

Factors Associated with Self-Sufficiency  
in Low-Income Women

by

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**ABSTRACT**

Self-sufficiency has been a debated construct for many years. Some debate that self-sufficiency is obtained with work and freedom from dependence on social programs while others believe it is a multi-faceted construct with an undertone of a sense of progress towards goals and accomplishments. A better understanding of the self-sufficiency construct is needed in order to better evaluate social programs related to moving low-income individuals from poverty to self-sufficiency and to help guide government policies and funding. The current study is a secondary analysis of data from Illinois Family Study collected during wave three and examines factors believed to be associated with self-sufficiency in low-income women. The factors examined were depression, physical functioning, substance abuse, social support, neighborhood problems, employment stability and highest grade obtained. Results showed that these factors accounted for 47% of the variance in the self-sufficiency construct in the sample of N=719 low-income women.

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## Chapter I: Introduction

### Statement of Problem

Self-sufficiency has been a debated construct for many years (Gowdy & Pearlmutter, 1993; Hawkins, 2005). The US Government has been focused on the idea that self-sufficiency is only obtained through work and freedom from dependence on welfare, which is evidenced by the types of programs and services that have been funded since the 1960s (House Ways and Means Committee Prints: 108-6, 2004). Some states have built on the federal government's idea of self-sufficiency to include the ability to provide basic needs for self and children such as transportation, child care, medical insurance, and expenses (Gowdy & Pearlmutter, 1993). The federal and state governments often assume that a transition to work is a clear movement towards self-sufficiency. But that ignores the fact that often, the low-paying work those on welfare are able to obtain is not sufficient to help a family move out of poverty (Edin, 1995; Lens, 2002).

While the government definitions of self-sufficiency have their merit, they do not seem to reflect how those in poverty experience independence. Gowdy and Pearlmutter (1993) used the federal and state definitions of self-sufficiency and asked low-income women whether or not they considered themselves self-sufficient. The interesting finding was that women's consideration of whether they were self-sufficient was unrelated to employment, income levels, job history, education, race, age or family size. Instead, women reported that their perceptions of self-sufficiency were most influenced by whether they were making progress towards their goals and feeling psychologically satisfied with their current situations. Low-income individuals define self-sufficiency as a process of finding inner strength and a positive outlook (Hong, Sheriff & Naeger, 2009). Finding and developing an internal locus of control and self-efficacy helps a person to feel more confident and be able to set goals and overcome obstacles.

Eventually, when a person continues to reach the goals they have set for themselves, they can move towards self-sufficiency and obtain it (Gowdy & Pearlmuter, 1993; Hong, Sheriff & Naeger, 2009).

### **Purpose of the Study**

This study builds on existing work in that it aims to help better understand the construct of self-sufficiency by examining factors that are associated with self-sufficiency in low-income women. A better understanding of the self-sufficiency construct that includes these variables would have numerous benefits, such as providing practitioners with a framework to develop more holistic approaches to help individuals and families in need. Also, a better understanding would inform evaluations of public programming by improving measurement of self-sufficiency. In turn, this would help policy makers determine how to best appropriate funds.

### **Methodology**

The current study is a secondary analysis of data collected during the third wave of the Illinois Family Study collected in 2002. The variables examined in the current study were depression, physical functioning, substance abuse, social support, neighborhood problems, employment stability and highest grade obtained. A regression analysis was conducted to examine how the variables mentioned can account for self-sufficiency in a sample of low-income women.

## **Chapter II: Literature Review**

Self-sufficiency is not a dichotomous variable of dependence versus independence. Rather, it is composed of many interrelated domains, such as health, behavior, social environment, education and economic stability (Hawkins, 2005). There are many factors included in each of these domains. The health domain consists of factors such as physical and mental health and access to healthcare. The behavior and social environment domain consists of factors such as safety issues, substance abuse, and social support. Economic stability consists of factors like secure employment, housing, and income. Lastly, the education domain pertains to highest level of education achieved and job training. The domains identified by Robert Liebson Hawkins' (2005) research helped to inform the variables selected in the current study.

### **Health**

Many of the same variables selected as predictors of self-sufficiency have also been used in studies of work barriers for low-income women including mental health issues, substance abuse, education, lack of job training, criminal histories, limited life options, bad relationships, and social support (Brooks & Buckner, 1996; Brown & Barbosa, 2001; Lee & Vinokur, 2007). An important finding in the study conducted by Lee & Vinokur (2007) was the role that self-efficacy plays in the transition from welfare to work. When self-efficacy increases, the barriers to work and mental health issues, such as depression, appear to decrease. Low-income women must feel they have control over their situations and lives in order for them to take the steps necessary to maintain employment. Physical health has also been found to be linked to self-efficacy and self-esteem (Alvi, Clow & DeKeseredy, 2005). The more capable a person feels, the better they feel about themselves and what they are able to do or accomplish. This is an example of the interdependency of many of these variables and their relation to self-sufficiency.

Women receiving Aid to Families with Dependent Children (AFDC) and Temporary Aid for Needy Families (TANF) are more likely to suffer from mental health issues such as depression and substance abuse, than other women (Rosen, Spencer, Tomlan, Williams & Jackson, 2003; Zabkiewicz & Schmidt, 2007). Mental health issues are not a primary cause of poverty; however, they are often a need that makes low-income populations vulnerable. The symptoms of the most common mental health issues include lack of motivation, low self-esteem, and loss of interest in activities, all of which could affect how self-sufficient a person feels and the types of goals they are able to obtain. Mental health issues have been linked obstacles of employment such as lower earnings and lower participation in the workforce (Zabkiewicz & Schmidt, 2007).

### **Behavior and Social Environment**

Estimates of substance abuse among TANF recipients vary from 11% to 27% (Kirby and Anderson, 2000; Meara, 2006) compared to women in the US, between the ages of 18-49, that were employed of 8% and those that were unemployed of 12.5% (Office of Applied Studies, 2004). Substance use disorders affect social networks and have been linked to work barriers and health issues. Chronic drug abuse also can affect the types of social situations and support networks a person surrounds themselves with. Substance abusers will often surround themselves with others who will not pressure them to change their lifestyle or find employment (Montoya, 2005; Meara, 2006). Drug abusers are found to have self-perceived lower levels of basic skills, such as reading and math, and low-level job skills (Atkinson, Lee, Dayton-Schotts & French, 2001). Also, chronic substance abuse has been linked to chronic health conditions or disease (Montoya, Atkinson, Lichtiger, Whitsett, 2003).



Social support networks can work either positively or negatively for an individual. A positive support network supports healthy behaviors and needs and a negative support system leads to safety problems and poor health behaviors. A negative support system is often overshadowed with unhealthy behaviors and feelings such as poor self worth, alcohol and drug abuse, and can even lead to reduced employment opportunities (Brown & Barbosa, 2001; Brown & Riley, 2005). A positive social support system is generally associated with greater employment opportunities, commitment and maintenance of positive behavioral changes, and individuals to depend on in times of need (Brown & Barbosa, 2001; Brown & Riley, 2005). While Brown and Riley (2005) did not find the number of individuals in a social support network related to self-sufficiency, it does appear that social support is associated with substance abuse and self-efficacy.

### **Education and Economic Stability**

An individual's environment or neighborhood can have a direct effect on self-sufficiency (Quigley & Raphael, 2008). Low-income individuals are often financially forced to live in poverty. Location of these areas can affect the types of employment opportunities that are present and the types of support networks that are readily available.

The domains identified by Hawkins (2005) are interrelated; a clear example of this is the association between the education and employment stability. Education has a direct link to the type of job opportunities, pay, and benefits individuals can obtain.

The literature regarding self-sufficiency in low-income women appears to have many inter-related factors. An overall theme is the idea of mastery or self-efficacy in one's life as a main contributor to self-sufficiency and job attainment (Gowdy & Pearlmutter, 1993; Rosen, Spencer, Tomlan, Williams & Jackson, 2003; Zabkiewicz & Schmidt, 2007; Lee & Vinokur,

2007; Hong, Sheriff & Naeger, 2009). While the construct of self-sufficiency continues to be debated, the current study chose variables that are associated with a holistic explanation and are included in the domains explained by Hawkins (2005). The current study assesses whether depression, physical functioning, substance abuse, social support, neighborhood problems, employment stability and highest grade obtained are related to self-sufficiency in low-income women. Different variations of these variables have been used in varying combinations when examining work barriers and self-sufficiency in the low-income population. For this reason, the current study uses all of them to examine how the variables factor into the self-sufficiency construct.

### **Chapter III: Methodology**

The current study examines variables that are associated with self-sufficiency in low-income women post welfare reform and is a secondary analysis from data previously collected. The data are from the third wave of the Illinois Families Study which was conducted between January 2002 and September 2002.

The Illinois Families Study was a six-year panel study of 1,362 families who were moving from welfare to work in nine Illinois counties. The study was mandated by the state legislature and directed by faculty at Northwestern University. The study examined welfare recipient's family stability and well-being, how they fared in their efforts to find and retain jobs and reduce their dependency on public aid post welfare reform.

The variables examined in the current study were depression, physical functioning, substance abuse, social support, neighborhood problems, employment stability and highest grade obtained and how they predict self-sufficiency in low-income women.

#### **Subject Selection and Description**

A stratified random sample was taken from nine Illinois counties including Cook, St. Clair, Peoria, Fulton, Knox, Marshall, Woodford, Tazewell, and Stark. The nine counties combined make up 75% of the Illinois TANF caseloads for the state. The counties were selected to help ensure a more representative sample of varying urban sizes, quality of services and supports, and access to services. The current wave three sample consisted of  $N=719$  low-income women with a mean age of  $M=31.43$ , with a range of 18-58. In 2000, at wave one of the study the sample consisted of  $N=1311$ . The characteristics of the original wave one sample are displayed in Table 1.

**Table 1 Demographic characteristics of sample at wave 1 (N=1311 unless otherwise indicated)**

Characteristic	N	%
Family received public assistance until age 16 (n = 1226)		
None of the time	659	53.8%
Some of the time	347	28.3%
Most of the time	220	16.8%
Age		
18-19	20	1.5%
20-29	579	44.2%
30-39	490	37.4%
40-49	201	15.3%
50-59	21	1.6%
Race/Ethnicity		
African-American	1034	78.8%
Hispanic	154	11.7%
White	99	7.6%
Other	24	1.8%
Marital Status (n = 1304)		
Never Married	848	65.1%
Married/Live Together	80	6.1%
Married/Separated	214	16.4%
Divorced	145	11.1%
Widowed	16	1.2%
Motherhood		
Number of children (n = 1309)		
0	5	.04%
1	233	17.8%
2	354	27.0%
3	261	19.9%
4	209	15.9%
5	125	9.5%
6 or more	122	9.3%
Age at birth of first child (n = 1264)		
14 or younger	41	3.3%
15-17	423	33.5%

Characteristic	N	%
18-20	489	38.2%
21-25	232	18.3%
26 or older	85	6.7%
<b>Education</b>		
Have high school diploma	656	50.0%
Have General Equivalence Diploma (GED)	115	8.8%
<b>Welfare Status</b>		
Continuous (received welfare continuously in past year)	537	41.1%
Discontinuous (but currently receiving)	159	12.1%
Not currently receiving	614	64.9%
<b>Work Status (n = 1307)</b>		
Working part time (10 – 29 hours per week)	203	15.5%
Working full time (30 or more hours per week)	457	34.8%
Not working but looking for work	416	31.8%
Not working and not looking for work	230	17.6%

## **Instrumentation**

Interviews took an average of 70 minutes to administer. The interviews gathered a wide-range of information on topics such as: demographics, employment, income, education, job search, training, job skills, child care, physical and mental health, substance abuse, social support, domestic violence, goal attainment and self-sufficiency.

## **Data Collection Procedures**

Most interviews were conducted in the participants' home unless they preferred an alternate location. Interviewers were trained to be sensitive to the participant's safety. The participants were asked to schedule the interview at a safe and convenient time. Also, they were asked to conduct the interview alone or out of hearing range if anyone else was present.

Respondents were compensated with a thirty dollar money order after the completion of the interview.

## **Measures**

The self-sufficiency variable was obtained by calculating a mean score from the self-efficacy and goal questions of the interview. These questions were taken from the modified version of the State Hope Scale (Snyder, Sympson, Ybasco, Borders, Babyak, & Higgins, 1996; Bos, Huston, Granger, Duncan, Brock, & McLoyd, 1999). The remaining questions pertained to goal attainment, self-determination and locus of control. Items were reverse-scored as necessary; responses were then summed and a mean was calculated. Scores ranged between 1 and 4, with higher scores reflecting more self-sufficiency.

### **Health.**

The depression scale used was the abbreviated 12-item version (CES-D-12-NLSCY) of Radloff's (1977) 20-item Center for Epidemiological Studies Depression Scale (CES-D) developed by Ross, Mirowsky, and Huber (1983). The abbreviated version of the CES-D showed high reliability with a Cronbach's alpha of .94 and corrected item-total correlations of .56 to .81 during Wave 1 of the Illinois Families Study. Participants were asked if and how many days in the past week they had experienced depressed thoughts or behaviors. The answers were summed to create a continuous measure of depression with a range of 0-36. Scores between 10 and 12 indicate mild depressive symptoms while scores over 19 indicate severe depressive symptoms.

Respondents were asked to indicate which health problems or conditions affected them during the interview. The physical functioning variable was then the sum of the number of health problems indicated. The types of problems listed were the following: arthritis/bone pain,

asthma/emphysema, back problems, cancer, diabetes, fatigue/tiredness, learning disability, headaches, heart condition, hepatitis/cirrhosis, high blood pressure, nerves/anxiety/stress, emotional/mental health problems, obesity, seizures, ulcers. Participants were also given an 'other' category where they could list conditions.

### **Behavior and Social Support.**

The Substance Abuse questions asked participants about their lifetime and current substance use. Questions included whether an individual had binge drank, had smoked marijuana or hashish, had used harder drugs and whether they felt they had a problem or had ever sought out help for the substance use. The Substance Abuse variable was the sum of the responses given for both types of questions. Responses could range from 0-20 with 0 indicating no substance issues and 20 indicating a high degree of substance abuse.

The social support questions were obtained from the Three City Study (Winston, Angel, Burton, Chase-Lansdale, Cherlin, Moffitt & Wilson, 1999). Interviewees' perceptions of their level of emotional social support were assessed by asking whether they had enough people, too few people or no one to count on in various situations (ie. lend money, listen to problems and help with small favors). Answers for each item ranged from 1 (no one) to 3 (enough people). Responses were then summed to create a continuous index of perceived emotional and tangible social support which ranged from 4 to 12. Higher scores indicated greater perceived social support.

### **Education and Economic Stability.**

The Neighborhood Problems (Skogan, 1999) scale consisted of questions regarding how much of a problem the following things were to respondents in their current neighborhood such as: availability of public transportation, affordable housing, police not coming or taking a long

time when called, groups of teenagers hanging out in public places making a nuisance, vandalism, prostitution, sexual assaults or rapes, muggings, gangs, drug use or dealing drugs in the open. Responses were on Likert scale that ranged from one being no problem to three being a great problem. Respondents could also answer that they didn't know. The neighborhood problem questions were added together, and then a mean score was calculated. Responses could range from 1-3, 1 meaning no problems and 3 being a great many problems.

Employment stability was defined as the percentage of months worked since the last interview. Participants were asked how many months they had worked since the last interview to create a "number of months worked" variable. Then the "percent of time employed" variable was calculated by dividing the number of months worked by the number of elapsed months since the last interview.

Table 2 shows individual item scores and some scale scores when individual items were not available for wave three participants.

**Table 2 Item and scale scores for wave three participants**  
**Scales and Items**

	<b>M</b>	<b>SD</b>
<b>Self-Sufficiency</b>		
At this time I am meeting the goals I set for myself	2.86	0.83
I can't think of many ways to reach my current goals	2.00	0.95
Right now I see myself as being pretty successful	2.84	0.85
There are very few ways around the problems I am facing	2.01	0.90
At the present time I am energetically pursuing my goals	2.87	0.85
If in a jam I could think of many ways to get out of it	3.33	0.73
I have confidence in my ability to meet my goals	3.57	0.63
I am able to do things as well as most other people	3.64	0.60
I can do just about anything I really set my mind to	3.63	0.60
There is really no way I can solve some of the problems I have	1.91	0.82
There is little I can do to change any of important things	1.78	0.77



<b>Scales and Items</b>	<b>M</b>	<b>SD</b>
I often feel helpless in dealing with the problems	1.80	0.81
Sometimes I feel that I am getting pushed around	1.79	0.84
I have little control over the things that happen to me	1.74	0.78
What happens to me in the future mostly depends on me	3.57	0.64
<b>Social Support</b>	10.56	2.12
Scale comprised of questions such as: When you need help with small favors or when you need help with small favors are there: enough people you can count on, too few people, or non one you can count on		
<b>Depression Scale</b>	4.49	6.75
Scale (CES-D-12-NLSCY) comprised of questions such as: I felt fearful; My sleep was restless; I could not "get going"; I felt lonely; I had crying spells		
<b>Physical Functioning</b>	2.69	0.57
Arthritis/Bone Pain, Asthma/Emphysema, Back Problems, Cancer, Diabetes, Fatigue/Tiredness, Learning Disability, Headaches, Heart Condition, Hepatitis/Cirrhosis (Liver Problems), High Blood Pressure, Nerves/Anxiety/Stress, Emotional/Mental Problems, Obesity, Seizures, Ulcers (Stomach Problems), Other		
<b>Neighborhood Problems</b>		
How much of a problem is there with availability of public transportation	1.14	0.45
How much of a problem is there with availability of affordable housing	1.33	0.61
How much of a problem is there with Police not coming or taking a long time to come when called	1.25	0.52
How much of a problem is there with groups of teenagers hanging out in public places making a nuisance of themselves	1.59	0.76
How much of a problem is there with vandalism, that is, buildings and personal belongings that are broken or torn up	1.39	0.64
How much of a problem is there with prostitution	1.20	0.52
How much of a problem is there with sexual assaults or rapes	1.13	0.41
How much of a problem is there with muggings	1.20	0.49
How much of a problem is there with gangs	1.57	0.74
How much of a problem is there with drug use or dealing in the open	1.67	0.78
<b>Substance Use Issues</b>		
Ever been a time you felt you should cut down on drinking	0.05	0.23
Have people ever annoyed you by criticizing your drinking	0.03	0.16
Have you ever felt bad/guilty about your drinking	0.04	0.19

<b>Scales and Items</b>	<b>M</b>	<b>SD</b>
Ever had a drink first thing in the morning	0.03	0.17
Ever a period when you used hard drugs	0.06	0.24
In the past 12 months how often did you have a drink containing alcohol	1.58	0.91
On a day when you are drinking, how many drinks do you have	1.38	0.71
How often do you have 6+ drinks on one occasion	1.57	0.87
In the past 12 months how often have you smoked marijuana/hashish	1.11	0.40
In the past 12 months how often have you used hard drugs	1.03	0.25
In the past 12 months have you tried to get help for alcohol/drug use	0.03	0.17
Did you get the help you were seeking for alcohol/drug use	0.61	0.50
<b>Highest Grade</b>	11.70	1.72
<b>Employment Stability</b> (Percentage of total months worked between interviews)	48.11	39.64

### **Data Cleaning and Analysis Plan**

A multivariate regression analysis determined factors associated with self-sufficiency, the dependent variable. Independent variables included highest grade, social support, depression scale, physical functioning, employment stability, substance abuse issues, and Neighborhood problems.

Variables used in the regression were checked for collinearity, univariate and multivariate outliers, and nonlinearity. No variables were correlated above .70. Multicollinearity was examined using the SPSS Collinearity diagnostics command. There were no dimensions with more than one variance proportion greater than .50, and there were no condition indices over .30. Univariate and multivariate outliers were detected using the SPSS Regression Casewise diagnostics procedure. Three outlying cases were deleted from regression analyses.

Nonlinearity was examined via scatterplots; four independent variables were dropped from the final regression equation because their relationship with the dependent variable was nonlinear. Suppression was handled based on a recommendation from Conger & Jackson (1972, p. 597), who note that instances of true suppression are rarely found in psychological studies. When

prediction of a criterion is the goal, a suppressor approach is warranted only if the correlation between the suppressor variable and the criterion variable is zero. There were no such correlations in this set of variables.

## Chapter IV: Results

The purpose of the study was to examine what variables contribute to self-sufficiency in low-income women post welfare reform. The sample consisted of  $N = 719$  low-income women. The mean age of the participants was  $M=31.43$ ,  $s.d. = .49$  with a range of 18-58.

The dependent variable, self-sufficiency ranged from 1.80-4.00 with a mean of  $M = 3.21$ ,  $s.d. = 0.50$  which indicated a high level of self-sufficiency in the sample.

### Health

Depression scores ranged from 0-36 with a mean of  $M = 4.52$ ,  $s.d. = 6.91$  which indicated a minimal amount of women identified with even low levels of depression. Scores on physical functioning ranged from 1-3 with a mean score of  $M = 2.68$ ,  $s.d. = 0.57$ ; higher scores indicate that health issues do not interfere with women's physical functioning while performing daily activities.

### Behavior and Social Environment

Scores on the substance abuse issues ranged from 0-23 with a mean of  $M = 5.28$ ,  $s.d.= 3.51$  which indicates that most women did not identify having a substance abuse problem. The social support scores ranged from 4-12 with a mean of  $M = 10.55$ ,  $s.d. = 2.17$  which indicated that women appeared to feel they had a high degree of social support available to them. The neighborhood problems ranged from 1.00-2.90 and had a mean score of  $M = 1.55$ ,  $s.d. = 0.46$  which means the overall rating of issues in the neighborhoods appeared to be somewhat of a problem for residents, more specifically teenagers hanging out, gangs and drug use and dealing.

### Education and Economic Stability

The highest grade achieved in the sample ranged from 2<sup>nd</sup> grade to 6 years of college, with a median of 12<sup>th</sup> grade achieved. A median grade level of 12<sup>th</sup> grade means that half of the

sample did not graduate high school, while the other half did achieve at least a high school education. Employment stability ranged from 0-100 percent and had a mean percentage of  $M = 48.29$ ,  $s.d. = 39.60$ ; which means that majority of women worked less than half of the time between the first and second interview.

As shown in Table 3, there were no correlations above .70 between the independent and dependent variables.

**Table 3 Correlations of Both Independent and Dependent Variables (N=719)**

	Self-Sufficiency	Highest Grade	Social Support	Depression Scale	Neighborhood Problems	Substance Abuse Issues	Physical Functioning	Employment Stability
Self-Sufficiency	-	0.10 *	0.47*	-0.57*	-0.25*	-0.04	0.25*	0.23*
Highest Grade		-	0.07*	0.03	-0.02	0.08*	0.03	0.22*
Social Support			-	-0.31*	-0.20*	0.01	0.15*	0.10*
Depression Scale				-	0.20*	0.09*	-0.12*	-0.08*
Neighborhood Problems					-	0.11*	-0.05	-0.12*
Substance Abuse Issues						-	0.01	-0.14*
Physical Functioning							-	0.16*
Employment Stability								-

\* p&lt;.05

## Analysis

A multivariate regression analysis was conducted with the following predictor variables: depression, physical functioning, substance abuse, social support, neighborhood problems, employment stability and highest grade obtained, with self-sufficiency as the outcome variable. The model produced an R square of .47, which was statistically significant, [ $F(7, 718) = 90.41$ ,  $p < .001$ ]. Depression, physical functioning, substance abuse, social support, neighborhood problems, employment stability and highest grade obtained can account for 47% of the variance in self-sufficiency. As shown in Table 4, highest grade, social support, physical functioning, and employment were positively related to self-sufficiency. Depression and neighborhood problems were negatively related to self-sufficiency. Substance abuse issues were not related to self-sufficiency.

**Table 4 Summary of Multivariate Regression Analysis for Variables Predicting Self-Sufficiency (N=719)**

Variable	<i>B</i>	<i>SE B</i>	$\beta$
Highest Grade	0.02	0.01	0.06*
Social Support	0.06	0.01	0.27**
Depression Scale	-0.03	0.00	-0.45**
Physical Functioning	0.11	0.02	0.13**
Employment Stability	0.00	0.00	0.13**
Substance Abuse Issues	0.00	0.00	0.03
Neighborhood problems	-0.09	0.03	-0.09**

\*  $p < .05$  \*\*  $p < .001$

## **Chapter V: Discussion**

The current study produced expected results based on the literature of barriers and contributors to self-sufficiency. The regression model was found to account for 47 percent of self-sufficiency in the sample of low-income women. The construct of self-sufficiency is not unlike other social constructs that have a number of contributing factors from various domains. It is important to have a basic idea and concrete definition in order to evaluate the construct. The domains of health, behavior and social environment, education and economic stability appear to have significant influences on self-sufficiency.

### **Conclusions and Limitations**

#### **Health.**

Mental health issues and poor health have been found to be a barrier to employment and self-sufficiency, especially in low-income populations (Rosen et al, 2003; Alvi, Clow & DeKeseredy, 2005; Zabkiewics & Schmidt, 2007). Self-efficacy is a major contributing factor to the idea of self-sufficiency because an individual must feel they have influence over their own motivation, thoughts, and behaviors, and have the capability to produce effects in their life. Symptoms of depression and poor health considerably hamper self-efficacy in an individual (Alvi, Clow & DeKeseredy, 2005). Depression was found to be negatively related to self-sufficiency in the sample which is in line with Lee & Vinokur's (2007) research, which found that when self-efficacy increases, the barriers to work and mental health issues decrease. Physical functioning was found to be positively related to self-sufficiency which is in line with Alvi, Clow, & DeKeseredy's (2005) research, which found that more competent women reported better health and higher self-esteem.



**Behavior and Social Environment.**

A high degree of social support was also found to be positively related to self-sufficiency. Research has shown that social support can be either positive or negative depending on the social situations and ill health behaviors in which social support is involved (Brown & Barbosa, 2001; Brown & Riley, 2005). However, in this study only positive social support was measured. Positive social support contributes to self-worth, self-efficacy, greater employment opportunities, and commitment to and maintenance of positive behavioral changes (Brown & Barbosa, 2001; Alvi, Clow & DeKeseredy, 2005; Brown & Riley, 2005).

Substance abuse has been linked to negative social support systems (Brown & Riley, 2005), poor health and lack of self-worth and efficacy (Alvi, Clow & DeKeseredy, 2005; Montoya et al., 2003), and perceptions of lower levels of basic skills and job skills (Atkinson et al., 2001). Substance abuse issues were expected to be negatively related to self-sufficiency. The sample in the current study was found to have low rates of substance abuse, which may have contributed to the finding that substance abuse issues were not related to self-sufficiency. This finding may also be explained by the substance abuse measure used, which did not allow for nuanced assessment.

**Education and Economic Stability.**

Low-income individuals are typically forced to live in impoverished areas. Living location can have an effect on the availability of employment opportunities, social support networks, income and benefits (Hawkins, 2005; Quigley & Raphael, 2008). As expected, neighborhood problems were negatively related to self-sufficiency, while employment was positively related to self-sufficiency. Another contributing factor to employment opportunities is

education. The more education or higher grade level attainment, the greater the employment opportunities (Hawkins, 2005). In line with prior research, highest grade was found to be positively related to self-sufficiency.

While employment appears to be a significant factor in determining self-sufficiency, other factors are associated with it as well. The current study helps to support research suggesting that self-sufficiency is a multi-faceted construct with numerous variables from an individual's life (Gowdy & Pearlmutter, 1993; Hawkins, 2005; Hong, Sheriff & Naeger, 2009). As mentioned previously, even when most low-income individuals find work, it is often low paying and does not help them to climb out of poverty (Edin, 1995; Lens, 2002). This supports the idea that social service programs assisting low-income women and families need to be holistic. Programs need to be able to help a person as a whole, not just help them find employment. Services need to address a multitude of areas such as education, physical and mental health, self-esteem and efficacy, support systems in order to help the individual reach a higher potential employment opportunity and in the end help the person climb out of their poverty stricken situation.

### **Recommendations**

While the regression model accounted for a significant percentage of the variance in self-sufficiency, future studies with a more diverse sample of low-income female population may be beneficial. The sample in the current study did not have a lot of variance on many of the scales such as depression, substance abuse issues, physical health and social support. More occurrence or more significant occurrences of some of these constructs may help to better understand the impact they have on self-sufficiency. Expanding this study to include males would also be of interest to better understand what accounts for self-sufficiency in low-income males and to

explore any possible gender differences. Also, although the model accounting for almost half (47 %) of the variance in self-sufficiency, much variance remains unexplained. Therefore, it is also important to explore other variables that may also contribute to self-sufficiency. Lastly, it would be of interest to examine how these variables predict income and employment.

A more comprehensive understanding of the various factors that contribute to self-sufficiency should help policymakers and practitioners to support and fund more holistic and evidence-based programs and help evaluators ensure programs are measuring outcomes holistically. In the end, the hope of this research is that it adds to a better understanding of self-sufficiency, which may help low-income women and families reach their full potential.

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