

Breadwinners and Losers: Does the Mental Health of Mothers, Fathers and Children vary by Household Employment Arrangements? Evidence from seven waves of data from the Longitudinal Study of Australian Children

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Running head: Employment Arrangements and Household Mental Health.

** We honour the memory of beloved co-author Associate Professor Allison Milner whose intellect, quirk, drive and vitality will never be forgotten.*

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Abstract

In Australia, as in many industrialized countries, the past 50 years have been marked by increasing female labor-force participation. It is popularly speculated that this may impose a mental health burden on women and their children. This analysis aimed to examine the associations between household labor-force participation (household employment-configuration) and the mental health of parents and children. Seven waves of data from the Longitudinal Study of Australian Children were used, (2004-2016, children aged 4/5–16/17 years). Mental health outcome measures were Strengths and Difficulties Questionnaire (children/adolescents), and Kessler-6 (parents). A five-category measure of household employment-configuration was derived from parental reports: both parents full-time, male-breadwinner, female-breadwinner, shared-part-time employment (both part-time) and father full-time/mother part-time (1.5-earner). Fixed-effects regression models were used to compare within-person effects, controlling for time-varying confounders. For men, the male-breadwinner configuration was associated with poorer mental health compared to when in the 1.5-earner configuration ($\beta=0.21$, 95%CI 0.05-0.36). No evidence of association was observed for either women or children. This counters prevailing social attitudes, suggesting that neither children nor women are adversely affected by household employment-configuration, nor are they disadvantaged by the extent of this labor-force participation. Men's mental health appears to be poorer when they are the sole household breadwinner.

Keywords: mental health, gender equality, labor-force participation, fixed-effects, parents, children

Abbreviations: LSAC (Longitudinal Study of Australian Children), CI (confidence interval), DFT (dual full-time), SDQ (Strengths and Difficulties Questionnaire), SEP (Socioeconomic position), SEIFA (Socio-Economic Indexes for Areas), OECD (Organisation for Economic Cooperation and Development), K6 (Kessler Psychological Distress Scale-six item).

In Australia and many high-income countries, the increased participation of women in the labor-force has been one of the most significant social changes of the modern era. This change has vastly shifted the way that women carry out their daily lives. For example, in the 1950s, normative cultural expectations placed women firmly in the role of housewife with a clearly defined responsibility to raise the children and keep the house while their husband, the ‘breadwinner’, worked (1,2). Today, most women work: in Australia female labor-force participation is now 60.5% (3), which is similar to other OECD countries such as Canada, Norway, and Sweden (4). Among couple households with dependent children, 70% of mothers were employed in Australia in 2017 (5).

While the majority of women with dependents in Australia are employed, they commonly work part-time, while the majority of men are employed on a full-time basis (6). This represents the displacement of the “male-breadwinner” work/care model, with the “modified-male-breadwinner” work/care model, also termed the one-and-a-half earner household (“1.5-earner”) in which men work full-time and women work part-time (7). This employment-configuration is at least partly due to social and political influences, including high childcare costs and tax disincentives for mothers working longer hours (8), which has fostered a social milieu endorsing traditional arrangements that privilege maternal care of children.

It is argued that the dominance of the 1.5-earner household arrangement in Australia does not progress gender equality (6), primarily because it cements traditional gendered labor divisions in which women take primary responsibility for childcare and household-labor, and also weakens women’s ties to the labor-force (9). The disproportionate allocation of caring and household tasks is considered to be a major obstruction to women’s labor-force advancement, and gender equality more generally in Australia (10).

While part-time work is preferred by many working mothers because it enables them to juggle work and family responsibilities (11), it can have enduring consequences on financial outcomes.

The pay penalty for part-time work (both in terms of current and future loss of earnings) is substantial (12), and in Australia, this penalty is exacerbated by job precarity, as part-time roles are increasingly casual, and insecure (13).

Employment is considered an important social determinant of health (14), however the case for a more equal division of paid and unpaid labor between couples is also mired in expectations, attitudes and values about what is best for household members. The “*turbulent social conflict*” (15, pg 729) experienced by women as they grapple with, and try to navigate, the normative cultural landscape with its divergent expectations about work and family responsibilities has been extensively described (15,16). It is speculated to induce anxiety in mothers about their decisions regarding work and care for children (15). This is a common theme of popular lay discourse (17,18), and there is also some empirical evidence of the anxiety that this conflict might induce (19,20). Fortin argues that labor-market outcomes for women who are mothers are likely to be impeded by inner-conflicts such as guilt (20), which can adversely impact mental health. Certainly it is known that mothers who report guilt about failing to meet parenting expectations also report greater levels of stress and anxiety (21). Within Australia, Pocock argues that maternal guilt is a potent force that is firmly embedded in the cultural and political psyche (7). This is perhaps compounded by a contradictory normative climate that asserts a place for women in the labor-force, but also maintains that a mothers’ primary responsibility is to care for her family (22). Popular discourse has parlayed the tension between normative expectations of women as mothers and earners into easy grist for the media mill (23).

Despite this, there is little empirical evidence of how the way parents configure their working arrangements might impact on the mental health of themselves, and their children. A demands and resources approach theorises that work-family fit is optimized when employment resources meet or offset family demands, and family resources meet or offset employment demands (24). When demands exceed resources, strain and distress can arise. The double-burden theory (25) argues that a role in the workforce, in addition to a role as a parent can lead to role overload and impart detrimental consequences on mental health. This is aligned with the multiple-burden hypothesis which holds that having multiple roles can lead to role strain and conflict, whereby the role of parent is dissonant with the role of employee (26). It is also posited however, that multiple roles may be beneficial to individuals by supporting multiple points of social and community engagement and attachment (26). In the US, an analysis of the National Longitudinal Study of Youth found no evidence of a consistent association between early maternal employment and offspring's development, nor did the timing or continuity of maternal employment matter (27). A retrospective cohort study in Sweden found that gender unequal parenting (where one parent, mother or father, cares for the child more than the other) was associated with better offspring mental health than gender-equal parenting (28), however similar studies in Australia are lacking. One study in Australia found that work-family conflict (reported by each parent) was detrimentally associated with child mental health, with effects particularly pronounced when both parents reported work-family conflict (29).

In this study, we sought to answer the following question: is household employment-configuration (the way couples configure their working arrangements) associated with the mental health of parents and children? We used seven waves of data from a representative sample of Australian children and their parents to examine the within-person associations between

household employment-configuration and both paternal and maternal mental health (Aim 1) and the mental health of their children (Aim 2).

METHODS

Participants and study design

Data was drawn from the Longitudinal Study of Australian Children (LSAC), a nationally representative longitudinal study of Australian children and families (30). The LSAC sampling approach has been documented elsewhere (30). Briefly, a two-stage cluster sampling design was used: primary sampling unit was postcodes; secondary sampling unit was children in the Medicare Australia database. Non-residential postcodes and postcodes with fewer than 20 children were excluded from the sampling process. To reduce respondent burden, where a household contained more than one target child (such as the case with twins), only one child from each family was selected. Data are collected from different informants including the child, parents/carers and teachers. LSAC has been conducted biennially since 2003-2004, among two cohorts: Cohort-K (4/5-years at baseline) and Cohort-B (0/1-years at baseline). Information on the mental health of children was collected from the age of 4/5 years onwards; thus to maximize available years of child/adolescent mental health data, this study drew on Cohort-K (Waves 1-7, years 2004-2016, aged 4/5-16/17 years). The data items used in this analysis were reported by parents in face-to-face interviews, computer assisted interviews, or self-completed surveys.

Outcomes

We assessed three outcomes: paternal, maternal and child mental health. Maternal and paternal mental health were self-reported, and measured in all waves using the six-item Kessler Psychological Distress Scale (K6), an abbreviated version of the K10. The K6 is a widely used

screening instrument for common mood and anxiety disorders in population level datasets (31). Respondents were asked how often in the past 30 days they felt: ‘so depressed that nothing could cheer you up’, ‘hopeless’, ‘restless or fidgety’, ‘that everything was an effort’, ‘worthless’ and ‘nervous’. Responses on a five-point scale ranging from ‘none of the time’(1) to ‘all of the time’(5), were summed, yielding a total score of 6-30 (higher scores indicating poorer mental health).

Child mental health was assessed using the Strengths and Difficulties Questionnaire (SDQ) Total Difficulties score (0-40, with higher scores indicating poorer mental health), a tool with good validity and strong correlations with other measures of psychopathology (32). We used parent-reported Total Difficulties scores (reported by the primary household respondent, commonly the child’s mother) in our analyses, as this maximized child mental health measures across all seven waves of data collection (child-reported scores were not collected across all waves).

Exposure variable

A five-category measure of household employment-configuration was derived, drawing on the most common parent-reported arrangements. These were dual full-time (DFT: both parents working full-time), male-breadwinner (father full-time/mother not in paid labor-force), female-breadwinner (mother full-time/father not in paid labor-force), shared-part-time employment (both parents part-time), 1.5-earner (father full-time/mother part-time). This was broadly based on the work of Craig and Powell (33), however we extended the classification to include female-breadwinner, and shared-part-time employment-configurations. We note that other less common arrangements did arise, but not in sufficient numbers to enable inclusion in this analysis. As there were minimal (n=22) same-sex couples, analysis was restricted to heterosexual couples with at least one partner in the labor-force. Unemployed persons were excluded from analyses.

Confounding variables

We used directed acyclic graphs (shown in Web Figures 1-2) to guide the selection of confounders. These were: area-level socio-economic position (deciles, based on Index of Relative Socio-Economic Disadvantage (34)), household income (quintiled), number of children in household, presence of children aged under 5-years in household. Parent models also adjusted for child mental health, and current or most recent occupational skill-level (low, medium, high). Classification of skill was based on Australian Bureau of Statistics census classifications: Australian Standard Classification of Occupations (35) for 2004-2010; Australian and New Zealand Standard Classification of Occupations (36) for 2012-2016. Based on these classifications, skill-level was categorized from 1 “low” to 3 “high”. Child/adolescent models also adjusted for maternal occupational skill-level and maternal mental health.

Statistical analysis

All analyses were conducted in Stata SE version 14.0 (37). To assess within-person changes in mental health in relation to changes in household employment-configuration, we used fixed-effects linear regression models, specifying ‘respondent’ as the panel variable, and ‘year’ as the time variable. Fixed-effects linear regression models have particular utility when there is a risk that unobserved time-invariant confounding will bias causal estimates (38) because these time-invariant confounding characteristics (such as ethnicity) are effectively controlled for, with each person serving as their own control. The `vce(robust)` subcommand was used, specifying a variance-covariance estimator robust to heteroskedasticity. We fitted separate models for maternal, paternal and child mental health. As the 1.5-earner category was the most common in this dataset (as in the Australian population), we used this as the reference for all models: thus

our models compared the mental health of individuals when in the 1.5-earner configuration, with mental health when in other household employment-configurations.

RESULTS

The selection of participants into the analytical sample is depicted in Web Figure 3.

To ensure comparability, we obtained an analytic sample that was consistent across all respondents. Of the 4983 households in the LSAC Wave-1 cohort K sample, 3598 households with complete maternal, paternal and child data were retained in the final sample (3598 fathers, 3598 mothers, 3598 children).

Table 1 presents the sample characteristics according to the five household employment categories. The 1.5-earner household was the most common household employment-configuration, with more than half (53.6%) of the observations in this category. The 1.5-earner category contained a higher proportion of men in high-skilled occupations (63.8%) than other categories, particularly the female-breadwinner (51.0%). There was a high proportion of high-skilled women in DFT (62.0%), female-breadwinner (60.4%), and the shared-part-time (61.2%) category. There were substantially more households in which the youngest child was younger than five years in the male-breadwinner household (66.4%, compared to 17.4% for DFT), and furthermore, these households had slightly more children than other categories (mean 2.8).

Almost one third of DFT households were in the highest income quintile (32.2%); this being substantially more than other groups, particularly shared-part-time (15.7%), and female-breadwinner (10.1%). Female-breadwinner households were disproportionately represented in the lowest income quintile (38.3%).

Table 2 shows observations across the household employment-configuration categories. As the household employment variable was a household-level variable, values are the same for mothers, fathers and children. Comparison of the Wave-1 and Wave-7 distribution of employment-configuration shows that the proportion of households in the 1.5-earner category remained consistently just under 50%, however the male-breadwinner and DFT categories changed substantially: in Wave-1, 36.6% of households were male-breadwinners and just 15.3% were DFT; in Wave-7, 38.4% of households were in the DFT arrangement, and 4.2% were in the male-breadwinner. The final column shows the proportion of observations in each category, if ever in that category. The 1.5-earner category was most stable: if a household was ever in that category, it was recorded there 69.4% of the time. There was greatest movement in and out of the smallest categories - the shared-part-time and the female-breadwinner categories - with respondents who were ever in those categories having less than 50% of their observations in those categories.

In adjusted fixed-effects models, there was no evidence of within-person associations between household employment-configuration and maternal mental health (see Table 3).

Results for men (Table 4), indicate that the mental health of men in a male-breadwinner model was poorer compared to when they were in a 1.5-earner arrangement (estimated mean difference= 0.21, 95% CI 0.05-0.36). No evidence of an association between household employment-configuration and child mental health was observed (Table 5). Material presenting adjusted mental health scores arising from predictive marginal analysis can be found in Web figures 4-6 and Web tables 1-6.

Sensitivity analysis using different groups as the reference supported the main findings. Using the male-breadwinner as the reference, results showed that the mental health of men in the 1.5-earner arrangement was better, compared to when in the male-breadwinner arrangement. Apart from this result (which substantiated the main findings), there was no evidence of an association between other employment-configurations and mental health for parents or children (Web tables 4-6). We also conducted sensitivity analyses in which all models adjusted for the mental health of all other household members. The inclusion of all mental health estimates did not substantially change the results (Web tables 7-9).

DISCUSSION

Drawing on seven waves of data from a representative sample of Australian children and parents, we found no evidence that the mental health of either women or children varies by household employment-configuration, however the mental health of men appears to be worse in male-breadwinner households, compared to when in a 1.5-earner household.

The results indicating that men in male-breadwinner households have poorer mental health than when in 1.5-earner households, are small and are unlikely to be clinically meaningful at an individual level, however at the population level as may represent shifts in the proportion of the population at risk (39). The results for men are also noteworthy, because women's workforce participation is typically regarded as an issue of gender equality, centered on the benefits for women (40). While on the whole, there has been little previous work examining men's mental health variations in the context of household employment arrangements, our results align with broader evidence of the benefits of gender equality extending to men, as well as women (41). It is possible that women's labor-force participation catalyzes men's greater participation in caring and domestic roles – even if they continue to work full-time – with consequential mental health

benefits. Supporting this, there is some evidence that men engaging in multiple life roles, particularly involving the care of children report better mental health (42). It has been postulated that men in traditional (breadwinner) roles have greater opportunity to engage in more risky health behaviors (43), whereas those engaging in more non-traditional roles may adopt healthier behaviors and attitudes.

The results for women and children are important because they provide no evidence that mental health penalties arise for either women or children due to women's labor-force participation. We are not aware of other research investigating the associations between household employment-configuration and the mental health of women and children at an individual level.

Female labor-force participation is considered to be a key component of gender equality (44) and there are clear equity imperatives to support women's labor-force participation. At a population level, women are disadvantaged by traditional gendered division of roles. Being out of the labor-force places women in a position of financial dependence that renders them vulnerable to financial precarity and poverty in the event of divorce or separation. Even if they return to the labor-force after having children, their prior absence often stymies their career trajectories and ultimate attainment, compounds gender pay-gaps and disadvantages them in terms of superannuation. At a broader societal level, gender gaps in labor-force participation have clear and detrimental impacts. This has been measured in terms of reduced economic growth (45), and reduced per capita income (46). In Australia, the growing dependency ratio (the ratio of those in the population who are not in the labor-force, to those in the population who are) (47) is also an important impetus to develop solutions to encourage women's labor-force participation.

Our position is not that the default should be that mothers work full-time, nor is our position that raising and caring for children is a secondary priority. Rather, we hold that "*when the state*

encourages a heteropatriarchal model with fathers as breadwinners and mothers as caregivers, gender divisions of work within families are enhanced, influencing inequalities among women who are mothers." (48 pg 2). We argue that women and men should both have the choice and support to combine work and family responsibilities. This does not solely mean policy support for women's labor-force participation; policy and institutional support for men to share household and family responsibilities is equally needed. Different policy contexts are differentially supportive of certain household employment arrangements (49). Dual-earner policy models for example, common in Scandinavian countries, support women's labor-force participation by redistributing care within the home, and also from the home to the public sector (49). This includes policy reform incentivizing men to share household responsibilities, including non-transferable leave for fathers (as well as mothers) (50). While our results suggest that the mental health of women and children are not affected by household employment-configuration, initiatives that support women's labor-force participation have the potential to drive economic benefits for women and society more broadly. Importantly too, such initiatives will also potentially deliver mental health benefits to men, given that their mental health appears to be poorer when they are the sole breadwinner.

It is also important to recognize that in many Western countries, male employees must also negotiate 'flexibility stigma', whereby flexible or part-time work arrangements are seen to signal a lackluster attitude to work (51). There is however, some evidence of a shift in men's working preferences in Australia toward part-time arrangements: in the past 40 years, the proportion of men working full-time has decreased, and the number of men working part-time has increased from 5% to 18% (52).

Strengths and limitations

There are several important strengths of this study. As far as we are aware, this is the first study to examine associations between household employment-configuration and maternal and child mental health in a representative study across a formative period in a child's life. Most previous research in this area has been cross-sectional, looked only at child or maternal outcomes, or drawn on small samples. Our approach to capturing household employment-configuration also accounts for the fact that partners are affected by each other's workforce participation—few other studies have done this. We drew on a large sample of children and parents across 12 years, and seven waves of data. By utilizing fixed-effects methods, we were able to maximize causal inference, and control for time-invariant individual confounders (38).

We also acknowledge some limitations. First, as we were interested in understanding the associations for differing employment-configurations in relation to the 1.5-earner household model, we considered it pragmatic to restrict our analysis to heterosexual couples. This does not acknowledge the diversity of Australian households in terms of household structure (particularly in relation to single-parent households), nor does it acknowledge households with same-sex parents. Second, our exposure and outcome measures were collected biennially, thus we may have missed important changes across a highly dynamic life-stage for children, and especially for women, for whom the birth of children often leads to withdrawal/reduced participation in the labor-market. Third, the measure of child mental health used in this analysis was parent-reported, as this was the only measure collected across all waves. While the validity of parent-reported Strengths and Difficulties Questionnaire has been well established (53), there is some possibility of information bias due to parents mis-perceiving/mis-reporting their child's mental health.

Evidence suggests that mothers with emotional impairment are more likely to report mental

health/behavioral problems in their children (54), however this risk is somewhat mitigated given that child models controlled for mothers' mental health.

We also note the omission of the division of household-labor in our models. This is clearly an important factor when considering the division of household paid and unpaid work. Our omission was driven by two factors. First, information used to derive this variable was not collected across all waves of data collection. Second, the relationship between the division of household-labor, paid work in the labor-force, and mental health is unclear. The division of household-labor could feasibly be considered a confounder of the relationship between household employment-configuration and mental health, but could also, perhaps more plausibly, be considered an effect modifier and or a mediator. Including the division of household-labor in these analytic models as a confounder could introduce bias, if it is indeed an effect modifier or a mediator. The way this relationship should be conceptualized and modelled will be the subject of further research. Further work will also consider the nature of work, and psychosocial job quality as other important determinants of mental health. Despite the benefits of fixed-effects analysis, these models are unable to control for reverse causation – that is, it is possible that mental health may impact on household employment arrangements. Based on extant literature, we consider the posited directionality – that is, that household employment-configuration leads to mental health - to be the most plausible, however further research is needed to corroborate this. Relatedly, it is also possible that the direction of changes in household employment-configuration categories is important, however these analyses cannot distinguish between the direction of shifts. Also relevant, it is possible that certain positive or adverse events (i.e. job loss) precipitated a simultaneous change in household employment-configuration and mental health – our models were unable to adjust for such events. As a further point, we note that occupational skill-level

was unavailable for respondents who were not in the labour force in Wave-4, leading to some loss of respondents from that wave and potentially contributing some bias in estimates. We also note that results for some groups may have been limited by small numbers: this is particularly the case for the female-breadwinner category, a relatively small group for which associations may have been affected by a lack of statistical power.

Conclusion

In summary, we found no evidence that the mental health of children and women is associated with household employment-configuration. Associations observed for men suggest that the traditional, male-breadwinner household employment arrangement may be disadvantageous to their mental health. These results go some way to quell some of the traditional normative expectations and beliefs about the roles and responsibilities of men and women with children by showing that the mental health of children and women does not appear to vary by household employment-configurations.

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Table 1: Characteristics of families by household-employment configuration. LSAC, 2004-2016.

<i>Person model</i>	1.5-earner (n=7422, 53.6%)	Dual Full Time (n=3406, 24.6%)	Male- breadwinner (n=2225, 16.1%)	Female- breadwinner (n=149, 1.1%)	Shared Part Time (n=644, 4.7%)
<i>Maternal models only</i>					
Mother's occupation					
Low skill	10.4	5.6	22.5	9.4	8.2
Medium skill	43.0	32.4	43.0	30.2	30.6
High skill	46.6	62.0	34.5	60.4	61.2
Mother's mental health ^a	8.7 (2.9)	9.0 (3.3)	9.5 (3.6)	9.4 (3.5)	9.1 (3.1)
<i>Paternal models only</i>					
Father's occupation					
Low skill	13.3	15.6	19.8	22.8	19.6
Medium skill	22.9	23.1	22.6	26.2	23.0
High skill	63.8	61.4	57.6	51.0	57.5
Father's mental health ^a	8.6 (2.8)	8.8 (3.2)	9.2 (3.3)	9.9 (4.3)	9.0 (3.2)
<i>Household/child measures (all models)</i>					
Child under 5					
Yes	30.5	17.4	66.4	26.2	26.4
No	69.5	82.6	33.6	73.8	73.6
Child SDQ ^a	6.8 (4.7)	7.2(5.0)	8.1 (5.3)	7.0 (5.0)	7.0 (5.0)
Area SEP (SEIFA)					
Decile 1 (lowest)	7.8	9.7	10.5	15.4	10.1
Decile 2	8.3	10.6	6.7	8.7	13.4
Decile 3	9.6	8.8	12.1	13.4	10.6
Decile 4	9.7	9	8.2	4.7	8.9
Decile 5	9.9	9.3	12	6.7	10.3
Decile 6	10.3	9	9.3	6.7	11
Decile 7	13.5	13.7	13.1	14.8	9.2
Decile 8	9.7	9.2	8	7.4	6.7
Decile 9	11	10.1	8.9	9.4	12.6
Decile 10 (highest)	10.4	10.7	11.2	12.8	7.5
Average weekly household income					
Quintile 1 (lowest)	12.1	7.7	21.6	38.3	25.3
Quintile 2	21.4	12.5	25.4	20.1	23.0
Quintile 3	23.4	20.1	19.5	19.5	18.9
Quintile 4	22.2	27.6	16.5	12.1	17.1
Quintile 5 (highest)	20.9	32.2	17.1	10.1	15.7
No. of children in household ^{a,b}	2.5 (0.8)	2.3 (0.8)	2.8 (1.0)	2.4 (1.0)	2.3 (0.9)

Abbreviations: LSAC (Longitudinal Study of Australian Children), SDQ (Strengths and Difficulties Questionnaire), SEP (Socioeconomic position), SEIFA (Socio-Economic Indexes for Areas).

^a Values are expressed as mean (standard deviation) for continuous variables.

^b Number of children in household includes study child.

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Table 2: Distribution of household employment configuration categories (n= 3598 households^a). LSAC, 2004-2016.

Household employment configuration	Total pooled observations (%)	Wave 1 distribution of observations (%)	Wave 7 distribution of observations (%)	Stability within category ^b (%)
1.5-earner	53.6	43.8	48.1	69.4
Dual Full Time	24.6	15.3	38.4	56.0
Male-breadwinner	16.1	36.6	4.2	56.5
Female-breadwinner	1.1	1.0	2.3	45.8
Shared Part Time	4.7	3.4	7.0	43.0

^a Denotes for each type of respondent

^b If ever in category, proportion of time of time in category (does not sum to 100%).

Abbreviations: LSAC (Longitudinal Study of Australian Children).

Table 3: Fixed effects regression, household-employment configuration and **maternal** mental health (3,598 persons, 13,846 observations) using LSAC, 2004-2016.

Employment Configuration	Coeff ^a	95% CI ^a
<i>Within persons</i>		
1.5 earner	0	Referent
Dual Full Time	-0.04	-0.18, 0.10
Male-breadwinner	0.06	-0.11, 0.23
Female-breadwinner	0.22	-0.53, 0.97
Shared Part Time	0.05	-0.20, 0.30

^a Adjusted for: mother's occupation; area SEP; child mental health; household income; number of children in household; presence of child under 5 years.

Abbreviations: LSAC (Longitudinal Study of Australian Children), CI (confidence interval), SEP (socio-economic position).

Table 4: Fixed effects regression, employment configuration and **paternal** mental health (3,598 persons, 13,846 observations) using LSAC, 2004-2016.

Employment Configuration	Coeff ^a	95% CI ^a
<i>Within persons</i>		
1.5 earner	0	Referent
Dual Full Time	0.07	-0.07, 0.21
Male-breadwinner	0.21	0.05, 0.36
Female-breadwinner	0.56	-0.29, 1.41
Shared Part Time	0.24	-0.01, 0.49

^a Adjusted for: father's occupation; area SEP; child mental health; household income; number of children in household; presence of child under 5 years.

Abbreviations: LSAC (Longitudinal Study of Australian Children), CI (confidence interval), SEP (socio-economic position).

Table 5: Fixed effects regression model, employment configuration and **child** mental health (3,598 persons, 13,846 observations) using LSAC, 2004-2016.

	Coeff ^a	95% CI ^a
Employment Configuration		
<i>Within persons</i>		
1.5-earner	0	Referent
Dual Full Time	0.05	-0.16, 0.27
Male-breadwinner	0.12	-0.12, 0.35
Female-breadwinner	-0.20	-0.87, 0.47
Shared Part Time	0.13	-0.27, 0.53

^a Adjusted for: mother's occupation; maternal mental health; area SEP; household income; number of children in household; presence of child under 5 years.

Abbreviations: LSAC (Longitudinal Study of Australian Children), CI (confidence interval), SEP (socio-economic position).

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