

The Division of Household Labor in Families with a Disabled Child: Insights from Quantitative and Qualitative Research

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Problem Statement

This study explores the division of household labor in families raising a child with disability. Raising a child with a disability poses special challenges to parenting. Caring for such children can require far more time, emotional energy, and money than raising a healthy child or children. Children with disabilities may need near constant care and supervision, as caregivers administer medication and therapies and take children to appointments with numerous doctors, therapists, and other medical practitioners. These increased demands for parenting may lead these families to employ certain strategies to ensure that their child's needs are met.

Our earlier research has suggested that a work-family strategy of specialization is commonly employed in families raising a child with a disability. That is to say, we often see mothers withdrawing from the labor force to serve as the primary caregiver for their children (Spearin, et al. 2004), while fathers take on full responsibility for the family's financial well-being. In this mixed-methods study, we continue to explore the ways in which couple delegate responsibility for their child's care and other household needs. We utilize all three waves of the National Survey of Families and Households to explore the division of household labor among families with and without children with disability. We also use this dataset to explore respondent's ideology about the gendered division of labor. To elucidate the patterns established in the data, we draw upon qualitative interviews (N=24) with mothers of children with disabilities. In these interviews, we look to understand how parents divide household and parenting duties, and their roles within the household, such as who serves as the disciplinarian, who manages medical care, and the like.

Review of Literature and Theory

Living with a child with disability can create major changes within the family. More specifically, it can shape and define different roles for all of its members. Family caregivers of children with disabilities often find themselves in straining situations, both financially and emotionally (Breslau and Prabucki 1987; Fredrich, et al 1985; Lukemeyer, et al 2000; Hogan and Msall 2002; Rogers and Hogan, in review). Prior research has shown it is mothers who spend more time in caregiving roles and carry the bulk of the caregiving burden relative to fathers of children with disabilities (Heller, et al 1997). Consistent with this, study findings suggest that these families are more likely to be composed of breadwinning husbands and full-time wives and mothers (Traustadottir 1991). In such a way, these families seem especially prone to specialization as a strategy for meeting the caregiving demands that come with raising a child with a disability.

Women raising children with disability may not only find themselves solely responsible for meeting the caregiving demands of their child. These women may also be fully responsible for meeting all of the needs of the household, including care of other children, cleaning, cooking, and other chores and tasks. We see evidence in the literature that the birth of a child tends to encourage a traditional division of labor among couples. (Sabattini & Leaper 2004; Kluwer et al. 1996; Hochschild & Machung 1989). We suspect that this relationship will be more pronounced among families raising a child with a disability.

These increased household and caregiving burdens may have implications for the gender roles held by these women. Mothers of children with disability may also feel additional pressures to conform to traditional views and societal norms about women's roles in the family and household. Situational and gender role theory help us understand this. Situational theory suggests that the life situations women find themselves in have the ability shape and influence their attitudes regarding gender roles (Liao 1995; Gerson 1985). Gerson's book, *Hard Choices* (1985), discusses the impact of women's attitudes on their subsequent behavior. She found that women's initial gender role attitudes were more likely to change in response to their family and work environments. Women, therefore, adopt gender role attitudes that are supported by the life situations they encounter.

In general, traditional gender roles in the United States have stressed the importance of caregiving as gender-appropriate for women. Gender divisions in society are reinforced in everyday interactions. Although lessening, there is a prevailing belief that a woman's place is in the home and the role of women is defined within the family. While it may be subtle, women are socialized to believe that they are better suited to be primary caregivers within the family. This emphasis is more pronounced for mothers, and especially for mothers of young children. This same norm of female caregiving extends to the care of the sick as well (Breslau, et al 1982). Research has shown that caregiving responsibility within the family relies heavily on mothers and that mothers feel more caregiving burden than fathers (Heller et al 1997; Traustadottir 1991). The pressure to conform to the societal norms of caregiving may be more persuasively felt by women with disabled children because they have the double responsibility to be both a mother and a caregiver to a sick child.

Study Objectives

This study has three main objectives. The first is to explore how a child's disability status can influence the division of household labor. The second is to explore how a child's disability status is associated with parents' reported ideologies about gender. The third is to explore how gender ideology, children's disability status and the division of household labor are interrelated with one another. We hypothesize that families raising a child with a disability will be more likely to have a traditional division of household labor – where mothers do the preponderance of household tasks. This, we believe, may stem from this specialization-approach that seems to be commonly employed in families raising children with disabilities. Moreover, we believe that these women will report more traditional gender ideologies. That is, we will explore the ways in which gender ideology and the division of household labor interrelate, and how these associations vary by the disability status of the child.

Data and Methods

The quantitative portion of this study utilizes data from all three waves of the National Survey of Families and Households, collected between 1987 and 2002. We pool the three waves of this data. This data source provides us with detailed information on the household division of labor and on gender ideology. It also provides us with reasonable measures of children's disability status for all coresidential children.

The qualitative portion of this study draws upon twenty-four in-depth interviews conducted with parents of children with disabilities during the winter of 2005. These interviews were completed with parents of children with a disability who receive physical or occupational therapy at a local hospital. The interviews, which lasted approximately an hour each, allowed respondents to share their experiences raising a child with a disability. The interviews were semi-structured, and covered a variety of topics, among them the labor force participation of the child's parents, as well as the responsibility each held for caregiving and other household tasks.

Preliminary Findings

Preliminary results from our in-depth interviews indicate that, as expected, mothers serve as the primary caregivers for their children with disabilities. Specialization was evident, as a majority of the mothers interviewed were either not in the labor force or working in a non-traditional manner (i.e., from home, part time). Almost all of these mothers were married, and had husbands who worked (often overtime, or at multiple jobs) to meet their household financial needs. Many of these mothers reported being fully in charge of all household tasks, including care of their child with disability and care of other children. However, a significant proportion of these mothers reported that their husbands did contribute substantially to household labor during their time at home. Though multivariate analyses are forthcoming, we see distinct associations between our indicators in bivariate analyses. In particular, the data show some indication supporting the hypothesis that mothers of a child with a disability hold more conservative gender role attitudes than mothers without such children.