Original article

Policy Impact of Research Findings on the Association of Diaper Need and Mental Health

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Abstract

Background: Maternal mental illness constitutes one of the most significant public health problems facing women of reproductive age and their children (Smith & Lincoln, 2011). Women who mother in poverty experience additional stressors, pointing to the need for innovative public health promotion efforts to reduce mental illness. Simple innovations, like making diapers more available and affordable, may represent an effective method of addressing this problem. This paper describes the research findings on diaper need reported by the New Haven Mental Health Outreach for Mothers Partnership and the process of translating these findings into broader policy and advocacy efforts.

Methods: National-, state-, and local-level diaper policy activities that occurred from 2013 to 2016 were examined after a journal article that focused on diaper need and associated psychosocial variables was published in Pediatrics.

Results: Based on analysis of policy activities that occurred from 2013 to 2016 after Pediatrics published the diaper need findings, several diaper-related policy activities were identified: 1 at the city level, 11 at the state level, and 2 at the federal level. Five of the identified activities represented policy changes that were enacted or implemented.

Conclusions: Community coalitions can effect gender-responsive policy change by conducting and disseminating research, engaging stakeholders, and mobilizing and leveraging their networks.

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Maternal mental illness constitutes one of the most significant public health problems facing women of reproductive age and their children (Smith & Lincoln, 2011). Women who mother in poverty experience additional stressors, pointing to the need for innovative public health promotion efforts to reduce mental illness. As part of the Coalition for a Healthier Community grant program of the U.S. Department of Health and Human Services Office on Women’s Health (OWH), the New Haven Mental Health Outreach for Mothers (MOMS) Partnership completed a gender-based analysis of the determinants of mental health need among this population and found a significant association between maternal stress and depression and “diaper need,” or a mother’s inability to provide a sufficient supply of diapers for her young child. The aim of this paper is to describe the process whereby the MOMS Partnership and its partner, the National Diaper Bank

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Network (NDBN), translated research findings related to diaper need into broader policy and advocacy efforts to make diapers more affordable and more available to low-income women across the United States. Lessons learned are also discussed.

Background

Scope of the Issue/Problem

Gender disparities exist in the risk and treatment of anxiety and depressive disorders in the United States, with females experiencing 1.7 to 2.0 times greater risk of these disorders in their lifetime compared with males (McLean et al., 2011; World Health Organization, 2001). Females are also at highest risk for both disorders during their childbearing years (Bleich, 2003; Glied & Kofman, 1995; Lundberg-Love, Nadal, & Paludi, 2011). Gender disparities by income have also been reported in the psychiatric epidemiologic literature, and the well-known finding of an inverse relationship between social class and psychiatric disorders (Muntaner, Eaton, Miech, & O’Campo, 2004; Platt, Prins, Bates, & Keyes, 2016) raises particular concerns for women who mother in poverty owing to the additional stressors these women experience, making them more susceptible to developing a psychiatric disorder. To further compound the issue, it is also known that low-income, minority women are less likely to obtain mental health care in either the primary or specialty care setting, and are less likely to receive appropriate care when they do seek it (Alegría et al., 2008; Fortuna, Alegria, & Gao, 2010; Wang, Berglund, & Kessler, 2000). Innovative public health interventions, such as programmatic and policy changes, are needed to support early intervention and prevention of mental illness among mothers. The MOMS Partnership used ongoing needs assessments, as described, to identify the key issues facing low-income mothers in New Haven, Connecticut. The MOMS Partnership found that issues such as managing stress and meeting the basic needs of their children can be particularly problematic for low-income mothers who are employed, or who are in job training or educational programs, owing to difficulties related to keeping an adequate supply of diapers.

For example, working mothers who leave their children in center-based or family-based childcare settings are often required to provide a 1- to 2-week supply of disposable diapers. However, this can be especially challenging for low-income mothers, who may have more difficulty purchasing an advance supply of diapers. Such difficulties can impact their ability to go to work or school and can cause great emotional distress. A recent study by Jacobs, Hill, Tope, and O’Brien (2016) provides support for this hypothesis. In this study, researchers examined the relationship between becoming employed and psychological distress among low-income mothers, and found that employment was associated with lower levels of distress, but only among women who had no trouble securing childcare. Women who struggled with child care were found to experience higher levels of distress (Jacobs et al., 2016).

These findings have significant implications for maternal mental health in terms of both the number of women who are likely affected and issues related to the cost of diapers themselves. For example, over the past 40 years, the number of women in the U.S. workforce has increased dramatically (Hess et al., 2015; Landivar, 2017; Pew Research Center, 2015; Women’s Bureau, 2016), both overall and among women with young children. The percentage of working mothers with children under the age of 6 increased from 39.0% in 1975 to 64.7% in 2012 (Landivar, 2017). That percentage was even higher among mothers in Connecticut, at 73.6% that same year (Hess, 2014). An even steeper increase was observed among mothers with children under 3 years of age, the period when the need for diapers is greatest. Labor force participation among mothers in this group increased from 34.3% to 60.7% (Landivar, 2017), which translates into approximately 5.5 million women (Bureau of Labor Statistics, 2014). And although the data on working mothers by child’s age and poverty status are lacking, consider the following statistics from the National Women’s Law Center (2017):

- Black mothers are more likely to be in the labor force than mothers of any other race; 70.3% of Black mothers with children under age 6, or more than 1.5 million women (Bureau of Labor Statistics, 2017c), are in the labor force.
- Of all employed women with children under age 6, 73.6%, or more than 7 million mothers (Bureau of Labor Statistics, 2017a), are working full time; among mothers who are employed and have infants (children under age 1), 72.6%, or approximately 1.2 million mothers (Bureau of Labor Statistics, 2017b), work full time; and among single mothers who are employed and have infants, 69.2%, or about 359,000 mothers (Bureau of Labor Statistics, 2017b), work full time.
- Nearly one in five working mothers (18.3%) who have children age 3 and under are in low-wage jobs.
- Among working mothers who have children under age 18, nearly one in six (16.3%) work in low-wage jobs. Among working mothers who have children age 3 and under, nearly one in five (18.3%) work in low-wage jobs.
- Among mothers who have children under age 18 and work in low-wage jobs, about one-half are single mothers.

As the authors noted, in addition to providing inadequate pay, low-wage jobs often involve evening, night, weekend, or variable hours. This schedule can make it more difficult for these mothers to find child care that matches their work schedules (National Women’s Law Center, 2017), which brings us full circle to the Jacobs et al. (2016) finding.

The cost of diapers can also be problematic, particularly for low-income mothers. For example, a month’s supply of diapers costs between $70 and $80, and may cost considerably more if the diapers are bought more frequently or if they are purchased in smaller packages. A mother working a full-time job at minimum wage in Connecticut (currently $10.10/hour) would make $1616 per month before payroll and income taxes. Thus, a monthly diaper bill of $80 would represent 5% of her pretax income. For a mother collecting cash assistance in Connecticut, $80 for diapers would take 11.5% of the maximum cash benefit for a family of three, currently $698. The Center on Economic and Policy Research estimates that nationally, the lowest income quintile spends nearly 14% of its pretax income on diapers (Cashman, 2015). Thus, systemic innovations such as making programmatic and policy changes to ensure that diapers are more accessible and affordable may represent an effective method to address adult mental health needs in a gender-responsive manner.
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