

# Maternal Depressive Symptoms and Their Impact on Parenting

## *The 2005 Los Angeles County WIC Survey: The Sixth in a Series of Reports*



Maternal depression is a significant risk factor for the healthy development of young children. Depression threatens two key functions of parenting: fostering healthy relationships and carrying out the management functions of parenting.<sup>1</sup> Children of depressed mothers perform worse on measures of school readiness and social and language development,<sup>2</sup> and are more likely to exhibit behavior problems and school failure as they enter school.<sup>3</sup> Depression disproportionately affects low-income mothers, putting their children at the highest risk of poor developmental outcomes. For low-income mothers, depression is embedded in an array of risk factors including financial and housing instability, lack of social supports and limited resources. This brief describes depressive symptoms among a sample of low-income WIC participants in Los Angeles County, elucidating factors associated with depressive symptoms and the impact of depression on parenting. These data demonstrate the need for local policymakers to invest in treatment and support for depressed women to better ensure that their children will thrive.

Data presented in this brief were collected as part of the 2005 L.A. County WIC Survey. Please visit [www.lawicdata.org](http://www.lawicdata.org) for a complete description of the survey, including sample demographics and methodology. Depressive symptoms were determined by asking all mothers a series of four questions regarding feelings of depression, loneliness, sadness and having crying spells in the past month, and then summing up the responses. This measure was adopted from the Los Angeles County Health Survey to screen for depressive symptoms and does not diagnose clinical depression. Each of the four questions was rated from 1 to 4 to designate responses of “never/rarely,” “some of the time,” “often” or “most of the time.” A total score of 8 or more suggested higher-than-average depressive symptoms, based on frequency of reported symptoms. The results indicated that 20.3% of the WIC participants reported depressive symptoms at the time of the survey. By comparison, national surveys using diagnostic interview survey techniques report that 11.4 to 13.8% of low-income women on government assistance programs meet criteria for depression.<sup>4</sup>

# Demographic and Environmental Correlates of Depressive Symptomatology

Depression often coexists with multiple other-risk factors, race and poverty most often cited. In general, studies have shown that poverty is more highly related than race to depression. Among the WIC population, rates of depressive symptoms were high across all racial-ethnic groups. Rates were highest among Spanish-speaking Latinas and lowest among English-speaking Latinas (see Figure 1). Rates were also highest among women with the lowest education; women with an 8th grade education or less had the highest rates of depressive symptoms (24.1%), compared to 17.1% for those with some college education or higher, representing a difference of 41%. Women living in larger families with more children showed greater rates of depressive symptoms.

Environmental stressors were also associated with depressive symptomatology. In L.A. County, housing needs are a very significant stressor for low-income families: 76.2% reported they had a very difficult or somewhat difficult time finding housing, and 71.6% reported they had a very difficult or somewhat difficult time paying for housing. As shown in Figure 2, rates of depressive symptoms were highest among women reporting the most difficulty with housing needs.

Food security is defined as having access, at all times, to enough food for an active, healthy life for all household members.<sup>5</sup> While participation in the WIC program has been shown to improve food security among low-income households, it does not guarantee a food-secure household. Rates of depressive symptomatology were significantly lower in food secure households (18.3%) than food insecure households (37%)—a difference of over 100%.

Figure 1: Depressive Symptoms by Ethnicity

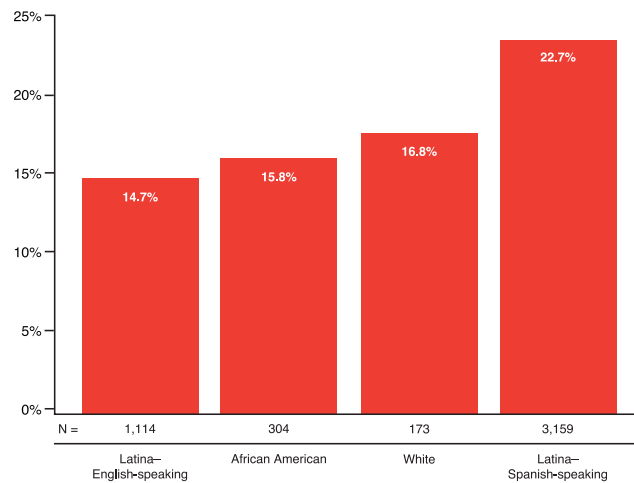
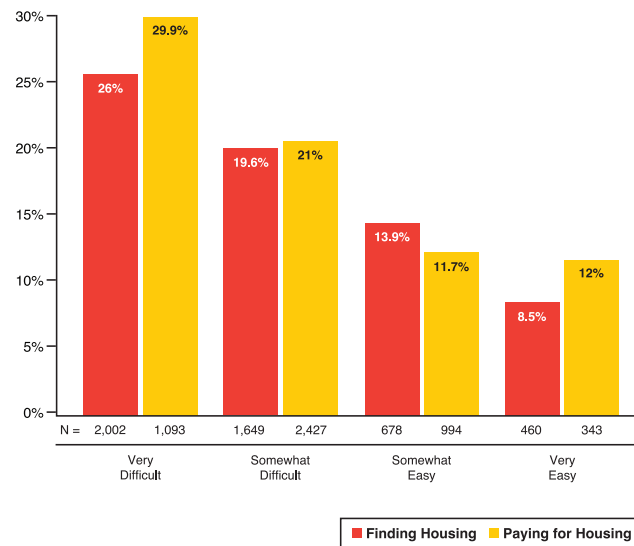


Figure 2: Depressive Symptoms by Housing Needs

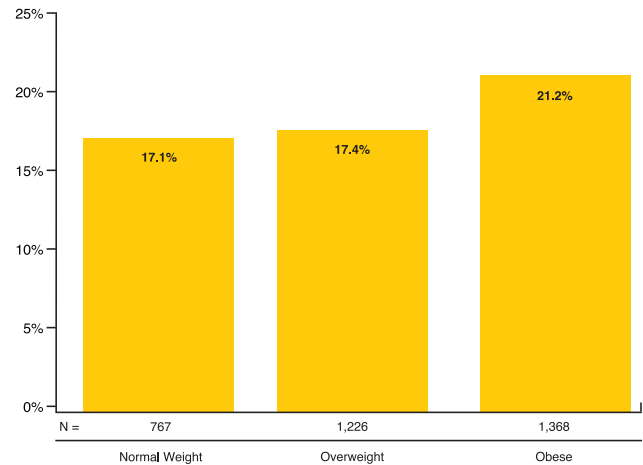


# Maternal Weight and Depressive Symptomatology

The increasing trend toward obesity in the U.S. population has brought considerable attention to this public health crisis. Obesity is associated with an increased risk of physical diseases such as heart disease and diabetes, and is also linked to increased levels of depression. Body Mass Index (BMI), a ratio of weight to height, is commonly used as an indicator of weight status (The formula for BMI is  $[\text{weight in pounds} \times 703] / [\text{height in inches}]^2$ ). In adults, a BMI under 25 is considered normal weight, 25 to 29.9 is considered overweight, and 30 and above is considered obese.

BMI and depressive symptoms were associated in this sample of women. As shown on Figure 3, obese women exhibited significantly higher rates of depressive symptoms than normal weight and overweight women. This association is critical to address, as it suggests that obesity prevention efforts could be compromised if they fail to take into account the emotional well-being of the individuals being targeted.

Figure 3: Depressive Symptoms by Body Mass Index (BMI)



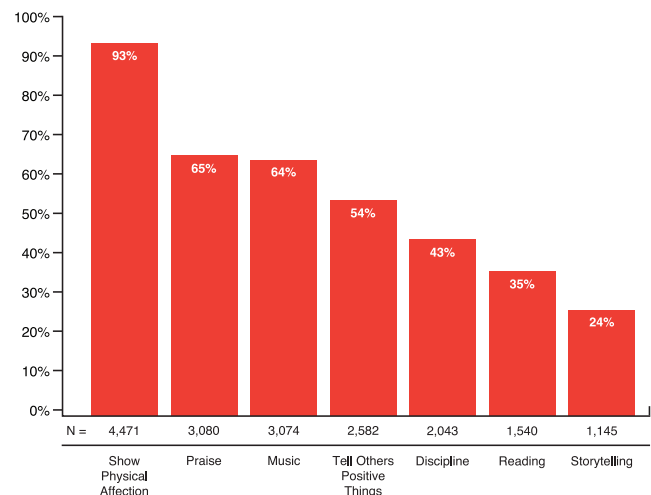
\*Weight data available for 3,361 women

## Depressive Symptoms and Parenting

One of the major concerns about maternal depressive symptoms is their association with parenting practices. During their first years of life, children learn many skills that are critical for later success in school, including controlling their impulses, acting fairly and interacting successfully with others. Children who live in a supportive home environment with clear and consistent rules master these skills more quickly and easily. They also develop a stronger sense of self-esteem and belief in their own ability to accomplish things.<sup>1</sup>

Included in the survey were questions about parenting practices. As shown in Figure 4, positive parenting practices appear to be part of many parents' daily routines. As part of the questions about parenting practices, parents were asked how often their child had to be disciplined for his or her behavior; 43% of parents answered "almost every day." Spanish-speaking parents mentioned discipline as part of a regular routine more often (48%) than English-speaking parents (35%).

Figure 4: Parents with Daily Routines



High levels of depressive symptoms were associated with higher reported disciplinary behavior toward children. Nearly 24% of parents who reported disciplining their children almost every day also reported high levels of depressive symptoms. By comparison, only 13% of parents who disciplined their children once a month showed depressive symptoms. Whether the depressed mood caused the disciplinary behavior or the need to discipline caused the depressed mood cannot be determined from these data. Depression generally manifests itself in one of two ways: increased sadness and/or increased irritability. These findings of increased disciplinary behavior but no comparable reductions in the other six positive parenting behaviors shown in Figure 4 suggest that increased irritability may be most common manifestation of depression among this population of women.

## Conclusions

- At least one in five mothers served by WIC exhibits depressive symptoms. The screening tool used in the survey is not a diagnostic instrument, but results suggest that rates of depressive symptoms are likely to match or exceed national estimates<sup>1</sup> that show prevalence rates of major depressive disorder hover around 11 to 13% for low-income women on government assistance programs. In the WIC population, mothers are most often the primary caregivers, and they play a vital role in modeling health behavior and practices for their children; thus, maternal depression is important to address for the well-being of the entire family.
- Spanish-speaking Latina mothers are particularly at risk of developing depressive symptoms. Mental health services must be culturally tailored to meet the needs of this population. Efforts must be made to better understand the unique needs of recent immigrants and determine the types of support and services this population is most likely to access. Steps must also be taken to explore strategies for reimbursing services for women who lack health insurance, a situation often encountered by this group.
- Research has linked maternal depressive symptoms with numerous suboptimal parenting practices. In this group of women, parenting practices remained generally positive, but associations between depressive symptoms and disciplinary behavior toward children were noted. These findings suggest that the first goal in parenting curricula designed to reach low-income women who may be suffering from a depressed mood is a focus on helping mothers cope with difficult behavior expressed by children, recognizing how their own mood may contribute to their reactivity to difficult behavior.
- Currently, there is very limited access to mental health services for the low-income population served by WIC. The current service system is designed to meet the needs of only those women who are severely distressed and exhibiting danger to themselves or others. Untreated maternal depression comes at a great cost to their children and communities. Public health practitioners must begin to consider evidence-based strategic approaches to providing cost-effective mental health services for low-income families, perhaps in settings they already visit.

<sup>1</sup> J. Knitzer, S. Theberge, K. Johnson. *Reducing Maternal Depression and Its Impact on Young Children: Toward a Responsive Early Childhood Policy Framework* (2008), National Center for Children in Poverty, Mailman School of Public Health.

<sup>2</sup> NICHD Early Child Care Research Network, "Chronicity of Maternal Depressive Symptoms, Maternal Sensitivity and Child Functioning at 36 Months." *Developmental Psychology* (1999), 35(5): 1297-1310.

<sup>3</sup> M. Essex, M. H. Klein, R. Miech, N.A. Smider. "Timing of Initial Exposure to Maternal Major Depression and Children's Mental Healthy Symptoms in Kindergarten." *British Journal of Psychiatry* (2001), 179(2): 151-156.

<sup>4</sup> SAMHSA, *Results from the 2004 National Survey on Drug Use and Health: National Findings*, <http://www.oas.samhsa.gov/NSDUH>.

<sup>5</sup> M. Nord, M. Andrews, S. Carlson. "Household Food Security in the United States, 2005" *Economic Research Report Number 29*, Washington, D.C.: Economic Research Services, U.S. Department of Agriculture.

## The Data Mining Project

The Data Mining Project is a Research Partnership between PHFE-WIC and First 5 LA. The primary goal of the Project is to provide comprehensive data about the low-income 0-5 population in Los Angeles County served by the WIC Program.

WIC is the Special Supplemental Nutrition Program for Women, Infants and Children. The 2005 L.A. County WIC Survey was conducted with a random sample of 5,015 WIC families. For more information about the survey, please visit [www.lawicdata.org](http://www.lawicdata.org) and click on the link "Report #1 Overview of the Survey."

### Data Mining Project Staff

Shannon E. Whaley, Ph.D.  
Denise C. Gee, MPH, RD  
Judy Gomez, MPH, RD  
Lu Jiang, Ph.D

[DataMining@phfewic.org](mailto:DataMining@phfewic.org)

### First 5 LA

First 5 LA is a unique child advocacy organization created by California voters to invest tobacco tax revenues in programs for improving the lives of children in Los Angeles County, from prenatal through age 5. First 5 LA champions health, education and safety causes concerning young children and families. For additional information about First 5 LA, our partners and projects, visit [www.first5la.org](http://www.first5la.org).

### First 5 LA Staff

Christine Aque  
Larry Renick  
[F5LAResearch@first5la.org](mailto:F5LAResearch@first5la.org)

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