Sample)	8,098	8,098	8,098	8,098	8,098	8,124	8,122	8,122	
Sample 1 (n=6,487)									
Missing	0.57	0.15	0.18	0.06	0.04	-0.11	0.84	0.33	
In Sample	0.72	0.08	0.13	0.04	0.03	0.12	0.77	0.45	

[a]For ease of analysis, I use the composite SES measure provided by the ECLS-K administrators. Ranging from -2.49 to 2.58, it offers a standardized measure of education, occupation, and income for each child.

[b]Of approximately 8,000 cases lost due to attrition across respondents, there is only race/ethnic, SES, and school information for approximately 4,000 of these cases.

Table 3.3: Weighted Correlation Matrix for Schooling Strains in Longitudinal Analyses

	New Disability	Child Poor Health	Child Poor Behavior	Reading Score	Child Rec. Tutoring	Full-to-Part
Health and School Problems						
New Disability	1.000					
Child Poor Health	0.075 ***	1.000				
Child Poor Behavior	0.229 ***	0.208 ***	1.000			
Reading Score	-0.132 ***	-0.198 ***	-0.424 ***	1.000		
Child Rec. Tutoring	0.094 ***	0.055 ***	0.161 ***	-0.249 ***	1.000	
Time Pressures						
Full-to-Part	-0.015	0.000	0.020	0.004	0.033 **	1.000
Part-to-Full	-0.008	-0.035 **	-0.015	-0.009	0.000	-0.069 ***
Non-to-Employed	-0.005	0.010	-0.018	0.003	-0.012	-0.096 ***
Employed-to-Non	0.015	0.032 **	-0.002	-0.023 *	-0.033 **	-0.075 ***
Missed Activ.	0.021	0.108 ***	0.111 ***	-0.100 ***	0.042 ***	0.017
Homework Freq.	-0.026 *	0.076 ***	0.016	-0.040 ***	0.035 **	-0.005
School Context						
Public School	0.022 *	0.080 ***	0.071 ***	-0.143 ***	0.015	-0.003
Percent Minority	-0.058 ***	0.199 ***	0.018	-0.203 ***	0.070 ***	-0.033 **
School Poverty	0.007	0.220 ***	0.116 ***	-0.293 ***	0.080 ***	0.015
School Neigh.	-0.024 *	0.102 ***	0.019	-0.156 ***	0.047 ***	-0.028 *

Table 3.3, con't.: Weighted Correlation Matrix for Schooling Strains in Longitudinal Analyses									
	Part-to-Full	Non-to-Emp.	Emp.-to-Non	Missed Act.	Hmwk. Freq.	Public School	Percent Minority	School Poverty	School Neigh.
Health and School Problems									
New Disability									
Child Poor Health									
Child Poor Behavior									
Reading Score									
Child Rec. Tutoring									
Time Pressures									
Full-to-Part									
Part-to-Full	1.000								
Non-to-Employed	-0.118 ***	1.000							
Employed-to-Non	-0.091 ***	-0.127 ***	1.000						
Missed Activ.	0.012	-0.017	-0.009	1.000					
Homework Freq.	0.003	0.003	-0.019	0.033 **	1.000				
School Context									
Public School	0.007	0.025 *	-0.002	0.101 ***	0.040 ***	1.000			
Percent Minority	0.007	0.010	0.005	0.082 ***	0.427 ***	0.144 ***	1.000		
School Poverty	-0.033 **	0.008	0.071 ***	0.074 ***	0.184 ***	0.189 ***	0.389 ***	1.000	
School Neigh.	-0.013	0.024 *	0.004	0.055 ***	0.223 ***	0.064 ***	0.411 ***	0.268 ***	1.000

Table 3.4: Characteristics of Participating Mothers by Race/Ethnicity				
	White	Black/African-American	Hispanic/Latina	Overall
Avg. Household Income	$190,333	$84,000	$89,250	$151,333
Education				
Some College	0	0	3	3
College	5	3	0	8
Graduate Degree	12	3	1	16
Marital Status				
Married	16	2	3	21
Single/Divorced	1	4	1	6
Employment Status				
Full-Time	7	4	3	14
Part-Time	3	1	1	5
Non-Employed	7	1	0	8
Well-Being				
Average Poor Health	1.6	2.3	3.0	2.0
Avg. Depressive Symp.	1.4	1.7	1.2	1.4
Total Mothers	17	6	4	27

Table 3.5: Qualitative Sample Participants and Characteristics*										
Name	School Type	Age	Race/Eth.	Educ.	Employment	Hours	Marital Stat.	# Kids	Health	Mean Dep.
Hillary	Public	45	White	MA	Part Time	28	Married	2	3	1.83
Karen	Public	39	White	MS	Non-Employed	2	Married	2	2	1.42
April	Public	39	White	MS	Non-Employed	5	Married	2	3	1.75
Pam	Private	42	White	DVM	Full Time	40	Married	2	…	…
Lauren	Public	40	White	MS	Full Time	40	Married	3	2	1.25
Jessica	Private	50	White	BA	Non-Employed	0	Married	3	1	1.50
Samantha	Public	37	White	BA	Full Time	60	Married	1	2	1.50
Ariana	Private	44	Latina	MA	Full Time	50	Married	3	2	1.25
Vanessa	Public	46	Latina	Some Coll.	Full Time	32	Married	2	3	1.08
Olivia	Public	40	Latina	Some Coll.	Part Time	20	Married	4	3	1.25
Sarah	Public	39	White	JD	Non-Employed	0	Divorced	2	1	1.42
June	Public	45	White	MA	Non-Employed	0	Married	3	1	1.33
Leslie	Public	40	White	MSW	Non-Employed	0	Married	3	1	1.75
Megan	Public	45	White	MA/MBA	Full Time	40	Married	3	1	1.08
Rosa	Public	39	Latina	Some Coll.	Full Time	80	Single	1	4	1.25
Lindsey	Public	43	White	BA	Non-Employed	5	Married	2	2	1.17
Sydney	Public	35	White	BA	Part Time	20	Married	2	1	2.08
Tamera	Public	43	Black	BS	Full Time	47	Divorced	1	2	1.67
Tanya	Public	43	Black	MA/M.Ed.	Full Time	40	Divorced	1	2	2.17
Claire	Public	39	White	MA	Part Time	16	Married	3	2	1.00
Linda	Public	42	White	JD	Full Time	40	Married	2	1	1.17
Elizabeth	Public	37	White	BA	Full Time	40	Married	2	1	1.25
Danielle	Public	39	Black	BA	Full Time	40	Divorced	2	2	1.00
Amelia	Public	47	White	MBA	Full Time	40	Married	1	2	1.17
Stacie	Public	46	Black	MA	Part Time	27	Married	3	3	1.50
Candice	Public	52	Black	BA	Full Time	40	Separated	1	2	2.00
Cam	Public	57	Black	JD	Non-Employed	0	Married	3	3	1.58

*All names are pseudonyms. Individual household income has been excluded for participants' privacy.

Table 4.1: Descriptive Statistics, Weighted Means for Variables in the Analysis*				
	Mean	**S.D.**	**Min.**	**Max.**
Dependent Variables				
Poor Health	2.18	0.91	1	5
Depressive Symptoms	1.47	0.45	1	4
Social Status				
Less than High School	0.13	0.33	0	1
High School	0.31	0.45	0	1
Some College/Vocational	0.33	0.46	0	1
College Plus	0.23	0.41	0	1
White	0.62	0.47	0	1
Black	0.15	0.35	0	1
Latino	0.18	0.37	0	1
Asian	0.02	0.15	0	1
Other	0.02	0.15	0	1
Health and School Problems				
Disability	0.12	0.32	0	1
Child Poor Health	1.68	0.80	1.00	5
Child Worse Behavior	1.80	0.41	1	4
Reading Score	32.21	10.06	11.00	70.8
Child Dislikes School	1.24	0.33	1	3
Time Pressure and Logistics				
Non-Employed	0.29	0.44	0	1
Full Time	0.45	0.48	0	1
Part Time	0.22	0.40	0	1
Looking for Work	0.04	0.19	0	1
Parental Care	0.52	0.48	0	1
Center Care	0.17	0.37	0	1
Relative Care	0.18	0.37	0	1
Other Care	0.12	0.32	0	1
Missed Meetings	0.68	0.45	0	1
Daily Homework	2.65	1.22	1	5
School Context				
Public School	0.86	0.34	0	1
Percent Minority	2.76	1.48	1	5
School Poverty	0.19	0.18	0	1
School Neighborhood Problems	1.30	0.37	0.25	3.00
Controls				
Log Household Income	10.43	1.19	0	13.82
Household Income (10,000s)	$5.16	$5.11	$0.00	$100.00
Maternal Age	32.75	5.86	18	77
Maternal Age Flag	0.00	0.05	0	1
Focal Child is a Boy	0.51	0.48	0	1
Focal Child Oldest	0.42	0.49	0	1
Number of Children	2.52	1.11	1	11
Full Day Kindergarten	0.54	0.49	0	1
First Time Kindergartener	0.96	0.19	0	1
Married	0.71	0.44	0	1
School Neigh. Imputed	0.14	0.34	0	1
*Sample limited to mother respondents in kindergarten.				
N=Approximately 13,200				

Table 4.2: Weighted Mean Maternal Kindergarten Well-Being by Presence of Schooling Strains				
	Poor Health		**Depressive Symptoms**	
Health and School Problems				
Disability	2.32	***	1.56	***
No New Disability	2.16		1.46	
Child Health: Fair to Poor	2.90	***	1.71	***
Child Health: Good, V. Good, or Excellent	2.16		1.47	
Child Behavior: Worse than Other Children	2.39	***	1.60	***
Child Behavior: Better or Same as Other Children	2.14		1.45	
Reading Score: Below Median	2.28	***	1.53	***
Reading Score: Above Median	2.02		1.41	
Child Complains Once/Week About School	2.30	***	1.60	***
Child Rarely/Never Complains	2.17		1.46	
Time Pressures				
Full-Time Employed	2.19	NS	1.48	***
Part-Time Employed	2.05	***	1.45	NS
Looking for Work	2.56	***	1.61	***
Non-Employed	2.22		1.45	
Center Care	2.06	***	1.45	NS
Relative Care	2.31	***	1.52	***
Other Care	2.12	**	1.48	NS
Parent Care	2.19		1.46	
Missed Activities at School	2.22	***	1.51	***
No Missed Activities	2.11		1.40	
Homework Should Be Given Everday	2.32	***	1.48	NS
Homwork Should NOT Be Given Everyday	2.12		1.47	
School Quality				
Public School	2.23	***	1.49	***
Private School	1.91		1.38	
Percent Minority: Greater than 75 percent	2.44	***	1.50	**
Percent Minority: Less than 75 percent	2.11		1.47	
School Poverty: Greater than 50 percent	2.56	***	1.56	***
School Poverty: Below 50 percent	2.14		1.46	
School Neighborhood: Problems	2.51	***	1.52	*
School Neighborhood: No Problems	2.16		1.47	
*p < .05 **p < .01 ***p<.001				

Table 4.3: Weighted Mean Maternal Kindergarten Well-Being by Race/Ethnicity and Education	K Poor Health		K Depressive Symptoms	
	Mean		Mean	
Race/Ethnicity				
White	2.05 [2345]		1.45 [245]	
Black/African American	2.35 [1]		1.60 [134]	
Latina/Hispanic	2.47 [124]		1.45 [2]	
Asian	2.21 [13]		1.37 [123]	
Other Races/Ethnicities	2.40 [14]		1.56 [134]	
Education				
Less Than High School	2.63 ***		1.58 ***	
High School	2.29 ***		1.54 ***	
Some College	2.13 ***		1.46 ***	
College and Greater	1.84		1.35	
[1]: P<.01 compared to White mothers				
[2]: P<.01 compared to Black/African-American mothers				
[3]: P<.01 compared to Latina/Hispanic mothers				
[4]: P<.01 compared to Asian mothers				
[5]: P<.01 compared to mothers of other races/ethnicities				

Table 4.4: Weighted Mean Schooling Strains by Race/Ethnicity and Education									
	White	Black	Latina	Asian	Other	LSHS	HS	Some Coll.	College +
N	8,273	1,790	2,148	611	413				
Health and School Problems									
Disability	0.14	0.10 [1]	0.08 [1]	0.06 [1]	0.11	0.11	0.13	0.12	0.12
Child Poor Health	1.57	1.84 [1]	1.93 [12]	1.88 [1]	1.72 [134]	2.00 ***	1.75 ***	1.64 ***	1.47
Child Worse Behavior	1.79	1.85 [1]	1.79 [2]	1.72 [123]	1.86 [134]	1.89 ***	1.85 ***	1.78 ***	1.70
Reading Score	33.50	29.22 [1]	29.26 [1]	37.90 [123]	28.71 [14]	25.90 ***	30.12 ***	32.84 ***	37.00
Child Dislikes School	1.23	1.24	1.26 [1]	1.21	1.31 [124]	1.26 **	1.24	1.23	1.23
Time Pressures									
Non-Employed	0.29	0.16 [1]	0.38 [12]	0.32 [2]	0.29 [23]	0.46 ***	0.26	0.25	0.27
Full Time	0.43	0.61 [1]	0.42 [2]	0.49 [2]	0.42 [2]	0.32 ***	0.49 ***	0.49 ***	0.44
Part Time	0.26	0.13 [1]	0.16 [1]	0.17 [1]	0.21 [2]	0.15 ***	0.19 ***	0.23 ***	0.28
Looking for Work	0.02	0.10 [1]	0.04 [1]	0.02 [2]	0.09 [134]	0.08 ***	0.05 ***	0.03 ***	0.01
Parental Care	0.53	0.42 [1]	0.58 [12]	0.52 [2]	0.55 [2]	0.68 ***	0.52	0.48	0.50
Center Care	0.19	0.20	0.10 [12]	0.18 [3]	0.14	0.05 ***	0.14 ***	0.20 ***	0.25
Relative Care	0.13	0.31 [1]	0.22 [12]	0.23 [12]	0.24 [1]	0.19 ***	0.23 ***	0.19 ***	0.10
Other Care	0.14	0.08 [1]	0.09 [1]	0.07 [1]	0.08 [1]	0.08 ***	0.11 ***	0.13	0.15
Number of Arrangements	0.59	0.77 [1]	0.52 [12]	0.59 [2]	0.58 [2]	0.40 ***	0.61	0.67 **	0.61
Missed Meetings	0.67	0.72 [1]	0.70 [1]	0.74 [1]	0.64 [24]	0.71 ***	0.72 ***	0.67 ***	0.63
Daily Homework	2.33	3.20 [1]	3.31 [1]	2.82 [123]	2.65 [123]	3.18 ***	2.70 ***	2.59 ***	2.36
School Context									
Public School	0.83	0.91 [1]	0.92 [1]	0.78 [23]	0.90 [14]	0.99 ***	0.92 ***	0.85 ***	0.72
Percent Minority	1.95	4.19 [1]	4.13 [1]	3.40 [123]	3.66 [1234]	3.78 ***	2.88 ***	2.63 ***	2.16
School Poverty	0.12	0.33 [1]	0.31 [12]	0.14 [123]	0.29 [14]	0.35 ***	0.22 ***	0.16 ***	0.08
School Neighborhood	1.21	1.47 [1]	1.45 [1]	1.25 [23]	1.48 [14]	1.47 ***	1.32 ***	1.29 ***	1.19

*p < .05 **p < .01 ***p<.001

[1]: P<.01 compared to White mothers

[2]: P<.01 compared to Black/African-American mothers

[3]: P<.01 compared to Latina/Hispanic mothers

[4]: P<.01 compared to Asian mothers

Table 4.5: Multi-Level Model Coefficients of Mothers' Poor Health at Time One (Kindergarten) Regressed on Schooling Problems*										
	Model 1		Model 2		Model 3		Model 4		Model 5	
	Estimate	SE	Estimate	SE	Estimate	SE	Estimate	SE	Estimate	SE
Intercept	2.130 ***	0.009	2.131 ***	0.009	2.130 ***	0.009	1.942 ***	0.042	1.976 ***	0.042
Social Status										
Less Than High School	0.462 ***	0.036	0.380 ***	0.036	0.448 ***	0.037	0.403 ***	0.037	0.327 ***	0.037
High School	0.279 ***	0.025	0.238 ***	0.025	0.267 ***	0.025	0.250 ***	0.025	0.208 ***	0.025
Some College	0.166 ***	0.023	0.144 ***	0.023	0.160 ***	0.023	0.152 ***	0.023	0.130 ***	0.023
Black	0.121 ***	0.029	0.096 **	0.028	0.084 **	0.030	0.054	0.032	0.022	0.031
Latina	0.162 ***	0.028	0.129 ***	0.027	0.135 ***	0.028	0.115 ***	0.030	0.080 **	0.030
Asian	0.249 ***	0.042	0.184 ***	0.041	0.219 ***	0.042	0.227 ***	0.043	0.150 ***	0.042
Other	0.215 ***	0.050	0.195 ***	0.049	0.202 ***	0.050	0.161 **	0.051	0.149 **	0.050
Health and School Problems										
Disability			0.102 ***	0.026					0.107 ***	0.026
Child Poor Health			0.229 ***	0.011					0.223 ***	0.011
Child Worse Behavior			0.079 ***	0.022					0.077 ***	0.022
Reading Score			-0.001	0.001					-0.001	0.001
Child Dislikes School			0.041	0.025					0.040	0.025
Time Pressures										
Full Time					0.008	0.025			0.005	0.024
Part Time					-0.065 **	0.025			-0.051 *	0.024
Looking for Work					0.100 *	0.048			0.074	0.047
Center Care					-0.073 *	0.035			-0.053	0.034
Relative Care					-0.017	0.037			-0.010	0.036
Other Care					-0.078 *	0.039			-0.069	0.038
No. of Arrangements.					0.041	0.022			0.033	0.021
Missed Act. at Sch.					0.072 ***	0.018			0.056 **	0.018
Daily Homework					0.022 **	0.008			0.013	0.008
School Context										
Public School							0.071 **	0.025	0.061 *	0.024
Percent Minority							0.004	0.009	-0.002	0.009
School Poverty							0.418 ***	0.075	0.342 ***	0.073
School Neighborhood							0.042	0.029	0.043	0.028
Controls										
Log Income	-0.090 ***	0.009	-0.076 ***	0.008	-0.087 ***	0.009	-0.075 ***	0.009	-0.063 ***	0.009
Age	-0.001	0.002	0.001	0.002	0.000	0.002	0.001	0.002	0.002	0.002
Age Flag	0.014	0.171	-0.015	0.167	-0.011	0.170	-0.044	0.170	-0.075	0.166
Focal Child is Boy	-0.044 **	0.017	-0.080 ***	0.017	-0.042 *	0.017	-0.044 **	0.017	-0.076 ***	0.017
Oldest Child	-0.013	0.020	0.011	0.019	-0.018	0.020	-0.004	0.020	0.013	0.020
Number of Children	-0.016	0.009	-0.013	0.008	-0.018 *	0.009	-0.021 *	0.009	-0.019 *	0.009
Full Day Kinder.	-0.013	0.019	-0.015	0.019	-0.016	0.019	-0.016	0.019	-0.018	0.019
First Time Kinder.	-0.088 *	0.043	-0.040	0.042	-0.080	0.043	-0.094 *	0.043	-0.037	0.042
Married	-0.077 ***	0.022	-0.051 *	0.021	-0.062 **	0.022	-0.059 **	0.022	-0.027	0.022
Sch. Neigh. Imputed	-0.031	0.029	-0.037	0.028	-0.040	0.029	-0.049	0.029	-0.054	0.028
Random Effects Coefficients										
Between Schools	0.017 **	0.004	0.015 **	0.003	0.017 **	0.004	0.014 *	0.004	0.012 ***	0.003
Proportion explained	0.737		0.778		0.742		0.793		0.817	
Between Individuals	0.760 ***	0.011	0.725 ***	0.010	0.758 ***	0.011	0.759 ***	0.011	0.722 ***	0.010
Proportion explained	0.026		0.071		0.029		0.028		0.075	
-- Log Likelihood	29132.10		28606.40		29088.70		29079.70		28551.60	

n=11,225

*p < .05 **p < .01 ***p<.001

Table 4.6: Multi-Level Model Coefficients of Mothers' Depressive Symptoms at Time One (Kindergarten) Regressed on Schooling Problems*

	Model 1		Model 2		Model 3		Model 4		Model 5	
	Estimate	SE	Estimate	SE	Estimate	SE	Estimate	SE	Estimate	SE
Intercept	1.466 ***	0.005	1.466 ***	0.005	1.466 ***	0.005	1.435 ***	0.022	1.441 ***	0.022
Social Status										
Less Than High School	0.146 ***	0.018	0.122 ***	0.018	0.150 ***	0.018	0.140 ***	0.018	0.124 ***	0.019
High School	0.087 ***	0.013	0.075 ***	0.013	0.086 ***	0.013	0.083 ***	0.013	0.072 ***	0.013
Some College	0.045 ***	0.012	0.038 **	0.012	0.044 ***	0.012	0.043 ***	0.012	0.037 **	0.012
Black	0.040 **	0.015	0.038 *	0.014	0.036 *	0.015	0.046 **	0.016	0.040 *	0.016
Latina	-0.051 ***	0.014	-0.057 ***	0.014	-0.053 ***	0.014	-0.043 **	0.015	-0.052 **	0.015
Asian	-0.031	0.021	-0.033	0.021	-0.036	0.021	-0.022	0.022	-0.031	0.022
Other	0.067 **	0.025	0.058 *	0.025	0.071 **	0.025	0.070 **	0.026	0.066 *	0.026
Health and School Problems										
Disability			0.059 ***	0.013					0.060 ***	0.013
Child Poor Health			0.041 ***	0.005					0.039 ***	0.005
Child Worse Behavior			0.024 *	0.011					0.022 *	0.011
Reading Score			-0.001 *	0.000					-0.001 *	0.000
Child Dislikes School			0.071 ***	0.013					0.067 ***	0.013
Time Pressures										
Full Time					-0.002	0.012			-0.001	0.012
Part Time					-0.006	0.012			-0.003	0.012
Looking for Work					0.024	0.024			0.021	0.024
Center Care					-0.048 **	0.018			-0.047 **	0.018
Relative Care					-0.043 *	0.018			-0.040 *	0.018
Other Care					-0.028	0.020			-0.027	0.020
No. of Arrangements					0.039 ***	0.011			0.037 **	0.011
Missed Activ. at Sch.					0.079 ***	0.009			0.073 ***	0.009
Daily Homework					-0.003	0.004			-0.003	0.004
School Context										
Public School							0.019	0.013	0.010	0.013
Percent Minority							-0.010 *	0.005	-0.008	0.005
School Poverty							0.035	0.039	0.019	0.038
School Neighborhood							0.028	0.015	0.026	0.015
Controls										
Log Income	-0.032 ***	0.004	-0.028 ***	0.004	-0.031 ***	0.004	-0.031 ***	0.004	-0.026 ***	0.004
Age	-0.003 ***	0.001	-0.003 **	0.001	-0.003 **	0.001	-0.003 **	0.001	-0.002 **	0.001
Age Flag	-0.098	0.085	-0.107	0.085	-0.107	0.085	-0.102	0.085	-0.116	0.085
Focal Child is Boy	0.013	0.008	-0.002	0.008	0.013	0.008	0.013	0.008	0.000	0.008
Oldest Child	-0.019	0.010	-0.012	0.010	-0.022 *	0.010	-0.017	0.010	-0.014	0.010
Number of Children	0.007	0.004	0.008	0.004	0.006	0.004	0.007	0.004	0.006	0.004
Full Day Kindergarten	-0.011	0.010	-0.012	0.010	-0.007	0.010	-0.008	0.010	-0.007	0.010
First Time Kindergartener	-0.022	0.022	0.000	0.022	-0.022	0.022	-0.022	0.022	-0.001	0.022
Married	-0.113 ***	0.011	-0.105 ***	0.011	-0.106 ***	0.011	-0.113 ***	0.011	-0.098 ***	0.011
School Neigh. Imputed	-0.008	0.015	-0.009	0.015	-0.006	0.015	-0.002	0.015	-0.001	0.015
Random Effects Coefficients										
Between Schools	0.005 **	0.001	0.005 **	0.001	0.005 **	0.001	0.005 *	0.001	0.005 ***	0.001
Proportion explained	0.585		0.614		0.615		0.587		0.637	
Between Individuals	0.190 ***	0.003	0.188 ***	0.003	0.189 ***	0.003	0.190 ***	0.003	0.186 ***	0.003
Proportion explained	0.032		0.044		0.039		0.033		0.051	
-- Log Likelihood	13584.00		13469.40		13522.20		13601.60		13440.20	

n=11,206

*p < .05 **p < .01 ***p<.001

Table 4.7: Percentage Reduction in Race/Ethnicity and Education Coefficients with Introduction of Schooling

	Model 1		Model 2: Child School Prob.		Model 3: Time Pressures		Model 4: School Context		Model 5: Full Model	
	Estimate		Estimate	% Change	Estimate	% Change	Estimate	% Change	Estimate	% Change
Social Status										
Less Than High School	0.462	***	0.380 ***	18%	0.448 ***	3%	0.403 ***	13%	0.327 ***	29%
High School	0.279	***	0.238 ***	15%	0.267 ***	4%	0.250 ***	10%	0.208 ***	25%
Some College	0.166	***	0.144 ***	13%	0.160 ***	4%	0.152 ***	8%	0.130 ***	22%
(College + Excluded)										
Black	0.121	***	0.096 **	21%	0.084 **	31%	0.054	55%	0.022	82%
Latina	0.162	***	0.129 ***	20%	0.135 ***	17%	0.115 ***	29%	0.080 **	50%
Asian	0.249	***	0.184 ***	26%	0.219 ***	12%	0.227 ***	9%	0.150 ***	40%
Other	0.215	***	0.195 ***	9%	0.202 ***	6%	0.161 **	25%	0.149 **	31%
(White Excluded)										
*p < .05 **p < .01 ***p<.001										

Table 4.8: Percentage Reduction in Race/Ethnicity and Education Coefficients with Introduction of Schooling Strains for Mothers' Depressive Symptoms

	Model 1		Model 2: Child School Prob.		Model 3: Time Pressures		Model 4: School Context		Model 5: Full Model	
	Estimate		Estimate	% Change	Estimate	% Change	Estimate	% Change	Estimate	% Change
Social Status										
Less Than High School	0.146	***	0.122 ***	17%	0.150 ***	-2%	0.140 ***	4%	0.124 ***	16%
High School	0.087	***	0.075 ***	14%	0.086 ***	1%	0.083 ***	5%	0.072 ***	17%
Some College	0.045	***	0.038 **	15%	0.044 ***	1%	0.043 ***	5%	0.037 **	17%
(College + Excluded)										
Black	0.040	**	0.038 *	7%	0.036 *	11%	0.046 **	-15%	0.040 *	2%
Latina	-0.051	***	-0.057 ***	-12%	-0.053 ***	-4%	-0.043 **	15%	-0.052 **	-2%
Asian	-0.031		-0.033	-8%	-0.036	-17%	-0.022	28%	-0.031	-1%
Other	0.067	**	0.058 *	13%	0.071 **	-6%	0.070 **	-5%	0.066 *	2%
(White Excluded)										
*p < .05 **p < .01 ***p<.001										

Table 5.1: Descriptive Statistics, Weighted Means for Variables in the Analysis				
	Mean	**S.D.**	**Min**	**Max**
Dependent Variables				
Poor Health	2.27	0.95	1.00	5.00
Depression	1.42	0.50	1.00	4.00
Change in Poor Health	0.10	0.94	-4.00	4.00
Change in Depressive Symptoms	-0.04	0.57	-2.92	3.00
Social Status				
Less than High School	0.11	0.30	0.00	1.00
High School	0.31	0.44	0.00	1.00
Some College	0.34	0.45	0.00	1.00
College +	0.25	0.41	0.00	1.00
White	0.65	0.46	0.00	1.00
Black	0.14	0.33	0.00	1.00
Latino	0.16	0.35	0.00	1.00
Asian	0.02	0.14	0.00	1.00
Other	0.02	0.15	0.00	1.00
Child Health and School Problems				
K Disability	0.12	0.32	0.00	1.00
New Disability	0.08	0.26	0.00	1.00
Child Poor Health	1.65	0.68	1.00	5.00
Child Poor Behavior	1.82	0.34	1.00	3.67
Reading Score	77.43	17.62	18.91	157.83
Child Receives Tutoring	0.14	0.33	0.00	1.00
Time Pressures				
Continuously Full Time	0.36	0.46	0.00	1.00
Continuously Non-Emp.	0.17	0.36	0.00	1.00
Continuously Part-Time	0.11	0.30	0.00	1.00
Full-to-Part	0.06	0.22	0.00	1.00
Part-to-Full	0.08	0.26	0.00	1.00
Non-to-Employed	0.14	0.33	0.00	1.00
Employed-to-Non	0.08	0.26	0.00	1.00
Change Child Care	0.43	0.48	0.00	1.00
Missed Activities at School	1.92	0.99	0.00	3.00
Homework Frequency	3.38	0.82	1.00	5.00
School Context				
Public School	0.88	0.31	0.00	1.00
Percent Minority	2.66	1.44	1.00	5.00
School Poverty	0.17	0.23	0.00	1.00
School Neighborhood	1.29	0.31	1.00	2.88

Table 5.1, Con't.: Descriptive Statistics, Weighted Means for Variables in the Analysis				
	Mean	S.D.	Min	Max
Controls				
Log Income	10.50	1.12	0.00	13.82
Income (1,000s)	$53.97	$50.73	$0.00	$1,000.00
Married	0.71	0.46	0.00	1.00
Got Divorced	0.07	0.25	0.00	1.00
Age	37.30	5.75	23.00	70.00
Age Flag	0.06	0.23	0.00	1.00
Child is a Boy	0.50	0.48	0.00	1.00
Focal Child is Oldest	0.42	0.47	0.00	1.00
Number of Children	2.48	1.01	1.00	12.00
Change Schools	0.39	0.47	0.00	1.00
Sch. Neighborhood Imputed	0.19	0.37	0.00	1.00
Kindergarten Health and Well-Being				
Kindergarten Depression	1.47	0.45	1.00	4.00
Kindergarten Health	2.17	0.90	1.00	5.00
Sample limited to mother respondents in kindergarten and third grade.				
N=Approximately 8,400				

Table 5.2: Weighted Mean Maternal Third-Grade Well-Being by Presence of Schooling Strains				
	Poor Health		**Depressive Symptoms**	
Health and School Problems				
New Disability	2.41	***	1.52	***
No New Disability	2.29		1.43	
Child Health: Good to Poor	2.85	***	1.60	***
Child Health: V. Good or Excellent	2.16		1.40	
Child Behavior: Worse than Other Children	2.54	***	1.54	***
Child Behavior: Better or Same as Other Children	2.26		1.42	
Reading Score: Below Median	2.44	***	1.49	***
Reading Score: Above Median	2.12		1.36	
Child Receives Tutoring	2.42	***	1.51	***
No Tutoring	2.29		1.43	
Time Pressures				
Full-to-Part	2.25	NS	1.45	NS
Part-to-Full	2.17	**	1.46	*
Non-to-Employed	2.29	NS	1.45	*
Employed-to-Non	2.50	***	1.50	***
No Employment Change	2.29		1.42	
Missed Activities at School	2.33	***	1.45	***
No Missed Activities	2.15		1.34	
Homework Should Be Given Everday	2.35	***	1.46	***
Homwork Should NOT Be Given Everyday	2.25		1.39	
School Quality				
Public School	2.34	***	1.45	***
Private School	1.98		1.33	
Percent Minority: Greater than 75 percent	2.67	***	1.59	***
Percent Minority: Less than 75 percent	2.19		1.39	
School Poverty: Greater than 50 percent	2.81	***	1.69	***
School Poverty: Below 50 percent	2.23		1.40	
School Neighborhood: Problems	2.72	***	1.56	**
School Neighborhood: No Problems	2.29		1.44	
*p < .05 **p < .01 ***p<.001				

Table 5.3: Weighted Mean Maternal Third-Grade Well-Being by Race/ Ethnicity and Education	Poor Health	Depressive Symptoms
	Mean	**Mean**
Race/Ethnicity		
White	2.16 [23]	1.37 [23]
Black/African American	2.51 [134]	1.57 [145]
Latina/Hispanic	2.65 [124]	1.61 [145]
Asian	2.18 [23]	1.36 [23]
Other Races/Ethnicities	2.34 [13]	1.42 [23]
Education		
Less Than High School	2.89 ***	1.69 ***
High School	2.40 ***	1.48 ***
Some College	2.28 ***	1.42 ***
College and Greater	1.96	1.32
[1]: P<.01 compared to White mothers		
[2]: P<.01 compared to Black/African-American mothers		
[3]: P<.01 compared to Latina/Hispanic mothers		
[4]: P<.01 compared to Asian mothers		
[5]: P<.01 compared to mothers of other races		

Table 5.4: Weighted Mean Longitudinal Schooling Strains by Race/Ethnicity and									
	White	Black	Latina	Asian	Other	LSHS	HS	Some Coll.	College +
N	4,159	526	684	213	163	392	1,359	2,111	1,883
Health and School Problems									
New Disability	0.09	0.06 [1]	0.05 [1]	0.03 [1]	0.10 [4]	0.07	0.09	0.08	0.08
Child Poor Health	1.54	1.86 [1]	1.80 [1]	1.86 [1]	1.83 [1]	1.93 ***	1.73 ***	1.62 ***	1.46
Child Poor Behavior	1.81	1.88 [1]	1.79 [2]	1.68 [123]	1.90 [134]	1.88 ***	1.88 ***	1.82 ***	1.72
Reading Score	80.81	68.23 [1]	73.07 [12]	86.78 [123]	71.69 [14]	66.92 ***	73.18 ***	77.84 ***	86.53
Child Receives Tutoring	0.12	0.22 [1]	0.15 [12]	0.14 [2]	0.16	0.20 ***	0.17 ***	0.14 ***	0.10
Time Pressures									
Full-to-Part	0.05	0.05	0.06	0.06	0.07	0.03	0.06	0.07 ***	0.04
Part-to-Full	0.08	0.07	0.08	0.06	0.07	0.07	0.09	0.07	0.08
Non-to-Employed	0.13	0.12	0.17 [1]	0.19	0.15	0.19 *	0.13	0.13	0.14
Employed-to-Non	0.08	0.08	0.07	0.05	0.09	0.11 ***	0.09 ***	0.08 ***	0.05
Missed Activities at School	1.82	2.12 [1]	2.04 [1]	2.09 [1]	2.04 [1]	2.09 ***	1.94 ***	1.93 ***	1.75
Avg. Homework Frequency	3.85	4.19 [1]	4.19 [1]	4.15 [1]	4.06 [1]	4.16 ***	3.84 **	3.97	3.95
School Quality									
Public School	0.86	0.92 [1]	0.91 [1]	0.83 [23]	0.91	0.99 ***	0.92 ***	0.88 ***	0.78
Percent Minority	1.90	4.10 [1]	3.95 [1]	3.16 [123]	3.31 [123]	3.53 ***	2.65 ***	2.54 ***	2.10
School Poverty	0.12	0.32 [1]	0.31 [1]	0.11 [23]	0.23 [1234]	0.39 ***	0.22 ***	0.16 ***	0.08
School Neighborhood	1.24	1.39 [1]	1.46 [12]	1.26 [23]	1.41 [14]	1.45 ***	1.33 ***	1.29 ***	1.22

*p < .05 **p < .01 ***p<.001

[1]: P<.01 compared to White mothers

[2]: P<.01 compared to Black/African-American mothers

[3]: P<.01 compared to Latina/Hispanic mothers

[4]: P<.01 compared to Asian mothers

Table 5.5: Multi-Level Model Coefficients of Mothers' Poor Health at Time Two Regressed on Schooling Problems*

	Model 1		Model 2		Model 3		Model 4		Model 5	
	Estimate	SE	Estimate	SE	Estimate	SE	Estimate	SE	Estimate	SE
Intercept	2.198 ***	0.011	2.197 ***	0.011	2.198 ***	0.011	1.969 ***	0.051	1.966 ***	0.051
Social Status										
Less Than High School	0.386 ***	0.043	0.315 ***	0.043	0.388 ***	0.044	0.332 ***	0.044	0.280 ***	0.044
High School	0.163 ***	0.028	0.132 ***	0.028	0.158 ***	0.028	0.146 ***	0.029	0.118 ***	0.028
Some College	0.115 ***	0.026	0.104 ***	0.025	0.111 ***	0.026	0.107 ***	0.026	0.096 ***	0.025
Black	0.105 **	0.036	0.059	0.035	0.104 **	0.037	0.040	0.040	0.005	0.039
Latina	0.120 ***	0.031	0.084 **	0.031	0.126 ***	0.032	0.062	0.035	0.042	0.035
Asian	0.070	0.049	-0.024	0.049	0.072	0.049	0.043	0.051	-0.046	0.050
Other	0.005	0.060	-0.014	0.059	0.001	0.060	-0.038	0.061	-0.055	0.059
Health and School Problems										
New Disability			0.003	0.037					0.001	0.037
Child Poor Health			0.304 ***	0.017					0.296 ***	0.017
Child Poor Behavior			0.060	0.031					0.066 *	0.031
Reading Score			0.000	0.001					0.000	0.001
Child Receives Tutoring			-0.005	0.029					0.004	0.029
Time Pressures										
Full-to-Part					0.025	0.042			0.020	0.041
Part-to-Full					-0.054	0.037			-0.042	0.036
Non-to-Employed					-0.069 *	0.029			-0.069 *	0.028
Employed-to-Non					0.154 ***	0.037			0.136 ***	0.036
Missed Activities at School					0.033 **	0.009			0.022 *	0.009
Homework Frequency					-0.010	0.013			-0.024	0.013
School Context										
Public School							0.008	0.027	0.001	0.027
Percent Minority							0.007	0.009	0.010	0.010
School Poverty							0.294 ***	0.061	0.235 ***	0.060
School Neighborhood							0.128 **	0.037	0.134 ***	0.036
Controls										
Log Income	-0.052 ***	0.010	-0.040 ***	0.010	-0.054 ***	0.010	-0.038 ***	0.011	-0.031 **	0.010
Age	0.000	0.002	0.002	0.002	0.001	0.002	0.001	0.002	0.002	0.002
Age Flag	0.027	0.050	0.026	0.049	0.019	0.050	0.013	0.050	0.006	0.048
Focal Child is Boy	-0.005	0.019	-0.027	0.019	-0.006	0.019	-0.004	0.019	-0.026	0.019
Oldest Child	-0.067 **	0.022	-0.049 *	0.022	-0.076 **	0.022	-0.063 **	0.022	-0.055 *	0.022
Number of Children	-0.021 *	0.010	-0.020 *	0.010	-0.026 *	0.010	-0.026 **	0.010	-0.028 **	0.010
School Change	0.033	0.025	0.027	0.025	0.029	0.025	0.032	0.025	0.023	0.024
Sch. Neighborhood Imputed	-0.021	0.029	-0.013	0.029	-0.020	0.029	-0.025	0.029	-0.013	0.029
Married	-0.072 *	0.029	-0.053	0.028	-0.066 *	0.029	-0.050	0.029	-0.032	0.028
Get Divorced	-0.014	0.049	0.019	0.048	-0.009	0.049	-0.006	0.049	0.029	0.048
Kindergarten Health/Well-being										
Kindergarten Poor Health	0.479 ***	0.011	0.417 ***	0.011	0.474 ***	0.011	0.475 ***	0.011	0.411 ***	0.011
Random Effects Coefficients										
Between Schools	0.014 **	0.006	0.014 **	0.005	0.014 **	0.006	0.011 *	0.005	0.011 *	0.005
Proportion explained	0.880		0.880		0.881		0.905		0.901	
Between Individuals	0.642 ***	0.012	0.610 ***	0.011	0.638 ***	0.012	0.640 ***	0.012	0.606 ***	0.011
Proportion explained	0.204		0.243		0.208		0.206		0.247	
-- Log Likelihood	17007.400		16684.400		16999.000		16978.400		16663.400	

n=7,004

*p < .05 **p < .01 ***p<.001

Table 5.6: Multi-Level Model Coefficients of Mothers' Depressive Symptoms at Time Two Regressed on Schooling Problems*

	Model 1 Estimate	SE	Model 2 Estimate	SE	Model 3 Estimate	SE	Model 4 Estimate	SE	Model 5 Estimate	SE
Intercept	1.393 ***	0.007	1.393 ***	0.007	1.393 ***	0.007	1.344 ***	0.032	1.360 ***	0.032
Social Status										
Less Than High School	0.112 ***	0.024	0.092 ***	0.025	0.103 ***	0.024	0.088 ***	0.025	0.067 **	0.025
High School	0.044 **	0.016	0.035 *	0.016	0.039 *	0.016	0.036 *	0.016	0.025	0.016
Some College	0.009	0.015	0.006	0.015	0.007	0.014	0.005	0.015	0.001	0.015
Black	0.072 **	0.021	0.061 **	0.021	0.062 **	0.021	0.041	0.023	0.031	0.023
Latina	0.122 ***	0.018	0.113 ***	0.018	0.111 ***	0.019	0.097 ***	0.020	0.086 ***	0.020
Asian	0.027	0.028	0.009	0.028	0.016	0.028	0.010	0.029	-0.011	0.029
Other	0.026	0.035	0.022	0.035	0.022	0.035	0.008	0.035	0.007	0.035
Health and School Problems										
New Disability			0.056 **	0.021					0.057 **	0.021
Child Poor Health			0.056 ***	0.009					0.052 ***	0.009
Child Poor Behavior			-0.004	0.018					-0.006	0.018
Reading Score			0.000	0.000					0.000	0.000
Child Receives Tutoring			0.039 *	0.017					0.041 *	0.017
Time Pressures										
Full-to-Part					0.005	0.024			0.003	0.023
Part-to-Full					0.016	0.021			0.021	0.021
Non-to-Employed					0.046 **	0.016			0.048 **	0.016
Employed-to-Non					0.065 **	0.021			0.059 **	0.021
Missed Activities at School					0.019 ***	0.005			0.017 **	0.005
Homework Frequency					0.021 **	0.008			0.017 *	0.008
School Context										
Public School							0.025	0.018	0.022	0.018
Percent Minority							0.010	0.006	0.007	0.006
School Poverty							0.143 ***	0.036	0.130 ***	0.036
School Neighborhood							-0.014	0.023	-0.016	0.023
Controls										
Log Income	-0.030 ***	0.006	-0.027 ***	0.006	-0.028 ***	0.006	-0.024 ***	0.006	-0.020 **	0.006
Age	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.002	0.001
Age Flag	-0.007	0.028	-0.009	0.028	-0.009	0.028	-0.012	0.028	-0.014	0.028
Focal Child is Boy	0.003	0.011	-0.002	0.011	0.004	0.011	0.003	0.011	0.000	0.011
Oldest Child	-0.004	0.012	0.000	0.012	-0.008	0.012	-0.001	0.012	0.000	0.013
Number of Children	0.008	0.006	0.009	0.006	0.005	0.006	0.007	0.006	0.005	0.006
School Change	0.007	0.015	0.005	0.015	0.007	0.015	0.005	0.015	0.004	0.015
Sch. Neighborhood Imputed	0.011	0.018	0.012	0.018	0.008	0.018	0.004	0.018	0.003	0.018
Married	-0.044 **	0.016	-0.038 *	0.016	-0.043 **	0.016	-0.035 *	0.016	-0.031	0.016
Get Divorced	0.065 *	0.028	0.070 *	0.028	0.062 *	0.028	0.069 *	0.028	0.069 *	0.028
Kindergarten Health/Well-being										
K Depressive Symptoms	0.343 ***	0.013	0.330 ***	0.013	0.337 ***	0.013	0.342 ***	0.013	0.325 ***	0.013
Random Effects Coefficients										
Between Schools	0.015 ***	0.003	0.015 ***	0.003	0.015 ***	0.003	0.015 ***	0.003	0.014 ***	0.003
Proportion explained	0.429		0.429		0.439		0.444		0.460	
Between Individuals	0.194 ***	0.004	0.192 ***	0.004	0.193 ***	0.004	0.193 ***	0.004	0.191 ***	0.004
Proportion explained	0.099		0.104		0.102		0.101		0.109	
-- Log Likelihood	8903.400		8885.600		8909.300		8901.000		8899.200	

n=6,995

*p < .05 **p < .01 ***p<.001

Table 5.7: Percentage Reduction in Race/Ethnicity Coefficients with Introduction of Schooling Strains for Mothers' Poor Health at Time Two

	Model 1	Model 2: Child School Prob.		Model 3: Time Pressures		Model 4: School Context		Model 5: Full Model	
	Estimate	Estimate	Change	Estimate	Change	Estimate	Change	Estimate	Change
White (excluded)									
Black	0.105 **	0.059	44%	0.104 **	1%	0.040	62%	0.005	95%
Latina	0.120 ***	0.084 **	30%	0.126 ***	-5%	0.062	48%	0.042	65%
Asian	0.070	-0.024	134%	0.072	-2%	0.043	39%	-0.046	165%
Other	0.005	-0.014	385%	0.001	76%	-0.038	869%	-0.055	1217%

*p < .05 **p < .01 ***p<.001

Table 5.8: Percentage Reduction in Education Coefficients with Introduction of Schooling Strains for Mothers' Poor Health at Time Two

	Model 1	Model 2: Child School Prob.		Model 3: Time Pressures		Model 4: School Context		Model 5: Full Model	
	Estimate	Estimate	Change	Estimate	Change	Estimate	Change	Estimate	Change
Less Than HS	0.386 ***	0.315 ***	19%	0.388 ***	0%	0.332 ***	14%	0.280 ***	28%
High School	0.163 ***	0.132 ***	19%	0.158 ***	3%	0.146 ***	11%	0.118 ***	28%
Some College	0.115 ***	0.104 ***	10%	0.111 ***	3%	0.107 ***	7%	0.096 ***	16%
College + (excluded)									

*p < .05 **p < .01 ***p<.001

Table 5.9: Percentage Reduction in Race/Ethnicity Coefficients with Introduction of Schooling Strains for Mothers' Depressive Symptoms at Time Two

	Model 1	Model 2: Child School Prob.		Model 3: Time Pressures		Model 4: School Context		Model 5	
	Estimate	Estimate	Change	Estimate	Change	Estimate	Change	Estimate	Change
White (excluded)									
Black	0.072 **	0.061 **	15%	0.062 **	14%	0.041	43%	0.031	57%
Latina	0.122 ***	0.113 ***	7%	0.111 ***	9%	0.097 ***	21%	0.086 ***	29%
Asian	0.027	0.009	65%	0.016	40%	0.010	62%	-0.011	140%
Other	0.026	0.022	17%	0.022	15%	0.008	69%	0.007	74%
*p < .05 **p < .01 ***p<.001									

Table 5.10: Percentage Reduction in Education Coefficients with Introduction of Schooling Strains for Mothers' Depressive Symptoms at Time Two

	Model 1	Model 2: Child School Prob.		Model 3: Time Pressures		Model 4: School Context		Model 5	
	Estimate	Estimate	Change	Estimate	Change	Estimate	Change	Estimate	Change
Less Than HS	0.112 ***	0.092 ***	18%	0.103 ***	8%	0.088 ***	21%	0.067 **	40%
High School	0.044 **	0.035 *	20%	0.039 *	11%	0.036 *	19%	0.025	42%
Some College	0.009	0.006	40%	0.007	30%	0.005	44%	0.001	93%
College + (excluded)									
*p < .05 **p < .01 ***p<.001									

Table 6.1: Descriptive Statistics, Weighted Means for Variables in the Social Integration Analysis*

	N	Mean	S.D.	Min	Max
Dependent Variables					
Depressive Symptoms	8,422	1.44	0.54	1.00	4.00
Poor Health	8,447	2.30	1.00	1.00	5.00
Social Status					
Less than High School	8,571	0.14	0.34	0.00	1.00
High School	8,571	0.29	0.46	0.00	1.00
Some College	8,571	0.33	0.47	0.00	1.00
College +	8,571	0.24	0.42	0.00	1.00
White	8,552	0.63	0.48	0.00	1.00
Black	8,552	0.15	0.35	0.00	1.00
Latino	8,552	0.18	0.38	0.00	1.00
Asian	8,552	0.02	0.15	0.00	1.00
Other	8,552	0.03	0.16	0.00	1.00
Marital Status					
Continuously Married	8,556	0.64	0.48	0.00	1.00
Continuously Single	8,556	0.23	0.42	0.00	1.00
Get Married	8,556	0.06	0.24	0.00	1.00
Get Divorced	8,556	0.07	0.25	0.00	1.00
Social Integration					
School Involvement Activities	8,562	3.90	1.34	0.00	6.00
Conferences, 3 Waves	8,571	0.71	0.46	0.00	1.00
Open Houses, 3 Waves	8,571	0.56	0.50	0.00	1.00
Events, 3 Waves	8,571	0.45	0.50	0.00	1.00
Fundraising, 3 Waves	8,571	0.39	0.49	0.00	1.00
Volunteering, 3 Waves	8,571	0.28	0.45	0.00	1.00
PTA, 3 Waves	8,571	0.17	0.37	0.00	1.00

*Sample limited to mother respondents in kindergarten and third grade

Table 6.2: Mean Third-Grade Maternal Well-Being by Level of School Involvement

Avg. School Activities	Poor Health	Depressive Symptoms
0	2.48	1.48
1	2.80	1.84
2	2.55	1.57
3	2.68	1.53
4	2.31	1.39
5	2.08	1.36
6	2.13	1.34

Table 6.3: Mean Third-Grade Maternal Well-Being by Type of School Involvement[a]

Type of Activity		Poor Health	Depressive Symptoms
Fundraising[b]	Yes	2.14	1.37
	No	2.41	1.48
Volunteering	Yes	2.07	1.35
	No	2.39	1.47
PTA	Yes	2.18	1.38
	No	2.33	1.45
Open Houses	Yes	2.17	1.38
	No	2.48	1.52
Conferences	Yes	2.24	1.42
	No	2.45	1.49
School Events	Yes	2.14	1.37
	No	2.44	1.50

[a]Based on mothers who attended this type of activity in all three waves - kindergarten, first, and third grades.

[b]All differences in well-being between attendance and non-attendance are statistically significant.

Table 6.4: Weighted Average Levels of School Involvement by Race/Ethnicity and Education							
	Average Level of School	Proportion Participating in Specific Type of Activity All Three Waves					
		Conferences	Open Houses	Events	Fundraising	PTA	Volunteering
Race/Ethnicity							
White	4.15 bcde	0.77	0.64	0.54	0.47	0.17	0.36
Black	3.30 ade	0.54	0.43	0.29	0.31	0.21	0.10
Latina	3.28 ade	0.60	0.40	0.31	0.22	0.14	0.15
Asian	3.60 abc	0.64	0.47	0.35	0.33	0.14	0.23
Other	3.65 abc	0.79	0.52	0.48	0.27	0.08	0.18
Education							
Less than H.S.	2.76 ***	0.59	0.26	0.20	0.14	0.08	0.06
H.S.	3.58 ***	0.65	0.51	0.37	0.33	0.13	0.19
Some College	4.06 ***	0.73	0.62	0.51	0.45	0.19	0.30
College +	4.51	0.80	0.71	0.64	0.53	0.23	0.47
[a]: P<.01 compared to White							
[b]: P<.01 compared to Black/African-American mothers							
[c]: P<.01 compared to Latina/Hispanic mothers							
[d]: P<.01 compared to Asian mothers							
[e]: P<.01 compared to mothers of Other races							

Table 6.5: Multi-Level Model Coefficients of Mothers' Poor Health at Time Two Regressed on Social Integration

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	Estimate	SE	Estimate	SE	Estimate	SE	Estimate	SE	Estimate	SE	Estimate	SE
Intercept	1.963 ***	0.051	1.960 ***	0.051	1.967 ***	0.051	1.977 ***	0.051	1.973 ***	0.051	1.954 ***	0.051
Social Status												
Less Than High School	0.279 ***	0.044	0.277 ***	0.044	0.262 ***	0.045	0.268 ***	0.045	0.267 ***	0.045	0.265 ***	0.045
High School	0.117 ***	0.028	0.117 ***	0.028	0.110 ***	0.029	0.106 ***	0.029	0.107 ***	0.029	0.108 ***	0.029
Some College	0.096 ***	0.025	0.096 ***	0.025	0.093 ***	0.025	0.088 ***	0.025	0.090 ***	0.025	0.092 ***	0.025
Black	0.012	0.039	0.012	0.039	0.006	0.039	0.023	0.040	0.011	0.039	0.005	0.039
Latina	0.039	0.035	0.039	0.035	0.033	0.035	0.042	0.035	0.039	0.035	0.035	0.035
Asian	-0.046	0.050	-0.048	0.050	-0.059	0.050	-0.057	0.052	-0.058	0.050	-0.061	0.050
Other	-0.054	0.059	-0.054	0.059	-0.059	0.059	-0.070	0.062	-0.056	0.059	-0.057	0.059
Health and School Problems												
New Disability	0.003	0.037	0.002	0.037	0.005	0.037	0.002	0.037	0.003	0.037	0.005	0.037
Child Poor Health	0.297 ***	0.017	0.297 ***	0.017	0.297 ***	0.017	0.297 ***	0.017	0.297 ***	0.017	0.297 ***	0.017
Child Poor Behavior	0.064 *	0.031	0.065 *	0.031	0.061	0.031	0.056	0.031	0.058	0.031	0.060	0.031
Reading Score	0.000	0.001	0.000	0.001	0.000	0.001	0.000	0.001	0.000	0.001	0.000	0.001
Child Receives Tutoring	0.004	0.029	0.004	0.029	0.006	0.029	0.006	0.029	0.005	0.029	0.005	0.029
Time Pressures												
Full-to-Part	0.023	0.041	0.024	0.041	0.024	0.041	0.027	0.041	0.025	0.041	0.025	0.041
Part-to-Full	-0.037	0.036	-0.039	0.036	-0.040	0.036	-0.042	0.036	-0.042	0.036	-0.041	0.036
Non-to-Employed	-0.070 *	0.028	-0.072 *	0.028	-0.071 *	0.028	-0.072 **	0.028	-0.070 *	0.028	-0.071 *	0.028
Employed-to-Non	0.137 ***	0.036	0.138 ***	0.036	0.138 ***	0.036	0.136 ***	0.036	0.137 ***	0.036	0.139 ***	0.036
Change Care Arrangements	-0.018	0.020	-0.020	0.020	-0.022	0.020	-0.023	0.020	-0.022	0.020	-0.022	0.020
Missed Activities at School	0.024 **	0.009	0.024 **	0.009	0.020 *	0.010	0.019 *	0.010	0.019 *	0.010	0.020 *	0.010
Homework Frequency	-0.023	0.013	-0.023	0.013	-0.022	0.013	-0.020	0.013	-0.020	0.013	-0.021	0.013
School Context												
Public School	-0.001	0.027	0.000	0.027	-0.006	0.027	-0.006	0.027	-0.010	0.027	-0.005	0.027
Percent Minority	0.011	0.010	0.011	0.010	0.011	0.010	0.012	0.010	0.012	0.010	0.011	0.010
School Poverty	0.246 ***	0.060	0.241 ***	0.060	0.230 ***	0.060	0.240 ***	0.060	0.240 ***	0.060	0.235 ***	0.060
School Neighborhood Disorder	0.136 ***	0.036	0.135 ***	0.036	0.135 ***	0.036	0.131 ***	0.036	0.134 ***	0.036	0.148 ***	0.037
Controls												
Log Income	-0.033 **	0.010	-0.033 **	0.010	-0.031 ***	0.010	-0.032 **	0.010	-0.031 **	0.010	-0.031 **	0.010
Age	0.002	0.002	0.002	0.002	0.002	0.002	0.003	0.002	0.003	0.002	0.002	0.002
Age Flag	0.008	0.048	0.009	0.048	0.008	0.048	0.010	0.048	0.012	0.048	0.007	0.048
Focal Child is Boy	-0.027	0.019	-0.027	0.019	-0.027	0.019	-0.027	0.019	-0.027	0.019	-0.027	0.019
Oldest Child	-0.056 *	0.022	-0.056 *	0.022	-0.055 *	0.022	-0.054 *	0.022	-0.054 *	0.022	-0.055 *	0.022
Number of Children	-0.031 **	0.010	-0.030 **	0.010	-0.030 **	0.010	-0.027 **	0.010	-0.028 **	0.010	-0.029 **	0.010
School Change	0.025	0.024	0.025	0.024	0.023	0.025	0.022	0.025	0.022	0.024	0.023	0.025
Sch. Neighborhood Imputed	-0.013	0.029	-0.013	0.029	-0.012	0.029	-0.011	0.029	-0.011	0.029	-0.016	0.029
Kindergarten Health/Well-being												
K. Poor Health	0.412 ***	0.011	0.412 ***	0.011	0.411 ***	0.011	0.410 ***	0.011	0.411 ***	0.011	0.411 ***	0.011
Marital Status												
Get Married			-0.007	0.046	-0.009	0.046	-0.009	0.046	-0.008	0.046	-0.008	0.046
Get Divorced			0.056	0.043	0.054	0.043	0.053	0.043	0.051	0.043	0.053	0.043
Social Integration												
School Involvement Activities					-0.017 *	0.009	-0.023 **	0.009	-0.059 ***	0.016	-0.078 *	0.032
Interaction Effects												
Black*School Involv.							0.067 **	0.023				
Latina*School Involv.							0.060 **	0.021				
Asian*School Involv.							0.057	0.035				
Other*School Involv.							0.017	0.047				
Per. Min*Sch. Involv.									0.015 **	0.005		
Sch. Neigh. Disord*Sch. Inv.											0.047 *	0.023
Random Effects Coefficients												
Between Schools	0.011 *	0.005	0.012 *	0.005	0.012 *	0.005	0.012 *	0.005	0.011 *	0.005	0.012 *	0.005
Proportion explained												
Between Individuals	0.607 ***	0.011	0.606 ***	0.011	0.606 ***	0.011	0.605 ***	0.011	0.606 ***	0.011	0.606 ***	0.011
Proportion explained												
-- Log Likelihood	16679.500		16674.700		16678.500		16684.600		16678.100		16680.200	

n=7,004
*p < .05 **p < .01 ***p<.001

Table 6.6: Multi-Level Model Coefficients of Mothers' Depressive Symptoms at Time Two Regressed on Social Integration*										
	Model 1		Model 2		Model 3		Model 4		Model 5	
	Estimate	SE	Estimate	SE	Estimate	SE	Estimate	SE	Estimate	SE
Intercept	1.361 ***	0.032	1.353 ***	0.033	1.360 ***	0.033	1.364 ***	0.033	1.349 ***	0.033
Social Status										
Less Than High School	0.065 **	0.025	0.066 **	0.025	0.052 *	0.026	0.051 *	0.026	0.053 *	0.026
High School	0.026	0.016	0.026	0.016	0.019	0.016	0.020	0.016	0.018	0.016
Some College	0.001	0.015	0.001	0.015	-0.002	0.015	-0.002	0.015	-0.003	0.015
Black	0.038	0.023	0.039	0.023	0.034	0.023	0.047 *	0.024	0.033	0.023
Latina	0.086 ***	0.020	0.084 ***	0.020	0.079 ***	0.020	0.070 ***	0.021	0.080 ***	0.020
Asian	-0.007	0.029	-0.010	0.029	-0.020	0.029	-0.010	0.030	-0.022	0.029
Other	0.010	0.035	0.010	0.035	0.006	0.035	0.000	0.037	0.006	0.035
Health and School Problems										
New Disability	0.058 **	0.021	0.057 **	0.021	0.059 **	0.021	0.058 **	0.021	0.059 **	0.021
Child Poor Health	0.051 ***	0.009	0.052 ***	0.009	0.052 ***	0.009	0.051 ***	0.009	0.051 ***	0.009
Child Poor Behavior	-0.009	0.018	-0.009	0.018	-0.013	0.018	-0.013	0.018	-0.013	0.018
Reading Score	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Child Receives Tutoring	0.042 *	0.017	0.042 *	0.017	0.044 **	0.017	0.044 **	0.017	0.043 *	0.017
Time Pressures										
Full-to-Part	0.005	0.024	0.007	0.024	0.007	0.024	0.008	0.024	0.007	0.024
Part-to-Full	0.026	0.021	0.022	0.021	0.021	0.021	0.020	0.021	0.021	0.021
Non-to-Employed	0.045 **	0.016	0.045 **	0.016	0.046 **	0.016	0.047 **	0.016	0.046 **	0.016
Employed-to-Non	0.057 **	0.021	0.059 **	0.021	0.058 **	0.021	0.059 **	0.021	0.059 **	0.021
Change Care Arrangements	-0.013	0.011	-0.014	0.011	-0.016	0.011	-0.016	0.011	-0.016	0.011
Missed Activities at School	0.017 **	0.005	0.017 **	0.005	0.013 *	0.005	0.013 *	0.005	0.013 *	0.005
Homework Frequency	0.017 *	0.008	0.017 *	0.008	0.018 *	0.008	0.018 *	0.008	0.019 *	0.008
School Context										
Public School	0.020	0.018	0.022	0.018	0.015	0.018	0.015	0.018	0.016	0.018
Percent Minority	0.007	0.006	0.008	0.006	0.008	0.006	0.008	0.006	0.007	0.006
School Poverty	0.141 ***	0.036	0.136 ***	0.036	0.126 **	0.036	0.124 ***	0.036	0.129 ***	0.036
School Neighborhood Disorder	-0.017	0.023	-0.015	0.023	-0.016	0.023	-0.018	0.023	-0.005	0.024
Controls										
Log Income	-0.022 ***	0.006	-0.022 ***	0.006	-0.021 ***	0.006	-0.021 ***	0.006	-0.021 ***	0.006
Age	0.001	0.001	0.002	0.001	0.002	0.001	0.002	0.001	0.002	0.001
Age Flag	-0.013	0.028	-0.011	0.028	-0.012	0.028	-0.011	0.028	-0.012	0.028
Focal Child is Boy	-0.001	0.011	0.000	0.011	0.000	0.011	0.000	0.011	0.000	0.011
Oldest Child	-0.002	0.013	-0.001	0.013	0.000	0.013	0.000	0.013	0.000	0.013
Number of Children	0.002	0.006	0.003	0.006	0.003	0.006	0.003	0.006	0.003	0.006
School Change	0.007	0.015	0.005	0.015	0.004	0.015	0.004	0.015	0.004	0.015
Sch. Neighborhood Imputed	0.002	0.018	0.002	0.018	0.002	0.018	0.003	0.018	-0.001	0.018
Kindergarten Health/Well-being										
K. Depressive Symptoms	0.327 ***	0.013	0.327 ***	0.013	0.327 ***	0.013	0.327 ***	0.013	0.327 ***	0.013
Marital Status										
Get Married			-0.026	0.026	-0.027	0.026	-0.028	0.026	-0.027	0.026
Get Divorced			0.095 ***	0.024	0.093 ***	0.024	0.093 ***	0.024	0.093 ***	0.024
Social Integration										
School Involvement Activities					-0.016 **	0.005	-0.017 **	0.005	-0.059 **	0.019
Interaction Effects										
Black*School Involv.							0.023	0.013		
Latina*School Involv.							-0.016	0.012		
Asian*School Involv.							0.030	0.020		
Other*School Involv.							-0.012	0.027		
Sch. Neigh. Disord*Sch. Inv.									0.033 *	0.014
Random Effects Coefficients										
Between Schools	0.014 ***	0.003	0.015 ***	0.003	0.014 ***	0.003	0.014 ***	0.003	0.014 ***	0.003
Proportion explained										
Between Individuals	0.192 ***	0.004	0.191 ***	0.004	0.191 ***	0.004	0.191 ***	0.004	0.191 ***	0.004
Proportion explained										
-- Log Likelihood	8925.000		8911.600		8910.400		8927.200		8911.400	
n=6,992										
*p < .05 **p < .01 ***p<.001										

APPENDICES

APPENDIX A: ORDERED LOGISTIC COEFFICIENTS FOR MOTHERS' POOR HEALTH AT TIME TWO REGRESSED ON SCHOOLING PROBLEMS*

	Final Model		
	Estimate		SE
Intercept 5	-5.933	***	0.162
Intercept 4	-3.458	***	0.127
Intercept 3	-1.270	***	0.117
Intercept 2	0.910	***	0.117
Social Status			
Less Than High School	0.640	***	0.123
High School	0.283	***	0.073
Some College	0.259	***	0.064
Black	-0.036		0.088
Latina	0.096		0.085
Asian	-0.083		0.136
Other	-0.206		0.165
Health and School Problems			
New Disability	-0.012		0.083
Child Poor Health	0.728	***	0.049
Child Poor Behavior	0.168	*	0.070
Reading Score	0.001		0.001
Child Receives Tutoring	-0.027		0.076
Time Pressures			
Full-to-Part	0.088		0.098
Part-to-Full	-0.035		0.097
Non-to-Employed	-0.143		0.073
Employed-to-Non	0.267	**	0.096
Missed Activities at School	0.048	*	0.022
Homework Frequency	-0.061	*	0.031
School Context			
Public School	-0.007		0.058
Percent Minority	0.027		0.023
School Poverty	0.572	**	0.173
School Neighborhood	0.276	**	0.079
Controls			
Log Income	-0.100	**	0.030
Age	0.008		0.005
Age Flag	0.066		0.128
Focal Child is Boy	-0.058		0.050
Oldest Child	-0.114	*	0.053
Number of Children	-0.067	**	0.024
School Change	0.014		0.061
Sch. Neighborhood Imputed	-0.015		0.064
Married	-0.025		0.071
Get Divorced	0.099		0.128
Kindergarten Health/Well-being			
K Poor Health	1.047	***	0.039
-- Log Likelihood	15211.304		

n=6,791

*p < .05 **p < .01 ***p<.001

APPENDIX B: SAMPLE INTERVIEW GUIDE

I.   General Information:

Tell me about [CHILD].

Tell me about [CHILD's] school. Has she been at other elementary schools?

How did you choose this school?

What do you like about the school?

What don't you like about the school?

How is [CHILD] doing at school right now? Prompts: Academically? Emotionally?

What are your priorities for [CHILD] at school? Prompt: What keeps you up at night related to [CHILD's] days at school?

Tell me about [CHILD's] teacher. (E.g., personality, experience, age, race/ethnicity, gender)

How often have you spoken with [TEACHER]?

How would you describe your relationship with [TEACHER]?

Tell me about when [CHILD] started kindergarten. Prompts: How did that go? What was it like when [CHILD] started kindergarten? What do you remember about that experience?

II.   Responsibilities

What are some of your biggest time commitments? Prompts: Work? Other children?

Right now, how do you find time to be involved in with [CHILD's] education? Prompts: volunteer, help with homework?

Tell me about some of your involvement with [CHILD's] education.

What kinds of things do you do with [CHILD] related to learning at home?

What's a typical day like getting [CHILD] to school? What kinds of things are hard/challenging?

What would a "bad day" be like in getting [CHILD] off to school?

What do you think the school expects you to do for your child's education?

Are there any big problems you've encountered during elementary school? Prompt: Can you describe?

III.   Social Integration and Schooling

What specific things do you do at the school? Prompts: For the teachers? PTA? What times of day?

Have you contacted (e-mailed/called) [CHILD's] teacher about anything? Prompt: About a grade, an assignment, or something your child said/did?

How do you think the teachers/school administrators feel about parents involved at the school?

Tell me about some of the other parents in [CHILD's] classroom?

Do you know them well? What kinds of things do you talk about with them? When do you see them? How often?

Is there anything you would do differently in terms of your involvement with the school?

IV.   Benefits of Social Integration

Would you describe your experiences with [CHILD's] school positively or negatively overall? Have you enjoyed [CHILD's] time at school?

What do you like about [CHILD's] time at school from (e.g.) 8 a.m. to 2 p.m.?

Give me an example of one of your most recent interactions with a teacher? With principal? With other parents? at [CHILD's] school.

Describe the outcome of this experience.

Why do you do [XXX-from previous section] with [CHILD's] school?

How would you describe this interaction with the school?

What prompted you to become involved in [XXXX] way?

Do you think that your times at the school have helped [CHILD]? In what ways?
Helped you?

How have these experiences been for you? Fine? Hard? Nice?

Have you gotten close with other parents at [CHILD's] school? Do you share personal things with them?

Do you think that helping [CHILD] to do well in school takes up a lot of time? [In what way? If not, what does take up the most time for you right now?]

What kinds of things have we not talked about that are important to you in relation to [CHILD's] schooling?

V.   Demographic Information

- Age
- Education
- Employment
- Family Structure (marital status, siblings, household composition)
- Income
- Race/Ethnicity
- CES-D Scale
- General Health Scale

Project Title	*Maternal Well-Being and Children's Elementary School Experiences*
Why is this research being done?	*This is a research project being conducted by Catharine Warner, under the guidance of Dr. Melissa A. Milkie, at the Department of Sociology at University of Maryland, College Park. We are inviting you to participate in this research project because your children are currently in elementary school, and you can share your experiences with your child's school. The purpose of this project is to better understand how mothers feel about their involvement with children's schools.*
What will I be asked to do?	*You will be asked to answer some general questions about your experiences at your child's school, about balancing children's schooling with other responsibilities, and about your current well-being. There are no right or wrong answers. It will be like an informal conversation.*
What about confidentiality?	*We will do our best to keep your personal information confidential. To help protect your confidentiality, we will give you a "code name" immediately and all information files will be linked to that code name. Information will be kept in locked file cabinets and in password-protected computer files. In some instances we will change key identifying information (such as your job or details about your children) to help further blur your identity. If we write a report or article about this research project, your identity will be protected to the maximum extent possible.* **Please initial here if you consent to being audio taped during the interview:** _____
What are the risks of this research?	*There are no known physical, psychological, or social risks associated with this research. However, if you feel uncomfortable at any time in the interview, you may opt not to answer the question or discontinue the interview.*
What are the benefits of this research?	*This research is not designed to help you personally, but the results may help the investigator learn more about important aspects of mothers' experiences with children's schools.*
Do I have to be in this research?	*Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to*

Project Title	*Maternal Well-Being and Children's Elementary School Experiences*
May I stop participating at any time?	*participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.*
What if I have questions?	*This research is being conducted by Catharine Warner, Department of Sociology, at the University of Maryland, College Park, under the direction of Dr. Melissa A. Milkie at the University of Maryland, College Park. If you have any questions about the research study itself, please contact Catharine Warner at 202-489-5886 or* cwarner@socy.umd.edu*.* *If you have questions about your rights as a research subject or wish to report a research-related injury, please contact:* **Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742; (e-mail)** irb@deans.umd.edu**; (telephone) 301-405-0678** *This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.*
Statement of Age of Subject and Consent	*Your signature indicates that:* • *you are at least 18 years of age;,* • *the research has been explained to you;* • *your questions have been fully answered; and* • *you freely and voluntarily choose to participate in this research project.*
Potential Observation of Parent School Interaction	*If the occasion arises, Catharine would like to join you in an activity at your child's school. She would only observe your activities and would not participate unless requested to do so.* **Please initial here if you consent to a possible observation at your child's school:** —————————————
Signature and Date	***Name of Subject***
	Signature of Subject

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