

ORIGINAL ARTICLE

## Difficulties of care–work reconciliation: Employed and nonemployed mothers of children with intellectual disability\*

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### Abstract

**Background** Whether employed and nonemployed mothers of children with intellectual disability (ID) have different experiences with reconciliation between care and work has rarely been explored.

**Method** A survey was conducted in a county in Taiwan and 487 mothers aged younger than 65 and having a child with ID were interviewed face to face at their homes to explore whether there are different factors related to the reconciliation between care and work among employed and nonemployed mothers.

**Results** Except for the common ground of mothers' health and care demands, logistic regression revealed work flexibility and care support were important for employed mothers. In contrast, the success of reconciliation for nonemployed mothers was determined by their individual characteristics (i.e., age, marital status, family income).

**Conclusions** Reconciliation policies for mothers with different employment statuses need to use different strategies.

**Keywords:** care–work reconciliation, caregiving, employment, intellectual disability, mother

### Introduction

Most of the attention in care and work reconciliation research has been paid to working mothers, and in particular mothers with young children as they struggle to balance care and work. Compared to the more universal but temporary demands of child-care that most mothers face, caring for a child with intellectual disability (ID) may lead to very different experiences in care and work reconciliation because it is a lifelong issue for mothers.

Having a child with a disability has been shown to have a critical effect on women's employment (Heller, Caldwell, & Factor, 2007; Shearn & Todd, 2000; Traustadottir, 1991), but other factors such as age, education, marital status, and income level have also been found to be important factors associated with women's involvement in the labour force (Yeandle, Bennett, Buckner, Shipton, & Suokas, 2006). Some mothers leave their paid work because

they do not have enough support for the long-term caregiving such children need (Bourke-Taylor, Howie, & Law, 2011; Einam & Cuskelly, 2002; Shearn & Todd, 2000). Women's health status is also related to the level of conflict they experience between work and family life (Hutton & Hirst, 2000). In terms of culture and gender issues, differences in attitudes towards employment and motherhood and the division of labour between men and women within the household are also significant factors associated with care and work reconciliation among women (Gregory & Milner, 2008; Lewis, Kagan, & Heaton, 2000). In order to improve and support women's wellbeing and labour force participation, support from welfare systems and the labour market (e.g., care allowance, daycare services, parental/care leave, part-time work and work-time flexibility) to facilitate reconciliation between family life and work is crucial (Duncan, 2002; Korpi, 2000).

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In Taiwan, the vast majority of people with ID (95%) are provided with lifelong care by their natural families (Department of Statistics, Ministry of Interior, Taiwan, 2007). These informal, unpaid carers are usually female and most often the person's mother (Chou, Pu, Kröger, & Fu, 2010). A family subsidy, which targets families with members with disability who live at home, is only available to low-income families in Taiwan. Apart from low-income families, persons with disability who use various social services need to co-pay and the rate of co-payment is also based on level of family income. The amended Gender Equality Employment Act of 2011 has, on principle, allowed employees to take unpaid parental leave or unpaid leave to care for relatives (Council of Labor Affairs, Executive Yuan Taiwan, 2012). Continuing this trend, the amended Employment Insurance Act of 2009 established a government subsidy of 60% of the salary of workers who take parental leave for a maximum of 6 months, but only for those parents with a child younger than 3 years old (Bureau of Labor Insurance, Council of Labor Affairs, Executive Yuan Taiwan, 2012). In addition to the limited government initiatives, reconciliation research in Taiwan has also been limited and has not specifically addressed and compared care and work reconciliation among employed and nonemployed mothers with an offspring with ID, including the interrelationships between paid employment, unpaid caring, attitudes toward gender roles, health status, and the wellbeing of these mothers.

This study uses a sample of working-age mothers with a child with ID from a county in Taiwan to examine the factors related to their difficulties in reconciling care and work and to compare these between employed and nonemployed lifelong mother-carers. To determine the presence and nature of difficulties in reconciling care and work among employed and nonemployed mothers, four groups of these mothers were studied: (1) employed mothers who reported having difficulties in reconciliation; (2) employed mothers who reported no difficulties in reconciliation; (3) nonemployed mothers who reported having difficulties in reconciliation; and (4) nonemployed mothers who reported no such difficulties in reconciliation. The presence or absence of difficulties in reconciliation between care and work was measured by the participants' reported perceptions.

Four research questions were identified:

- (1) For reconciliation between care and work for employed mothers, are there differences between those with and without difficulties

in terms of individual and family characteristics, care and work conditions, service use, support from the father, formal and informal networks, and attitudes?

- (2) For reconciliation between care and work for nonemployed mothers, are there differences between those with and without difficulties in terms of individual and family characteristics, care conditions, service use, support from the father, formal and informal networks, and attitudes?
- (3) Among those mothers having such difficulties, are there differences between employed mothers and nonemployed mothers in terms of their individual and family characteristics, care conditions, service use, support from the father, formal and informal networks, and attitudes?
- (4) Are there different factors associated with difficulties in reconciliation between employed and nonemployed mothers in terms of mothers' individual and family characteristics, care and work conditions, service use, support from fathers, formal and informal networks, and attitudes?

## Methods

### *Data collection and participants*

For the purposes of this study, the "working-age mothers" that made up our study population were defined as mothers younger than 65 years of age whose child has an ID. We conducted a survey with face-to-face interview on all of the working-age mothers of a child with ID, and with multiple disabilities in addition to ID, in Hsinchu County. Hsinchu County is composed of both urban and remote (mountainous) areas and has 517,641 residents (49% are female and 34% are women of working age), including aboriginal people (3.9% of the population in the county) and immigrant spouses from China and South Asia (2.5% of all immigrant spouses in Taiwan; Hsinchu County Government, Taiwan, 2012). Ethical approval for the study was obtained from the Research Ethics Board at National Yang-Ming University (IRB: 990077).

In Taiwan, disability welfare benefits are only available to those who are diagnosed with disability, approved by the local government, and provided with a disability certificate. We were not provided with any information on who our study population was or where they lived; we only knew that each individual was the mother of a child with ID. This is because the local authority is only able to provide

a list of people who are diagnosed with disability, including those with ID or those with multiple disabilities (including ID).

The above limitation to the available information meant that we needed to screen the listed citizens of Hsinchu County with ID or multiple disabilities (MD) including ID (MD + ID) to reach our study population. This was carried out by approaching the mothers of a child or adult identified with ID or with MD + ID, where the person was aged 50 or younger (otherwise his or her mother was assumed to be older than 65). The study population screened was that provided by the Hsinchu County Government, which is one of 25 local authorities in Taiwan. The screening involved making individual telephone calls to the person with ID whose mother was assumed to be younger than 65. If the mothers fitted the criteria, we invited them to join our study and asked whether they would allow us to interview them at home.

A total of 1,823 persons aged 50 or younger with ID or with MD + ID were listed, and 706 of them had a mother younger than 65 (some had no mothers, some mothers were 65 and older, and some were not contactable). Between the initial telephone call and the survey interview, 219 mothers did not take part in the interview due to illness ( $n = 57$ ), or because the mother declined to be interviewed ( $n = 162$ ). In the end, 487 (70%) of these individuals' working-age mothers took part in our study and completed the interview survey at their homes.

First, we sent an invitation letter by post to the families with a member with ID (including MD + ID) aged 50 or younger, which was sent by the principal researcher's affiliated institution and the county government. This was followed by a telephone call, during which informed consent for the interview was obtained from those mothers younger than 65 who were willing to participate. Structured interviews were then conducted at the participants' home between January and May 2011 by one of 16 trained interviewers, who read through the questionnaire and recorded the answer to each question. All of the interviewers had completed 5 hours of interviewer training prior to beginning this survey interview. During the data collection, three senior social workers working with people with ID were employed to supervise the interviewers, review the data, check for missed questions or answers, and make corrections to the questionnaires that the interviewers completed.

As presented in Table 1, the mean age of the participating mothers' children with ID was 18.9 years ( $SD = 8.1$ ); 93% of these mothers' children with ID lived with their families, and a very small proportion of them used social services (e.g., 6.4% and

**Table 1. Characteristics of mothers with a child with ID and the characteristics of their children ( $N = 487$ )**

Variables	<i>M</i>	<i>SD</i> (Range)	<i>n</i> (%)
Age of child with ID (years)	18.9	8.1 (4–42)	
Gender of child with ID			
Male			308 (63.2)
Female			179 (36.8)
Level of disability of child with ID			
Profound/severe			79 (16.2)
Moderate/mild			408 (83.8)
Type of service used by child			
Residential services			31 (6.4)
Daycare services			43 (8.8)
Mother age	46.0	8.6 (22–65)	
Mother education			
Primary school and below			130 (26.7)
Junior			145 (29.8)
Senior			176 (36.1)
University and beyond			36 (7.4)
Marital status			
Unmarried/separated/divorced/widowed			73 (15.0)
Married/cohabitation			414 (85.0)
Mother employment status <sup>e</sup>			
Full-time employment			206 (42.4)
Part-time employment			57 (11.7)
Not employed			223 (45.9)
Employment type			
Self-employed			60 (22.8)
Public sector			18 (6.8)
Private sector			185 (70.3)
Family income (NT\$) <sup>a, e</sup>			
Below 20,000			118 (24.5)
20,001–40,000			193 (40.1)
40,001–60,000			104 (21.6)
60,001–80,000			49 (10.2)
Over 80,000			17 (3.5)
Hours of caregiving (weekly)	38.5	34.9 (0–168)	
Hours of work (weekly)	24.0	25.4 (0–105)	
Combining care and work			
Very difficult			81 (16.6)
Difficult			103 (21.1)
Somewhat difficult			180 (37.0)
Somewhat easy			60 (12.3)
Easy			50 (10.3)
Very easy			13 (2.7)
Health <sup>b</sup>	3.0	0.9 (1–5)	
Formal support <sup>c</sup>	5.6	3.1 (0–18)	
Informal support <sup>c</sup>	13.9	5.4 (0–34)	
Father help <sup>c</sup>	2.3	1.1 (0–3)	
Attitudes to employment/motherhood <sup>d</sup>	35.5	3.6 (21–48)	
QOL (overall) <sup>b</sup>	88.9	13.9 (51–124)	

<sup>a</sup>1 US dollar = 29 Taiwanese dollars (5/2011). <sup>b</sup>1 = very dissatisfied, 2 = dissatisfied, 3 = somewhat satisfied, 4 = satisfied, and 5 = very satisfied. <sup>c</sup>0 = never asked for help/inappropriate to answer, 1 = not helpful, 2 = helpful, and 3 = very helpful. <sup>d</sup>1 = strongly disagree, 2 = disagree, 3 = neither disagree nor agree, 4 = agree, and 5 = strongly agree. <sup>e</sup>Missing case(s).

8.8% of their children with ID used residential or daycare/day services, respectively). The 487 mothers participating in this study had a mean age of 46.0 years ( $SD = 8.6$ ); the majority (85.0%) of the mothers were married and living with spouses. Half of the mothers (54.1%) had paid employment (42.4% of them full-time and 11.7% part-time). More than half of all of the participating mothers (74.7%) replied that they had difficulties with combining both care and work.

#### *Dependent variables*

Difficulty in reconciliation between care and work was measured by the question, "In general, how easy or difficult is it for you to combine paid work and caring for your child with ID?" (1 = *very easy*, 2 = *easy*, 3 = *somewhat easy*, 4 = *somewhat difficult*, 5 = *difficult*, and 6 = *very difficult*). Some participants did not have a paid job at the time of the interview but, as the question asked about their difficulties "in general," they were able to answer this question based on their earlier experiences and future anticipations (the Chinese/Taiwanese language does not have past, present, and future tenses).

#### *Explanatory variables*

Mothers were asked about their own age, marital status, years of education completed, health status, and family income. Mothers' marital status was coded as married (including cohabitation) or single (including widowed, divorced, and separated). Mothers' age and education were coded as interval variables. Mothers' health and family income were coded as ordinal categories, with a higher rank indicating a higher level of health and a higher family income.

The hours of caregiving spent on the offspring with ID weekly was measured by the question, "How many hours do you spend looking after offspring with ID per week?" and defined as a continuous variable. The mothers' paid work was determined by whether they had a paid job including external employment, self-employment (e.g., managing own company, babysitting, outsourcing work at home), and casual work. If the mothers answered "yes" or "sometimes yes and sometimes no," they were then asked whether their paid work was full-time or part-time, including how many hours were spent weekly on average. The mothers were also asked whether their employers knew they had a child with ID, and if the mothers answered "yes" or "maybe," they were asked how helpful the employers were in allowing the mother to take care of their offspring with ID (from *none* to *very much*). In order to determine whether the

mothers' paid work was flexible enough for mothers caring for a young or adult child with ID, the question asked was, "How much flexibility do you have in your work schedule to handle caregiving to your child with ID?" (4 = *a lot of flexibility*, 3 = *some flexibility*, 2 = *hardly any flexibility*, and 1 = *no flexibility at all*). The hours of paid work weekly were defined as a continuous variable.

The mothers' formal and informal support was measured using a translated Chinese version of the Family Support Scale (Dunst, Jenkins, & Trivette, 1984), which consists of two major categories of social support: informal (i.e., help from parents, parents-in-law, relatives, children, friends, babysitters, neighbours, parents, colleagues, and friends from church) and formal (i.e., help from health professionals, school teachers, staff from a service center, social workers, parental groups, social groups, and people from other authorities). A higher score indicates greater support ( $\alpha = .73$  and  $.60$  for informal and formal support, respectively). Fathers' help was measured by the question, "Is your husband/partner helpful for caring for your child with ID?" (0 = *never asked for his help*, 1 = *not helpful*, 2 = *helpful*, and 3 = *very helpful*).

We used the items from the questionnaires of The International Social Survey Program (ISSP) 2002 Taiwan version (International Social Survey Program, 2010) to measure mothers' attitudes toward employment and motherhood. The Taiwan version consists of 12 items and two parts: attitudes toward employment and attitudes toward womanhood in the family. A higher score indicates more negative attitudes toward women's employment and a higher level of traditional attitudes toward women's roles.

To determine whether the mother and her child with ID used support services (i.e., day services, daycare, and residential services), we asked whether they knew of each of the types of services (this was coded as *yes* or *no*). If the answer was *yes* to a type of service, they were asked whether they had used that service.

The mothers' quality of life (QOL) was assessed with the WHOQOL-BREF Taiwan version scale, which contains 28 items among four domains: Physical, Psychological, Social Relationships, and Environment. A higher score indicates a better QOL ( $\alpha = .93$  for the overall scale in this study; for more details about the scale, see Chou et al., 2010).

#### *Data analysis*

The individual mother was the unit of analysis. We analysed the results using the Statistical Package for Social Sciences (SPSS), Version 18.0. Descriptive



analysis was used for the characteristic data. The  $\chi^2$  test was used for comparisons of categorical data; owing to concerns about small sample size, nonparametric statistics (the Mann–Whitney  $U$  test) were used to examine continuous variables with respect to whether different groups of mothers had difficulties with care and work reconciliation among the groups.

The dependent variables (difficulties for care and work reconciliation) were skewed. In particular, for nonemployed mothers, the responses were skewed towards the first three categories (*very difficult*, *difficult*, and *somewhat difficult*). Thus, we dichotomised the dependent variables (Frostholm et al., 2005; Hosmer & Lemeshow, 2000) in logistic regression analyses to examine the association between the dependent variables and the independent variables (the mother's age, education, marital status, health, family income, service use, hours of caregiving, hours of work, employer support, work flexibility, formal support, informal support, father's help, and attitudes toward employment and motherhood).

## Results

### *Participants' characteristics and groups' comparison*

As shown in Table 2, among employed mothers, 68.1% had difficulties in reconciliation between care and work (G1), and 82.5% nonemployed mothers replied they had the same difficulties (G3).

The comparison between employed mothers having and not having difficulties with care and work reconciliation found that there were significant differences between the groups (G1 and G2) in terms of the mothers' health, family income, hours of caregiving, work flexibility, attitudes toward work and motherhood, and QOL. However, a statistical comparison revealed no significant differences between the two groups in terms of mothers' age, education, marital status, service use, hours of work, employer support, both formal and informal support, and fathers' help.

In comparing nonemployed mothers who reported difficulties versus no difficulties (G3 and G4) in care and work reconciliation, we found significant differences between the two groups in the areas of mothers' age, mothers' marital status, mothers' health, family income, hours of caregiving, fathers' help and QOL. In contrast, mothers' education, service use, both formal and informal support, and attitudes were not significant sources of difference between these two groups.

We also examined difficulties with care and work reconciliation in employed mothers and nonemployed

mothers (G1 and G3) and found significant differences between these two groups on mothers' age, mothers' education, mothers' health, family income, hours of caregiving, informal support, work and motherhood attitudes, and QOL.

### *Factors associated with mothers' difficulties with care and work reconciliation*

Table 3 reports the results of logistic regression analyses to identify factors related to having difficulties with care and work reconciliation among the employed and nonemployed mothers. Regression models for both groups were statistically significant and predicted 77.8% to 83.6% of the variance, respectively. The Nagelkerke  $R^2$  (i.e., the pseudo  $R^2$  that explains the proportion of the variation explained by the model, which has been widely used for logistic regressions) in the two models was 42.3% and 28.6%, respectively. Among employed mothers, their health, hours of caregiving, work flexibility, formal support, informal support, and fathers' help were significantly associated with having difficulties in care and work reconciliation. Among nonemployed mothers, using 11 independent variables, we found that age, marital status, family income, health and hours of caregiving of mothers were significantly related to having difficulties in care and work reconciliation.

## Discussion

Hours of caregiving for the child with ID by the mothers in this study varied widely from 0 to 168 hours weekly. This suggests that some of the mothers, even when their child with ID was sleeping, did not feel free from care work. Three quarters of all employed and nonemployed mothers in this study replied that they had difficulties combining care and work.

Regardless of employment status (i.e., employed or nonemployed), the 25% of mothers in this study who reported no difficulties combining care and work (G2 and G4 in Table 2) were those mothers with good health, high family income, low care demands from their child with ID, and a high QOL. This suggests that the mothers' experience of the reconciliation between care and work may be related to their social demographic background and wellbeing. The current findings partly support a recent study (Chou et al., 2010) which was conducted with mothers with an adult child with ID and found that nonemployed mothers were more likely to be older, to have a lower level of education and family income, and to have a lower level of health status and social support. For example, the analysis for G1 and G3 in Table 2 showed that those having difficulties with care and

Table 2. Mothers' care and work reconciliation characteristics (N = 486)

Variables	Care and work reconciliation											
	Employed mothers (n = 263)				Nonemployed mothers (n = 223)				Mothers having difficulty (n = 363)			
	G1: Difficult (n = 179; 68.1%)	G2: Not difficult (n = 84; 31.9%)	G3: Difficult (n = 184; 82.5%)	G4: Not difficult (n = 39; 17.5%)	Z <sup>a</sup> /χ <sup>2</sup>	d <sup>b</sup>	G1: Employed (n = 179)	G3: Nonemployed (n = 184)	Z <sup>a</sup> /χ <sup>2</sup>	d <sup>b</sup>	G1: Employed (n = 179)	G3: Nonemployed (n = 184)
Age M(SD)	44.2 (8.0)	45.8 (7.2)	46.79 (9.5)	50.2 (7.9)	-1.62	0.2	44.2 (8.0)	46.8 (9.5)	-2.21*	0.4	44.2 (8.0)	46.8 (9.5)
Education M(SD)	10.1 (2.9)	10.0 (3.4)	9.07 (3.2)	8.3 (3.1)	-0.21	0.0	10.1 (2.9)	9.1 (3.2)	-1.340	0.2	10.1 (2.9)	9.1 (3.2)
Marital status (with spouse) n(%)	151 (84.4)	70 (83.3)	165 (89.7)	27 (69.2)	0.05		151 (84.4)	165 (89.7)	11.24**		151 (84.4)	165 (89.7)
Health M(SD)	3.0 (0.8)	3.5 (0.7)	2.74 (0.9)	3.2 (0.8)	-4.75***	0.7	3.0 (0.8)	2.7 (0.9)	-3.00**	0.5	3.0 (0.8)	2.7 (0.9)
Family income n(%)												
<NT\$20,000	34 (19.0)	11 (13.1)	66 (36.3)	7 (20.0)			34 (19.0)	66 (36.3)			34 (19.0)	66 (36.3)
NT\$20,000-40,000	80 (44.7)	28 (33.3)	72 (39.6)	12 (34.3)			80 (44.7)	72 (39.6)			80 (44.7)	72 (39.6)
> NT\$40,000	65 (36.3)	45 (53.6)	44 (24.2)	16 (45.7)	7.03*		65 (36.3)	44 (24.2)	7.44*		65 (36.3)	44 (24.2)
Used daycare or residential services n(%)	33 (18.4)	10 (11.9)	24 (13.0)	2 (5.1)	1.78		33 (18.4)	24 (13.0)	1.96		33 (18.4)	24 (13.0)
Weekly caregiving hours M(SD)	36.9 (31.7)	21.8 (22.5)	49.3 (39.2)	31.4 (32.9)	-4.10***	0.6	36.9 (31.7)	49.3 (39.2)	-3.10**	0.5	36.9 (31.7)	49.3 (39.2)
Weekly work hours M(SD)	45.2 (17.5)	43.2 (14.6)			-0.96	0.1	45.2 (17.5)				45.2 (17.5)	
Employer support M(SD)	2.4 (1.6)	2.4 (1.7)			-0.12	0.0	2.4 (1.6)				2.4 (1.6)	
Work flexibility M(SD)	2.4 (0.9)	3.1 (0.9)			-5.79***	0.8	2.4 (0.9)				2.4 (0.9)	
Formal support M(SD)	6.0 (3.0)	5.6 (3.5)	5.4 (2.9)	5.1 (3.0)	-1.64	0.1	6.0 (3.0)	5.4 (2.9)	-0.868	0.1	6.0 (3.0)	5.4 (2.9)
Informal support M(SD)	14.6 (5.1)	16.0 (6.6)	12.6 (4.8)	13.3 (5.0)	-1.55	0.2	14.6 (5.1)	12.6 (4.8)	-1.05	0.1	14.6 (5.1)	12.6 (4.8)
Father help M(SD)	2.2 (1.1)	2.4 (1.0)	2.3 (1.0)	1.9 (1.3)	-1.56	0.2	2.2 (1.0)	2.3 (1.0)	-2.15*	0.3	2.2 (1.0)	2.3 (1.0)
Work/motherhood attitudes (M/S/D)	35.2 (3.8)	34.1 (3.7)	36.12 (3.3)	36.2 (3.5)	-2.10*	0.3	35.2 (3.8)	36.2 (3.3)	-0.10	0.0	35.2 (3.8)	36.2 (3.3)
QOL (M/S/D)	87.6 (11.6)	98.6 (11.4)	84.63 (14.55)	94.2 (13.2)	-6.51***	1.0	87.6 (11.6)	84.6 (14.6)	-3.83***	0.7	87.6 (11.6)	84.6 (14.6)

<sup>a</sup>Mann-Whitney U test. <sup>b</sup>Cohen's d. \*p < .05. \*\*p < .01. \*\*\*p < .001.

**Table 3. Logistic regression analysis of mothers having difficulties in care and work reconciliation**

Predictive variables	Model 1 Employed mothers <sup>a</sup> ( <i>n</i> = 248 <sup>c</sup> )			Model 2 Nonemployed mothers <sup>b</sup> ( <i>n</i> = 213 <sup>d</sup> )		
	<i>B</i>	<i>SE B</i>	Odds ratio	<i>B</i>	<i>SE B</i>	Odds ratio
Mother age	−0.02	0.03	0.98	−0.06*	0.03	0.94
Mother education	0.04	0.06	1.04	0.03	0.07	1.03
Carer marital status (single)	−1.20	0.66	0.30	−1.47*	0.74	0.23
Health	−0.95***	0.25	0.39	−0.85**	0.30	0.42
Family income	−0.05	0.27	0.95	−0.84**	0.31	0.43
Used daycare or residential services	0.25	0.49	1.29	0.92	0.83	2.51
Hours of caregiving	0.03***	0.01	1.03	0.02*	0.01	1.02
Formal support	0.18**	0.07	1.20	−0.03	0.08	0.98
Informal support	−0.10*	0.04	0.90	0.00	0.05	1.00
Father help	−0.49*	0.25	0.61	0.14	0.25	1.15
Work/motherhood attitudes	0.09	0.05	1.10	−0.00	0.07	1.00
Hours of work	0.01	0.01	1.01			
Employer support	0.00	0.11	1.00			
Work flexibility	−0.80***	0.20	0.45			
Model $\chi^2$			89.39***			39.44***
Percentage correct			77.8			83.6
Nagelkerke <i>R</i> <sup>2</sup>			.423			.286

<sup>a</sup>14 independent variables. <sup>b</sup>11 independent variables; hours of work, work flexibility, and employer support were excluded. <sup>c</sup>Missing: 15 cases. <sup>d</sup>Missing: 10 cases.

\**p* < .05. \*\**p* < .01. \*\*\**p* < .001.

work reconciliation among nonemployed mothers were more disadvantaged than their employed counterparts. It is probable that when informal caregiving interferes with the carer's employment, then it will negatively affect the carer's income and employment-related benefits and increase noneconomic costs (Fast, Williamson, & Keating, 1999); this may result in a decline in certain aspects of the carer's QOL. The current study also showed that mothers with a low socioeconomic status were less likely to be involved in the labour force because of difficulties in finding an appropriate way of combining care and work.

All in all, the current study not only demonstrates that there are differences between employed and nonemployed mothers in terms of the mothers having difficulties with care and work reconciliation, but also suggests that for those mothers who are not involved in labour force participation, their care and work reconciliation may be affected by complex reasons such as having vulnerable individual capital (i.e., age, low level of education, and family income). Thus the capability of care and work reconciliation for these nonemployed mothers is more pronounced than for employed mothers. The current findings also clarify the differences, in terms of having and not having difficulties in care and work reconciliation, between those employed and nonemployed

mothers who have a lifelong caregiving responsibility. Based on the findings of this study, reconciliation policies and services also need to be concerned with nonemployed mothers, particularly those who do not have strong individual capital and those who have a young or an adult child with ID who has high support needs.

Except for the areas of mothers' health and hours of caregiving, the regression analyses in Table 3 revealed that there were different predictors of the difficulties of care and work reconciliation among the employed mothers and nonemployed mothers. For example, work flexibility and support networks were critical factors related to the employed mothers' difficulties with reconciliation. In contrast, for nonemployed mothers, their individual capital (i.e., age, marital status, and family income) was more likely to be associated with their perception of difficulties with reconciliation. The findings imply that support for employed mothers and nonemployed mothers in reconciling care and work needs to have different strategies. For example, in order to support employed mothers to maintain their participation in the labour market, intervention in how to share care responsibilities and make their paid work more flexible would be important. This finding suggests that Taiwan's government needs to provide more comprehensive and accessible social services for these

mothers who are now involved in the labour market. Meanwhile, the government and employers need to work together to initiate friendly labour policies, such as offering paid care leave and making employment hours flexible. Alternatively, to support nonemployed mothers who are able to re-enter the labour force, the promotion of their individual capital becomes a crucial area of focus. This means that financial support and vocational training services should be made available to these nonemployed mothers.

As pointed out as above, mothers' health and hours of caregiving were the two factors significantly related to the mothers' difficulties in care and work reconciliation in both groups. On the other hand, mothers' education, service use, and attitudes were not significant factors related to the mothers' difficulties with care and work reconciliation among both employed and nonemployed mothers, although mothers' education and attitudes showed a significant difference when the differences between employed and nonemployed mothers having difficulties in such reconciliation were compared. Service use and attitudes were also not strong predictors of the reconciliation outcome. As discussed previously, a very limited number of the mothers with children with ID used social services, and the users need to co-pay to use such services; use or its absence for these lifelong mother-carers did not make a significant difference in terms of care and work reconciliation.

This study showed that the outcome of reconciliation between care and work for mothers with a young or an adult child with ID is related to the mother's individual and family characteristics, care and work conditions, social support, and attitudes. Further, that reconciliation for employed mothers was more likely to relate to their work conditions and care support, while the nonemployed mothers' individual and family capital was more predominantly associated with their perceptions of such reconciliation. Mothers' health and the care demands of their children with ID were strong predictors of reconciliation, regardless of the mother's employment status. Finally, nonemployed mothers who perceived they had reconciliation difficulties were the most vulnerable when compared to the other three groups.

Our study has several implications for state policies and for research concerning persons with disability and family carers, particularly for those mothers with lifelong caregiving responsibilities. First, healthcare and social care research must focus more attention on work/family reconciliation for lifelong mother-carers with a young or an adult child with disability, in particular those nonemployed mothers with limited individual capital. However, supporting mothers to combine care work and employment is not yet

institutionalised in legislation and policies in Taiwan. Second, care and work reconciliation policies need to be initiated to promote incentives that support mothers' employment choices. Third, for employed mothers, such policies should include providing universal and comprehensive social services that the mothers are able to use and can afford to use and to increase the percentage of employers who allow flexible work practices for employed mothers with care responsibilities. Alternatively, promoting individual capital is important for nonemployed mothers entering or returning to the labour force.

The sample of this study is drawn from just one local authority (Hsinchu County), so the results may not be generalised to the rest of Taiwan's population. Furthermore, generalisation to those mothers who had never worked before they got married or gave birth to a child with ID is uncertain. In addition, we only used a single item to measure the mothers' perception of difficulties in care and work reconciliation, which is another limitation (Loo, 2002). This study is the first within Taiwanese society focusing on the outcome of care-work reconciliation and its related factors among mothers with a child with ID in terms of a comparison between mothers with different employment statuses. Future studies using national and cross-national representative samples including use of multiple-item scales to provide a more comprehensive understanding of care and work reconciliation issues for lifelong mother-carers, both employed and nonemployed, are thus warranted.

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