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Impact of household composition and family functioning on health of Hispanic mothers in mental health treatment: A secondary analysis study

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Abstract

Introduction: Household composition is seen as a critical factor for recovery of Hispanic mothers with mental illness, but little research has examined the relationship of household composition and health.

Aim: This study examined how household composition and family functioning impact on both physical and psychological health of Hispanic mothers receiving outpatient mental health services.

Method: The study analysed baseline data of 137 Hispanic mothers participating in a randomized trial of "Healthy Home," a family-strengthening home health intervention. A bilingual (English/Spanish) research assessor interviewed participants regarding household composition, family hassles, family cohesion and mother's physical and psychological health.

Results: Mothers living with at least one other adult and having fewer family hassles had better health outcomes. Mothers living with a greater number of adult in the house were more likely to have fatigue and depression.

Discussion: Hispanic mothers having no adults to help them in the house are less able to maintain their physical and psychological health. A family-centred approach for mothers requires integrated assessments and interventions including the families as units.

Implication for practice: Interventions for Hispanic mothers with mental health problems should be grounded in supporting the values and strengths of the Hispanic familial networks.

Keywords

families; Hispanics; mental health; physical health

1. | INTRODUCTION

Women are likely to be responsible for providing comprehensive care to others in the house, and this responsibility may interfere with women's health (Hughes & Waite, 2002). In

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CONFLICT OF INTEREST

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particular, mothers with mental illness and having young children in the household are at higher risk of problems in well-being (Crosier, Butterworth, & Rodgers, 2007; Mowbray, Bybee, Hollingsworth, Goodkind, & Oyserman, 2005). Previous studies reveal fairly consistent findings in how family structure or living arrangement impacts on mothers' mental health. Most of these studies concluded that single mothers were at a health disadvantage compared to married mothers (Barrett & Turner, 2005; Cairney, Boyle, Offord, & Racine, 2003; Williams, Sassler, & Nicholson, 2008). However, these studies usually compared health outcomes of single mothers with those of married mothers according to the marital status. They did not consider who else was physically in the home, for example, whether a partner or other relatives were living with parent and children. In our study, we examine whether living together with spouse/partner or parent/ parent-in-law in the household is beneficial on mothers' health.

Some research has examined the effect of household context categorized by marital status and the presence of extended family on the health of women (Hughes & Waite, 2002; Mowbray et al., 2005). These studies primarily focused on African American or non-Hispanic White American families. It is expected that household compositions have differential impacts on the lives and functioning of mothers with mental health problems across ethnic groups. The *familismo* is a core cultural value for Hispanic people and emphasizes the importance of family support (Ayon, Marsiglia, & Bermudez-Parsai, 2010). The *familismo* is currently conceptualized with attitudinal and behavioural characteristics. Attitudinal *familismo* means a sense of loyalty and reciprocity among family members. Behavioural *familismo* indicates the behaviours that reflect these beliefs such as family help with child caring (Calzada, Tamis-LeMonda, & Yoshikawa, 2012). More focus is often given on attitudinal features while the behavioural components (e.g., living together or near kin) are neglected (Calzada et al., 2012). As the family is a central feature in Hispanic lives and Hispanic family has a high dependence on for support and help each other, it is important to understand how household composition impacts Hispanic mothers' health and well-being (Ayon et al., 2010). We investigate whether having at least one adult in the house is beneficial, and whether more adults in the house is better health outcomes in Hispanic mothers.

There is evidence that relationship between family members varies across familial structure and provides a partial explanation for mental health differences between single and two-parent families. Barrett and Turner (2005) examined the correlations of family type and three measures (socio-economic status, family processes and social stress) with 1,803 adults aged 19–21 years old. Their results revealed that higher levels of family cohesion and positive family support in two-parent families compared to single parent families. These positive family processes significantly contributed to lower levels of depression. The authors suggested that family composition can be viewed not only as a marker of family processes but also as an indicator of mental health that was encountered by individuals (Barrett & Turner, 2005). In addition, Hughes and Waite (2002) analysed the relationship between household structure and self-rated health and depression using secondary data of 8,485 individuals aged 51–61 years old from the Health and Retirement Study. They found that single mothers living with children were disadvantaged on overall health outcomes while married couples living with children only were the most advantaged. Within Hispanic

groups, higher levels of perceived family cohesion and support are associated with lower levels of psychological stress (Rivera, 2007). Rivera et al. (2008) investigated whether family cohesion moderates the impacts of cultural conflict on psychological distress in a sample of 2,540 US Latinos drawn from the population-based surveys. The strong emotional bonding measured by family cohesion is expected to increase family support in Hispanic families' close-knit relations, sharing a feeling of loyalty and reciprocity among its members (Rivera et al., 2008). Therefore, we examine how family functioning measured by hassles and cohesion among family members impact on health of Hispanic mothers with mental illness.

Mental illnesses are manifested by changes in emotion and behaviour and are associated with personal distress and one's sense of well-being (Blegen, Hummelvoll, & Severinsson, 2010). The participants in most of the studies mentioned above (Barrett & Turner, 2005; Hughes & Waite, 2002; Rivera et al., 2008) were mothers without mental illness needing clinical mental health treatments. Most mothers with mental health problems live by themselves with their children and have lack of support (Cooper et al., 2008). Also, they are at risk of decreased well-being, less-engaged parenting and other problems associated with role functioning (Blegen et al., 2010; Mowbray et al., 2005). In mental health services, patients' household composition is seen as crucial factors in recovery, but little research has examined the relationship between household composition and well-being among patients with mental illness. Moreover, research focused specially on mothers with mental health problems is sparse.

The purpose of this study is to examine how household composition and family functioning impact on physical and psychological health of Hispanic mothers receiving mental health service. Specifically, we tested two hypotheses by using secondary analysis of baseline data from a home intervention trial for mothers receiving mental health treatment. First, Hispanic mothers living with at least one adult in the house will have better health outcomes than those living with no one adult. Second, Hispanic mothers' health will be influenced by amount and intensity of family hassles and cohesion they perceived.

2. | METHODS

2.1 | Study design and sample

This study was a secondary analysis of baseline data from a randomized clinical trial investigating the effect of a nurse-led family-strengthening intervention, "Healthy Home," on psychological and physical health of mothers with mental or substance abuse disorders and their children. The "Healthy Home" is designed to address mental health and substance abuse by assessing mother's relapse risk factors and to encourage self-care by identifying her ecosystem members to provide support. More details about "Healthy Home" interventions can be found at SET-Recovery/ Healthy Home on U.S. National Library of Medicine Clinical Trials (<https://clinicaltrials.gov>).

Participants were recruited from community agencies providing outpatient mental health or substance abuse services in Miami, Florida, United States. Women were eligible if they received outpatient mental health or substance abuse treatment and had at least one child

under age 18 with whom they lived or had contact at least monthly. A total of 172 mothers were included in the randomized clinical trial baseline. Among 172 participants recruited for a clinical trial, this study analysed baseline data of 137 Hispanic mothers by excluding 35 non-Hispanic mothers. We did not undertake a sample size calculation for this study.

2.2 | Data collection and ethical consideration

The data were collected into an electronic web-based data collection system using an interview format. A trained bilingual (English/Spanish) research assessor asked participants questions according to participant's preferred language and documented their responses on a computer for the purpose of maintaining engagement of participants and averting potential problems related to illiteracy. The instruments were available in both English and Spanish which were validated by translation and back-translation processes. Participants were compensated \$50 (USD) per assessment interview.

Information on informed consent was provided to all participants. Mothers signed the consent forms for their participation. The university's institutional review board approved the study (IRB number: 20111132). This study followed the STROBE reporting guidelines for cross-sectional studies (https://www.strobe-statement.org/fileadmin/Strobe/uploads/checklists/STROBE_checklist_v4_cross-sectional.pdf).

2.3 | Measures

2.3.1 | Sociodemographic characteristics—Mother's age, years in the United States, year of education, current employment status and household monthly income were assessed and recorded as sociodemographic variables.

2.3.2. | Household composition—Mothers were asked regarding household composition such as who resides together at the home and what their relationship to her is. From this information, we calculated number of adults, number of minors under 18 years old and total number of household members. Based on the relationship among mother and household members, we recorded if there is at least one adult member in the household, if the mother lives with a spouse or partner and if the mother lives with a parent or parent-in-law or other extended family members.

2.3.3 | Family functioning

Family hassles: The Hassle measure was drawn from a measure originally developed among a sample of 100 community-based adults of middle age to evaluate the impact of minor hassles of everyday life and serve as a predictor of concurrent and subsequent psychological symptoms and adaptational outcomes (Kanner, Coyne, Schaefer, & Lazarus, 1981). The questions were structured by asking respondents to mark which items among a list of potential "hassles" had affected them in the past month. A family hassles subscale included 13 family hassles questions. Sample items included "hassles due to time spent with family" and "hassles due to health or well-being of a family member." Total number of hassles marked as "yes" by respondents were counted. The Cronbach's alpha for the family hassles subscale in our study was 0.80.

Family cohesion: Family Cohesion was measured by using the Cohesion subscale of the Family Environment Scale (Moos & Moos, 1994). The scale includes nine items phrased as declarative statements such as “There is a feeling of togetherness in our family” and participants respond *True* or *False*. The Cronbach’s alpha was 0.70 in a study of Moos and Moos (1994) and was 0.73 in our study.

2.3.4. | Mother’s health outcomes.

Psychological health

Anxiety: Eight items from the Patient-Reported Outcome Measurement Information System (PROMIS; Cella et al., 2010) Anxiety short form were used to assess anxiety in the past 7 days. Example items included, “I felt fearful” and “I felt tense.” Possible responses were on a 5-item Likert scale: never, rarely, sometimes, often and always. In our sample, the Cronbach’s alpha was 0.95.

Depression: Eight questions from the PROMIS Depression scale were used to evaluate depression in the past 7 days (Cella et al., 2010). Example items included “I felt worthless” and “I felt that nothing could cheer me up.” Possible responses were calibrated on a 5-item Likert scale with options never, rarely, sometimes, often and always. It demonstrated a Cronbach’s alpha value of 0.94 among participants in this study.

Physical health: The PROMIS 29 subscales were used to measure mother’s physical health (Cella et al., 2010). These questions asked participants about physical function in the domains of physical functioning, fatigue, sleep disturbance and pain. In the parent study, 17 questions from the PROMIS 29 scale comprising 4 subscales: physical functioning, fatigue, sleep disturbance and pain. Items used a 5-point Likert scale. A sample question for physical functioning was “Were you able to go for a walk of at least 15 minutes?” and for fatigue was “How rundown did you feel on average?” A sample question for sleep disturbance was “My sleep was refreshing.” and for pain was “How much did pain interfere with your day to day activities?” Higher scores in physical functioning indicate better health. For fatigue, sleep disturbance and pain, higher scores indicate worse health. Among the sub scales, the Cronbach’s alphas in this study were excellent: physical function 0.92, fatigue 0.90, sleep 0.89, pain 0.95 and overall 0.92.

2.4. | Statistical analysis

The descriptive statistics were calculated for the sociodemographic and household composition characteristics of the subjects. *T* tests and ANOVA were used to assess the differences in physical and psychological health outcomes according to respondent’s sociodemographic and household composition characteristics. Pearson correlations were used to see the relationships between two continuous variables.

The first set of models utilized linear bivariate regressions for mother’s health outcomes with household composition and family functioning as an individual predictor. The second set of models utilized a linear multiple regression by including five variables significantly found in the first set of linear bivariate regression to assess their associations with mother’s health outcomes, while controlling for the influence of four confounding variables such as

age, years in the US, current employment status and monthly income. The detection of multicollinearity was done by using the condition index. The condition numbers for all independent variables were below 10, indicating that the multiple regression models had no significant multicollinearity. All analyses were performed using IBM SPSS Statistics 22.

3. | RESULTS

3.1. | Study sample characteristics

The sociodemographic and household composition characteristics are summarized in Table 1. Mothers were in their mid-thirties (range 18–56 years), and 68.6% of them reported they did not live with a spouse or partner together. The average number of adults in the household was 0.9 ranging from 0 to 5, and average number of children was 1.7 ranging from 0 to 6.

3.2. | Differences in mothers' health outcomes by household composition and family functioning

Table 2 shows the results of bivariate analyses on how different mother's health outcomes were according to household composition and family functioning. Living with at least one adult household member had significant relations with better mothers' physical function ($t = -3.45$, $df = 134$, $p = 0.001$), less fatigue ($t = 3.59$, $df = 135$, $p < 0.000$), less sleep disturbance ($t = 4.03$, $df = 133$, $p < 0.000$), less pain ($t = 2.36$, $df = 134$, $p = 0.020$), less anxiety ($t = 3.02$, $df = 135$, $p = 0.003$) and less depression ($t = 3.01$, $df = 135$, $p = 0.003$) compared to mothers with no adult household members. The number of adults in the household was significantly correlated with mother's physical function ($r = 0.220$, $p = 0.010$) and anxiety ($r = -0.207$, $p = 0.015$). Mother's health outcomes were not significantly different by number of children in the household.

3.3 | Impact of family composition and functioning on mothers' health outcomes

Table 3 shows the impact of family composition and family functioning on mother's health. After controlling for the influence of sociodemographic characteristics, living with at least one adult in the household had a significant impact on the most of Hispanic mother's better health outcomes. Mothers living with at least one adult household member had better physical function ($B = 4.993$, 95% CI = 0.46–9.53, $p = 0.031$), less fatigue ($B = -8.357$, 95% CI = -13.97 to -2.75, $p = 0.004$), less sleep disturbance ($B = -10.272$, 95% CI = -15.91 to -4.64, $p < 0.000$), less pain ($B = -5.777$, 95% CI = -11.28 to -0.27, $p = 0.040$) and less depression ($B = -6.326$, 95% CI = -11.25 to -1.40, $p = 0.012$). As the number of adults in the household increased, mother's fatigue ($B = 2.985$, 95% CI = 0.18–5.79, $p = 0.037$) and depression ($B = 2.874$, 95% CI = 0.41–5.34, $p = 0.023$) were significantly increased. As family hassles increased, mother's fatigue ($B = 1.396$, 95% CI = 0.29–2.49, $p = 0.013$), sleep disturbance ($B = 1.544$, 95% CI = 0.44–2.65, $p = 0.006$), anxiety ($B = 1.697$, 95% CI = 0.57–2.82, $p = 0.003$) and depression ($B = 1.537$, 95% CI = 0.57–2.51, $p = 0.002$) were also significantly increased.

4. | DISCUSSION

This study explored the impact of household composition and family functioning on health of Hispanic mothers with mental health problems. We confirmed the study hypothesis that Hispanic mothers living with at least one other adult family member had better physical and psychological health than those living with no one. This finding supports previous works concluding that the isolation of mothers who have no adults is associated with reduced well-being (Hughes & Waite, 2002; Mowbray et al., 2005) and more episodes of depression (Cairney, Thorpe, Rietschlin, & Avison, 1999; Cairney et al., 2003). Single mothers with mental health problems could be expected to have lower ability to care for their health by themselves. Living with a supportive adult may promote the daily physical and psychological conditions of mothers through provision of increased support. Household members attend in various forms of interaction and exchange, which may provide emotional and material support. They typically share meals and may share housework like laundry and cleaning and provide reciprocally personal care and routine assistance (Hughes & Waite, 2002). The help from household members may decrease mothers' burden of child care and give mothers respite and time to rest or attend to their health.

We found that having another adult in the home was beneficial for mothers with mental health problems. Further analysis in our study showed that mothers' health did not significantly differ by whether they lived with a spouse or partner. This finding is consistent with Mowbray et al.'s (2005) that women with mental health problems may not have the beneficial effects from their spouse or partner. In their study, there were few differences in mental health symptoms, everyday functioning and parenting between mothers living with a spouse or partner and mothers living alone with their children. Another study of Mowbray et al. (2000) reported that 60% of mothers recognized the fathers of their children as a hassle. Women with mental health problems often experience high levels of conflict in their relationship with a partner (Ritsher, Coursey, & Farrell, 1997). However, this finding needs to be replicated in larger samples, to further identify the positive or negative impacts of living with a spouse on health of mothers with mental health problems.

Our study added a new finding that mothers living with a greater number of adult household members were more likely to have fatigue and depression. Hispanic mothers with mental health problems will have positive effects from their extended family. However, having relationships with extended family members do not necessarily indicate better outcomes. It is difficult for many women with mental health problems to maintain relationships with family members because they often experience greater family conflict (Mowbray et al., 2005; Mulvaney-Day, Alegria, & Sribney, 2007). As Rogers, Hummer, and Nam (2000) stated, larger families not only exchange instrumental and emotional support, but also raise conflict and emotional stress. House crowding causes harmful effects on health, in part due to additional demands outweighing additional benefits (Hughes & Waite, 2002).

Our second hypothesis that mothers' health would be influenced by amount and intensity of family hassles and cohesion was partially confirmed. More family hassles were significantly related to worse health outcomes in mothers with mental health problems. On the other hand, family cohesion had no significant effect on mothers' health. The total workload for

women consists of daily chores such as self-care, care for home and children and leisure jobs (Erlandsson & Eklund, 2004). The heavier workload for women is often referred to women's stress-related disorders such as sleep disturbance, fatigue and emotional exhaustion (Perski et al., 2002). In our study, the family hassles increased as number of adults or children increased, but it was not statistically significant. The ability to respond to the variety of demands caused by daily work is critical for individual's well-being (Kielhofner, 2002). Mothers with mental health problems should achieve balance to meet the needs of family care, self-care, work and rest through habit and routines (Erlandsson & Eklund, 2004).

4.1. | Limitations of study

Caution is warranted in interpreting and generalizing the findings of this study. First of all, the sample is Hispanic mothers recruited from one metropolitan area; therefore, the conclusions that can be drawn regarding ethnicity-related processes are limited. We recommend further research about the differences among living arrangement, family cohesion and health outcomes between Hispanic and non-Hispanic ethnicities. Second, these are mothers receiving services for a variety of mental health issues, ranging from relatively mild substance use or affective disorders to rather serious problems such as addiction or psychosis. We did not measure how extended family members support each other in terms of support type and amount in this study. Third, this study was a secondary analysis using baseline data of Hispanic mothers from a clinical trial. Study sample and some of the measures were not originally designed to study the associations the current study examines. Forth, we did not analyse the impact of household composition and family functioning on mothers' health outcomes according to Hispanic subethnicities. Given the nature of *familismo* and sociocultural composition across these sub-groups, we recommend further analysis for the differences in family cultural conflict and dynamics among them. Finally, because the study sample is mothers who are in mental health treatments, the generalizability of the findings is limited to mothers in such treatments.

4.2. | Conclusions & Implications for mental health nursing practice

Our findings have significant implications for mental health intervention development for Hispanic mothers. Several studies suggest that *familismo* is a protective attribute for Hispanic families as this cultural value has been beneficial on mental health outcomes such as lower levels of substance abuse (Gil, Wagner, & Vega, 2000; Unger et al., 2002). To promote physical and psychological health of mothers with mental illness, there is a need to include family members who are supportive to mothers and to address families' basic needs in the intervention.

A family-centred approach requires integrated assessments and interventions with the families as units. The assessment should focus on mothers' behavioural and social skills, existing familial support networks and families' need. For example, the parent study, "Healthy Home" is tailored to mother and her family needs by establishing therapeutic alliances and encouraging individuals to reinforce strengths and promote adaptive interactions between the woman, family and supportive resources. Interventions for promoting mother and family well-being should include their point of view as this may lead

to developing culturally relevant services (Ayon et al., 2010). Mental health service providers and mothers or their family frequently define needs in different views. This inconsistency can impact the development and implementation of service programs. The support intervention for mothers with mental health problems should take into account cultural values and family environment when advising about the benefits of alternative household composition.

5 | RELEVANCE STATEMENT

This study investigated how household composition and family functioning, measured by family cohesion and family hassles, impact on both physical and psychological health of Hispanic mothers receiving outpatient mental health services. After controlling for the influence of sociodemographic characteristics, living with at least one other adult in the household and having fewer family hassles were significantly related to mentally ill mothers' better health outcomes. Having family members present in the household could be a source of material or emotional support or could be emotionally or physically taxing. Unpacking the nature of household relationships would advance understanding of how to increase support and reduce burden for mothers with mental health problems.

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Accessible summary

What is known on the subject?

- Mothers with mental health problems are at risk of well-being and experience lack of support.
- There is little research focusing on the effect of household composition on health of Hispanic mothers with mental illness.
- As the family is a central feature in Hispanic lives and there is a high dependence on the family for help, it is crucial to understand how household composition and family functioning influences Hispanic mothers' health and well-being.

What does the paper adds to existing knowledge?

- Living with at least one other adult in the household are related to better Hispanic mothers' physical and psychological health.
- Mothers living with a greater number of adult in the house are more likely to have fatigue and depression.
- More family hassles are associated with worse health outcomes in Hispanic mothers with mental health problems

What are the implications for practice?

- There is a need to assess family members who are supportive to Hispanic mothers and to address families' basic needs in the intervention.
- Interventions for Hispanic mothers with mental health problems should be grounded in supporting the strengths of the Hispanic familial networks.
- A family-centred approach for mothers with mental health problems requires integrated assessments and interventions including the families as units.

TABLE 1

Distribution of demographic and household composition characteristics (N = 137)

Characteristics	Mean (SD)	N (%)
Sociodemographic characteristics		
Age	36.18 (9.10)	
Years in the US	20.47 (10.84)	
Year of education	11.88 (3.18)	
Monthly income: \$1,000 (USD)		72 (52.6)
Currently employed: Yes		33 (24.1)
Household composition characteristics		
Live with spouse or partner: No		94 (68.6)
Live with parent or parent-in-law: No		108 (78.8)
Live with at least one adult member: Yes		78 (56.9)
Number of children in household	1.71 (1.26)	
Number of adult in household	0.91 (1.02)	
Family functioning characteristics		
Family cohesion	6.59 (1.99)	
Family hassles, count	2.06 (1.84)	
Family hassles, intensity	4.00 (3.95)	

Hispanic mothers' psychological and physical health by household composition and family functioning (N = 137)

TABLE 2

	Physical functioning	Fatigue	Sleep disturbance	Pain	Anxiety	Depression
Mean (SD) or r						
Demographic characteristics						
Age	-0.439*	0.319*	0.203*	0.354*	0.446*	0.395*
Years in the US	0.014	-0.057	-0.049	-0.031	-0.163	-0.157
Year of education	0.101	0.027	0.005	-0.110	0.068	0.010
Monthly income (USD)						
<\$1,000	47.96 (9.66)	53.64 (11.45)	56.55 (11.85)	55.68 (11.64)	61.19 (13.04)	58.07 (12.61)
\$1,000	48.66 (10.16)	54.71 (12.10)	55.71 (11.40)	52.63 (11.92)	61.20 (12.41)	55.38 (10.08)
Currently employed						
Yes	52.66 (6.89)*	51.79 (10.88)	52.90 (11.73)	47.82 (8.21)*	56.46 (12.14)*	51.97 (9.19)*
No	46.99 (10.37)	55.02 (12.02)	57.16 (11.44)	55.91 (12.16)	62.72 (12.57)	58.21 (11.68)
Household composition and family functioning						
Live with at least one adult in household						
Yes	50.75 (8.85)*	51.22 (11.67)*	52.89 (11.94)*	52.02 (11.63)*	58.39 (11.67)*	54.18 (11.02)*
No	45.07 (10.34)	58.14 (10.77)	60.36 (9.62)	56.78 (11.67)	64.90 (13.07)	59.94 (11.13)
Live with spouse or partner						
Yes	50.93 (9.25)*	51.90 (11.87)	51.75 (11.57)*	52.32 (11.67)	58.19 (12.52)	52.58 (10.84)*
No	47.13 (10.0)	55.25 (11.63)	58.06 (11.07)	54.87 (11.89)	62.57 (12.56)	58.52 (11.19)
Live with parent or parent-in-law						
Yes	51.58 (7.29)	53.05 (12.44)	54.92 (11.59)	52.42 (11.62)	57.97 (11.26)	55.57 (9.66)
No	47.45 (10.35)	54.51 (11.62)	56.42 (11.61)	54.54 (11.91)	62.06 (12.93)	56.93 (11.83)
Number of total household member	0.113	-0.035	-0.071	0.063	-0.162	-0.024
Number of children in household						
Number of children in household	-0.044	0.067	0.009	0.013	-0.033	0.045
Number of adult in household	0.220*	-0.152	-0.140	-0.121	-0.207*	-0.119

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Physical functioning	Fatigue	Sleep disturbance	Pain	Anxiety	Depression
Mean (SD) or r					
household					
Family cohesion	-0.085	-0.123	0.039	-0.051	-0.160
Family hassles, count	0.012	0.246*	0.009	0.194*	0.255*

* $p < 0.05$.

TABLE 3
Effect of household composition and family functioning on mothers' psychological and physical health (N = 137)

	Physical functioning	Fatigue	Sleep disturbance	Pain	Anxiety	Depression
	Unstandardized coefficients (95% confidence interval)					
Live with one or more adult member, yes	4.993* (0.46 to 9.53)	-8.357* (-13.97 to 2.75)	-10.272* (-15.91 to 4.64)	-5.777* (-11.28 to 0.27)	-4.242 (-9.95 to 1.46)	-6.326* (-11.25 to 1.40)
Number of adult in household	-1.547 (-3.81 to 0.72)	2.985* (0.18 to 5.79)	2.741 (-0.06 to 5.54)	2.754 (-0.00 to 5.51)	1.188 (-1.67 to 4.04)	2.874* (0.41 to 5.34)
Number of child in household	-0.509 (-1.73 to 0.72)	0.569 (-0.95 to 2.09)	-0.119 (-1.65 to 1.41)	0.586 (-0.91 to 2.08)	-0.253 (-1.79 to 1.29)	0.736 (-0.59 to 2.07)
Family hassles, count	-0.191 (-1.09 to 0.72)	1.396* (0.29 to 2.49)	1.544* (0.44 to 2.65)	0.244 (-0.83 to 1.32)	1.697* (0.58 to 2.82)	1.537* (0.57 to 2.51)
Family cohesion	-0.534 (-1.37 to 0.29)	0.355 (-0.67 to 1.38)	-0.049 (-1.07 to 0.97)	0.428 (-0.57 to 1.43)	.052 (-0.98 to 1.09)	-0.493 (-1.39 to 0.40)

* $p < 0.05$, Adjusted for age, years in the US, current employment status and monthly income.