



DOES STEPPARENTING INFLUENCE MENTAL HEALTH?

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Over the past few decades, there have been a number of significant changes in household arrangements in much of the developed world. What some would call the 'second demographic transition' (Van de Kaa, 1987) has seen fewer and delayed marriages, rising rates of cohabitation, divorce and lone parenthood, and delayed childbirth.

One outcome is the growing number of stepfamilies where lone parents, whether single, separated, widowed or divorced, form new marriages or partnerships. These households are demographically and socially different to traditional families with two biological parents and there has been a growing interest in stepfamilies in recent years. Numerous studies have explored the effect of living in a stepfamily on children. One area of interest relates to their psychological well-being and the general consensus from most quantitative studies is that children in stepfamilies do suffer both emotionally and behaviourally compared to children in first families (Coleman *et al.*, 2000; Ram and Hou, 2003).

Perhaps surprisingly, though, little research has considered the potential psychological impacts of living in a stepfamily on adults; that is, on stepparents and their partners. If stepfamily arrangements can lead to difficulties for children, it is likely that this will also impinge on the health of parents in these families. We know that depressive symptoms are higher among both the recently separated (Neff and Schluter, 1993) and those who have been separated for longer (Richards *et al.*, 1997; Wade and Pevalin, 2004) and also that lone parents suffer higher levels of mental distress than other parents (Keirnan and Mueller, 1998; Hope *et al.*, 1999).

However, studies considering the mental health effect of being a stepparent are scarce, even though stepparenting raises potentially difficult issues which do not exist in first families (Evenson and Simon, 2005),

such as role unclarity and tension between stepparents and stepchildren. The position of partners of stepparents may also be stressful, as their presence involves the negotiation of new intra-household relationships that may be the source of tension.

This study aims to fill the gap in knowledge about the relationship between stepparenting and mental health, using longitudinal data for the UK. Longitudinal data are essential to this type of study as they allow us to explore potential selection issues. Thus, while stepparenting may result in poorer mental health, the opposite effect is also possible; those prone to poorer mental health may be more likely to end up living in stepfamilies. We have accounted for this in our analysis.

Key findings of the study are as follows:

- Adults in stepfamilies are more likely to suffer from mental health problems than adults in first families, but less often than lone parents.
- Background characteristics such as sex, social class and level of education are also associated with mental health, but the effect of stepparenting remains when these characteristics are controlled for.
- Within stepfamilies, those who live in a dual stepfamily (i.e. a family where both adults are stepparents to each other's children) have the highest risk of mental health problems.
- There is evidence of selection effects: those who had behavioural problems at age 16 have a higher risk of ending up in a stepfamily at age 33.
- Among those with behavioural problems at age 16, those living in a stepfamily (both stepparents and their partners) at age 33 have worse mental health than those living in a first family.

- Among those who did not have behavioural problems at age 16, only those in dual stepfamilies had worse mental health than those in first families.

whether those with and without behavioural problems in early life were more or less likely to end up living in a stepfamily.

Data and measures

This study required data which provides information on health circumstances at different stages in the life course, and potentially complex household arrangements and how these change through time. The National Child Development Study (NCDS) is one of the few UK data sources that meet these requirements. The NCDS is a birth cohort based on all children born in a single week in 1958. The NCDS sample began with 17,416 respondents and has collected data on mental health, partnership histories, and other time-invariant and time-varying demographic, health and socio-economic variables. Individuals are tracked through time, and information has been collected from this sample seven times.

We focused in this study on characteristics as recorded in 1991 when the sample members were aged 33, but we also included some variables from earlier in the life course which we expected to be related to subsequent mental health status. The sample excludes those who were childless, those for whom mental health status was missing at age 16 or 33 and those whose family status variable was missing at age 33. This left a sample of 6,121.

Mental health was measured using the Malaise Inventory Scale (MIS), ranging from 1 to 24 (Rutter *et al.*, 1970). A cumulative score of seven or higher is regarded as an indicator of poor mental health by the developers of the scale and has been used as such in a number of studies. We followed the same definition to create a binary indicator of poor health (MIS score ≥ 7) and non-poor health (MIS score < 7).

This binary mental health variable at age 33 was the dependent variable in a series of logistic regression models. To account for selection effects, we used the Home Behaviour Scale (HBS), which is a measure of behavioural problems in adolescence (age 16). The scale has 22 items and we defined a cumulative score of seven or higher as an indicator of behavioural problems, allowing us to test

Types of stepfamilies and their demographic characteristics

We distinguish between several types of stepfamilies in our study: stepparents, partners of stepparents, and families where both partners are stepparents to each other's children. The distribution of respondents over these family types is shown in Table 1 (column 2). Table 1 also shows that adults living in stepfamilies are different from adults living in first families and lone parent families, in terms of age, number of children in the household and the age range of these children (Haskey, 1994).

The third and fourth columns show the average number of children per family type (including and excluding non-resident children). Columns five and six show the average age range of the children in the household, and the average age of (step)parents per family type. It can be seen that adults in stepfamilies are on average older, have more children, and are of a wider age range, than people in first families and lone parent families.

Association between being a (partner of a) stepparent and mental health

Table 2 shows the numbers and percentages of people with poor and non-poor mental health, by family type, at age 33. Adults in stepfamilies (both stepparents and their partners) were more likely to suffer poor mental health than adults in first families, but less likely than lone parents.

Poor mental health may be influenced, of course, by various other things, such as sex, employment status, number of children in the household, educational level, social class and also childhood experiences such as domestic tension and whether or not one lived with his/her natural mother. We controlled for these factors in a multivariate logistic regression model, in order to obtain a better estimation of the effect of being a (partner of a) stepparent on the odds of having poor mental health at age 33. Of particular

	Distribution of family type (%)	Average no of children (resident children only)	Average no of children (incl. non-resident children)	Average age range children (resident children only)	Average age (step)parent *
First family	75.6	2.0	2.0	2.8	33.3
Lone parent family	7.2	1.7	1.9	3.0	---
All stepfamilies	17.3	1.8	2.8	4.5	34.7
stepparent	6.4	1.7	2.7	4.1	37.5
partner of stepparent	8.1	1.8	2.5	4.9	32.0
both stepparents	2.8	2.3	4.2	4.6	36.1

TABLE 1. DEMOGRAPHIC CHARACTERISTICS BY FAMILY TYPE Source: NCDS sweep 1991

* This statistic is based on partners of NCDS cohort members, because cohort members themselves were all aged 33 at the time of the survey



	Non-poor mental health		Poor mental health	
	N	%	N	%
First family	5,631	90.7	575	9.3
Lone parent	434	73.9	153	26.1
Stepfamily	176	83.1	240	16.9

TABLE 2. POOR MENTAL HEALTH BY FAMILY TYPE

Source: NCDS sweep 1991

interest, once these various factors were controlled for, was the relationship between family status and mental health. The results for our control variables were as anticipated (not shown; results are available from the authors) and the odds ratios for each family type resulting from the first model are shown in Figure 1.

Compared to those in first families, the odds of poor mental health were significantly higher for lone parents, stepparents, their partners and those in dual stepfamilies. For lone parents, the risk of poor mental health was twice as high, and for dual stepfamilies, about 2.5 times as high as for those in first families. The difference between people in first families and people in families with only one stepparent was smaller, yet significant.

These initial results are consistent with the hypothesis that the various strains involved with stepparenting may result in poorer mental health for both stepparents and their partners compared to those in first families, and that these strains are even stronger in more complex stepfamilies where both partners have stepchildren.

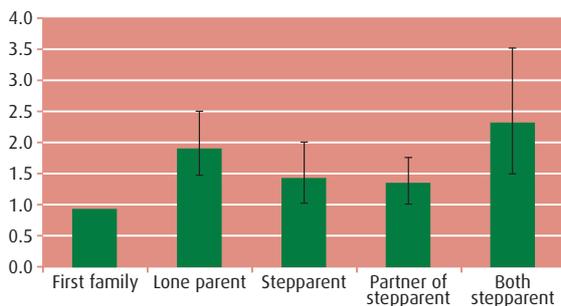


FIGURE 1. ODDS OF POOR MENTAL HEALTH AT AGE 33 (1991) BY FAMILY TYPE (N = 6,121)

Source: NCDS sweep 1991

Health selection into stepfamilies?

However, as suggested above, it is possible that part of this association could be due to health selection into stepfamilies. Table 3 shows the numbers and percentages of people with and without behavioural problems at age 16 who ended up in a stepfamily at age 33. Those with behavioural problems at age 16 were more likely to live in

a stepfamily as an adult than those who had no behavioural problems at age 16. This supports the idea that at least part of the worse mental health of (partners of) stepparents is due to the selection of people with poorer mental health into stepfamilies.

To explore this selection effect controlling for other factors expected to influence mental health, we undertook a second multivariate logistic regression, this time including an interaction between family type at age 33 and behavioural problems at age 16. Figure 2 shows the odds ratios calculated from the main effects and interaction effects of family type (at age 33) and behavioural problem status (at age 16). Of those who had few behavioural problems at age 16, only lone parents and those couples where both partners were stepparents had significantly worse health than those in first families at age 33. In the more common stepfamilies, where only one of the adults was a stepparent, neither the stepparents nor their partners had significantly worse health than those in first families if they had few behavioural problems at age 16.

Behavioural problems at age 16?	In a stepfamily at age 33?				Total
	No		Yes		
	N	%	N	%	%
No	4057	84.1	766	15.9	100
Yes	1001	77.1	297	22.9	100

Pearson $\chi^2(1) = 34.9$; $p < 0.000$

TABLE 3. BEHAVIOURAL PROBLEMS AT AGE 16 BY STEPFAMILY STATUS AT AGE 33

Source: NCDS sweep 1974 and 1991

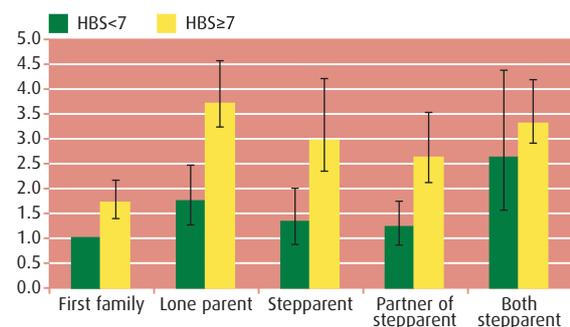


FIGURE 2. ODDS OF POOR MENTAL HEALTH AT AGE 33 (1991) BY FAMILY TYPE AND BEHAVIOURAL PROBLEMS AT AGE 16 (1974) (N = 6,121)

Source: NCDS sweep 1974 and 1991

On the other hand, the odds for those who had a high HBS score at age 16 were considerably higher in every family status category. Those in first families who had high HBS scores at age 16 were just under twice as likely to have poor mental health at age 33 than those in first families with low HBS scores at age 16. Taking the HBS scores at age 16 into account, though, we still found a significant

effect on mental health for those in stepfamilies. Thus, comparing across the categories for those with high HBS scores at age 16, we found that lone parents, stepparents and partners of stepparents and partners who were both stepparents, all had significantly higher odds of poor mental health at age 33 than those in first families who also had a high HBS score at age 16. Hence our results suggest that those who had behavioural problems in adolescence are much more likely to suffer poor mental health in later life, but that those who end up living in stepfamilies suffer a significantly heavier burden on their mental health.

Conclusions

This is one of the first studies to explore the effects of living in a stepfamily on adult health. Despite the rapid growth of such families over the last few decades, only relatively recently have they become the focus of sustained social research. Our results demonstrate the value of a longitudinal analysis, which has allowed the subtlety of the relationship between stepparenting and mental health to be explored.

For those with low HBS scores at age 16, living in a stepfamily either as a stepparent or their partner appears to have no significant effect on mental health. However, those who live in more complex but less common dual stepfamilies where two families are brought together do appear to suffer poorer mental health, even when their earlier behavioural status is accounted for. For those with high HBS scores at age 16, stepparents, their partners and those in dual stepfamilies all had significantly worse mental health than their counterparts in first families. For this group, who had behavioural problems at an early age, stepfamily life does seem to be associated with high odds of poor mental health.

One aspect that has not been taken into account in our analyses is that people who find it particularly hard to cope in a stepfamily, will more often break up. Their mental health may have been affected even stronger by the stepparenting experience than that of those who remain in a stepfamily. As these individuals are lost from our sample, our results may in fact underestimate the effect of stepparenting on mental health.

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