

## Original Research Article

# Exploring the Impact of Formal and Informal Childcare Arrangements on Parental Stress Level and Health

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**Abstract:** In the evolving landscape of dual-income households, the choice between formal and informal childcare arrangements plays a critical role in shaping parental well-being. This study investigates the impact of different childcare types on parental stress levels and health outcomes among 80 employed Indian parents of children aged 1–6 years. Using standardized tools like the Parental Stress Scale and the SF-36 Health Survey, data were collected via community-based surveys and analyzed using nonparametric statistical methods. Results reveal that joint family systems offer emotional and practical support, particularly in formal and mixed childcare settings, alleviating fatigue and enhancing emotional role functioning. In contrast, informal care did not show significant variations in health indicators across family types. These findings highlight the importance of social support structures in mitigating parenting stress, offering implications for policy-making, occupational therapy interventions, and family-centered health planning.

**Keywords:** Parental stress, formal childcare, informal childcare, occupational therapy, dual-earner families, health outcomes, nonparental care, SF-36, Parental Stress Scale, Indian parents.

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## INTRODUCTION

In recent decades, societal transformations such as the rise of dual-income households, increased workforce participation among mothers, and evolving family structures have dramatically reshaped the childcare landscape. As employment demands intensify, many families now rely on a combination of formal childcare services—such as licensed daycare centers, preschools, and nannies—and informal caregiving arrangements, including care from grandparents, relatives, and neighbours (Bianchi & Milkie, 2010; Morrissey, 2008). These choices are driven by multifaceted considerations, including cultural traditions, affordability, service availability, and trust.

Although considerable attention has been devoted to understanding how childcare types impact child development outcomes (Belsky & Rovine, 1988; McCartney *et al.*, 2007), the corresponding effects on parental well-being remain underexplored. This is a critical gap, as parenting stress—rooted in the challenge of balancing employment, caregiving responsibilities, financial strain, and concern over care quality—can lead

to adverse health outcomes, including anxiety, fatigue, and emotional exhaustion (Deater-Deckard, 2004; McEwen, 1998).

The literature identifies stark contrasts between formal and informal childcare in terms of their psychological impact on parents. Formal care, while structured and professionally regulated, often introduces rigid schedules, high costs, and emotional guilt tied to leaving children in institutional settings (Craig & Powell, 2013; Nomaguchi & Milkie, 2020). Informal care, on the other hand, tends to offer emotional familiarity and flexibility but may lack reliability or educational rigor (Wheelock & Jones, 2002; Ghazvini & Mullis, 2002). Parental perceptions of childcare arrangements are deeply linked to subjective well-being and decision-making stress (Nomaguchi & Johnson, 2016; Gordon *et al.*, 2013).

Another important moderator is the family structure. Parents in joint or extended families often benefit from emotional and practical support, leading to reduced parenting burden (Greenberger & O'Neil, 1993; Gornick & Meyers, 2003). In contrast, those in nuclear

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families may face increased stress due to a lack of immediate caregiving support, especially when navigating complex care logistics (Van Egmond *et al.*, 2010; Gray *et al.*, 2008).

Furthermore, the social and economic capital available to families greatly influences childcare choices and parental stress levels. Households with limited access to high-quality care or financial flexibility are often forced to compromise on care quality or overextend themselves, leading to heightened mental and physical strain (Pilarz & Hill, 2017; Posadas & Vidal-Fernandez, 2013).

This study seeks to examine how different childcare arrangements (formal, informal, and mixed) interact with family structure to shape parental stress and health. In doing so, it aims to contribute a much-needed perspective on how caregiving contexts influence parent well-being, thus informing social policies, clinical practices in occupational therapy, and strategies for public health intervention.

### Gaps in the Literature

Despite growing interest in the intersection of childcare and parental well-being, there remains a need for research that directly compares the psychological and physical health outcomes of parents across formal and informal childcare contexts. Much of the existing literature focuses either on child development or on parental employment, with limited integration of holistic parental health metrics.

This study seeks to bridge that gap by systematically examining how different childcare arrangements influence levels of parental stress and overall health, while considering moderating variables such as gender, income, and access to support networks. Thus, the current study will aim to explore the impact of formal and informal childcare arrangements on parental stress level and health.

### Rationale of the Study

The use of both formal and informal childcare arrangements has become increasingly prevalent in contemporary society due to various socio-economic factors such as dual income households and changing family structures. Understanding the impact of these childcare arrangements on parenting stress is crucial for informing policies and interventions aimed at supporting parents and promoting child well-being. Parent stress has become a significant concern in modern society with many parents reporting a high level of stress related to the demands of raising children while managing work and other responsibilities.

By examining the impact of formal and informal childcare in relation to parent stress level and health and by investigating how different childcare arrangements contribute to or alleviate parenting stress

can provide valuable insights, research can contribute to a deeper understanding of contemporary parenting and inform strategies to navigate the challenges of raising children in today's society.

### AIMS AND OBJECTIVES

- The aim of this research is to find the relationship between the nonparental care, health and psychological strain
- To distinguished between formal care, informal and family care (mainly grandparents), and mixed care.
- To study how different childcare arrangements contribute to alleviating parenting stress can provide valuable insights.

## METHODOLOGY

The study was carried out through offline survey among employed parents. The objectives of study were explained, and people were requested to participate. A brief introduction about the objectives of the study was given to the subjects. Confidentiality was assured. A total of 80 subjects participated in the study. Information on child, mother, father, family type and source of income; and type of care. The participants in this study were a sample of convenience, predominantly recruited through personal and professional networks. The sample included 80 subjects. All the participants were of Indian origin. The participants were selected on the basis of an inclusion criterion. Prior to data collection, the purpose of the study was described, and consent was obtained. Participants were assured of anonymity and confidentiality.

- **Inclusion Criteria –**
  1. Parents of children having age group within 1yr to 6 yr
  2. Employed parents
- **Exclusion Criteria –**
  1. Parents diagnosed with any psychiatric condition.
  2. Parents having a medical condition of long-term nature (epilepsy, and others)
- **Withdrawal Criteria –**
  1. Parents not willing to participate.
  2. Parents who do not complete the protocol due to any reason.

This study was done in the Community. The purpose of the study was explained to all the eligible participants in their local language. Verbal consent and written consent were obtained from all who elected to participate in the survey. Data was collected by face-to-face interview method using different questionnaires. Questionnaires will be following that all the participants were explained about different problems related to mental stress and wellbeing. Following that all the participants were explained about different problems

related to physical health, mental stress and wellbeing. At last, they were given a patient education booklet explaining an Occupational Therapy program for a safe, healthy and efficient lifestyle, emphasizing the Physical, Mental and Psychosocial wellbeing of young mothers.

## ASSESSMENT TOOLS USED

### Parental Stress Scale

Developed by Berry and Jones (1995) as an alternative to the 101-item Parenting Stress Index. Provides a measure that considers positive aspects of parenting as well as the negative, 'stressful' aspects traditionally focused on. 18 – item self-report scale – items represent positive (e.g. emotional benefits, personal development) and negative (demands on resources, restrictions) themes of parenthood. Respondents agree or disagree in terms of their typical relationship with their child or children

### 36-Item Short Form Survey (SF-36)

The 36-Item Short Form Survey (SF-36) is an outcome measure instrument that is often used, well-researched, self-reported measure of health. It stems from a study called the Medical Outcomes Study for the

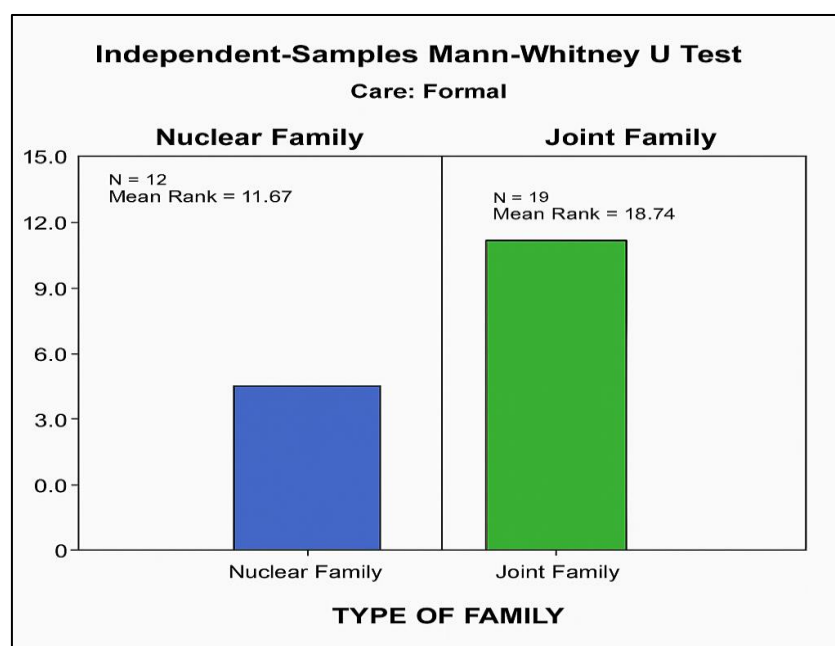
objective measure of the quality of life. Scoring the RAND 36-Item Health Survey is a two-step process. First, precoded numeric values are recoded per the scoring key. In step 2, items in the same scale are averaged together to create the 8 scale scores.

## RESULTS

A series of nonparametric tests were employed to examine the impact of family type (nuclear, joint, and extended) on parental stress and health outcomes across three types of childcare arrangements: formal, informal, and mixed. The Mann-Whitney U Test was used for two-group comparisons, and the Kruskal-Wallis Test was used for more than two groups.

### Formal Childcare

Among parents utilizing formal childcare ( $n = 31$ ), a statistically significant difference was observed in Role Functioning Related to Emotional Health between family types ( $U = 166.000$ ,  $p = .035$ ). Parents in joint families reported better emotional functioning in managing their roles compared to those in nuclear families.

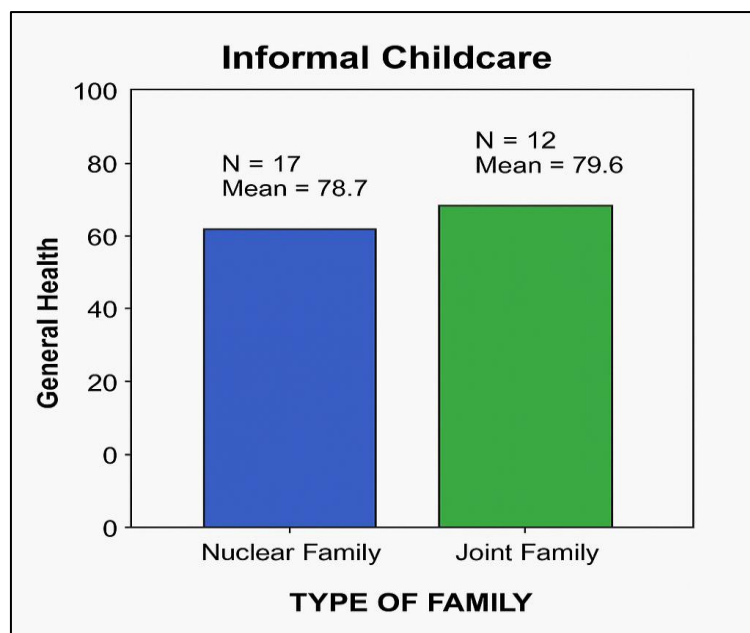


**Figure 1: Comparison of mean ranks for emotional role functioning across nuclear and joint families under formal childcare settings**

While other domains such as Parental Stress Score, Physical Functioning, and Fatigue were not statistically significant, Physical Functioning approached significance ( $p = .064$ ), suggesting a potential trend worth exploring further.

### Informal Childcare

For parents using informal childcare ( $n = 29$ ), no significant differences were found across family types on any of the measured variables, including stress, physical functioning, emotional well-being, and general health ( $p > .05$  for all).

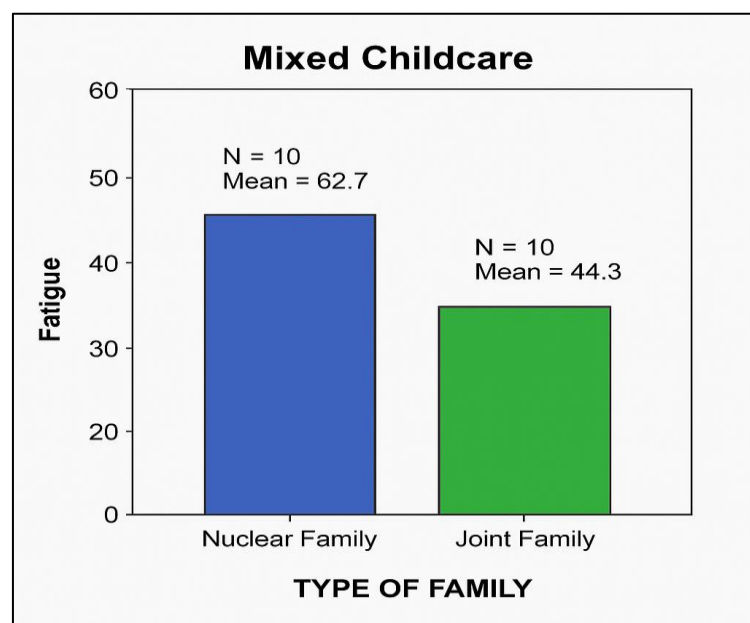


**Figure 2:** No significant differences were observed among family types in the informal care group across various well-being indicators

### Mixed Childcare

In the mixed-care group (n = 20), a significant difference was found in the domain of Energy/Fatigue ( $U = 19.500$ ,  $p = .020$ ), with joint family parents reporting

less fatigue compared to those in nuclear families. All other domains showed no statistically significant differences.



**Figure 3:** Joint families reported significantly lower fatigue levels than nuclear families in mixed-care contexts

## DISCUSSION

The results of this study illuminate the significant role that childcare type and family structure play in shaping parental stress and health outcomes. Parents residing in joint family households reported notably better emotional functioning and lower fatigue when utilizing formal and mixed childcare arrangements. These findings reinforce the protective effect of collective caregiving, echoing previous studies

highlighting the role of extended family support in distributing parenting responsibilities and reducing mental strain (Pearlin, 1989; Greenberger & O'Neil, 1993).

Formal care, despite its potential to promote child development, can present emotional and logistical burdens for parents, particularly in nuclear households where external support is limited (Craig & Churchill,

2018; Brady & Perales, 2016). The high cost, strict scheduling, and societal expectations of "ideal parenting" often exacerbate stress levels. However, when formal care is supplemented with joint family support, parents appear to gain not only physical relief but also improved emotional coping mechanisms, indicating a synergistic benefit.

Informal care, frequently involving relatives or neighbours, showed relatively uniform effects across family types in this study. This suggests that the inherent emotional comfort of informal arrangements may buffer stress in both nuclear and joint families. This aligns with research by Wheelock and Jones (2002), who emphasized the cultural appropriateness and psychological reassurance provided by informal care in collectivist societies.

Interestingly, mixed-care arrangements yielded significant stress relief in joint families, especially concerning energy and fatigue. This could imply that diverse caregiving models, when paired with consistent household support, offer greater flexibility and reduce overburdening parents with multiple roles (Moen & Dempster-McClain, 1987; Mattingly & Sayer, 2006).

These findings hold important implications for policy, clinical practice, and community interventions. Public health initiatives should promote flexible childcare programs that accommodate diverse family needs. Additionally, subsidies or incentives for intergenerational caregiving could mimic the benefits of joint family systems. Clinicians, particularly occupational therapists, can design interventions focused on stress management, daily routine planning, and parent-child communication strategies to assist nuclear families navigating formal childcare (Deater-Deckard & Scarr, 1996; Laughlin, 2013).

The discussion also highlights the intersection of socioeconomic factors with childcare stress. Families with fewer resources are more likely to experience intensified stress, not only due to limited care choices but also because of heightened exposure to employment instability and health disparities (Pilarz & Hill, 2017; Gornick & Meyers, 2003). These structural issues must be addressed through integrated policy responses and accessible community-based solutions.

However, several limitations must be acknowledged. First, the sample size of 80 participants limits the generalizability of the findings. Second, the study focused only on parents of children aged 1 to 6 years, which may not reflect the experiences of those with older children. Third, due to time constraints, a broader and more diverse sample could not be included. Additionally, the study did not account for environmental influences or stressors related to workplace or personal life, which may significantly impact parental well-being.

Based on these limitations, the following recommendations are proposed: Future studies should employ larger and more diverse sample sizes to ensure wider applicability. More reliable and comprehensive assessment tools should be used to enhance validity. Additionally, research designs could shift from cross-sectional surveys to experimental or longitudinal studies to capture the dynamic nature of stress over time. Finally, there is a need for intervention-based studies to evaluate the efficacy of occupational therapy and community-based strategies in alleviating parenting stress.

In conclusion, this study adds to the growing body of evidence emphasizing the interdependence of care arrangements, family dynamics, and parental well-being. Future research should expand sample diversity, employ longitudinal methods, and evaluate intervention outcomes to build a stronger evidence base for holistic, culturally responsive support systems in childcare.

### **Occupational Therapy Role and Future Implications**

The results of this study have policy implications. Institutional support (such as parental leave, flexible hours, and affordable childcare) for combining work and family is thin. The drawbacks of formal care noted above are reinforced by cultural attitudes toward maternal employment and a normative preference that mothers care for young children. However, the lack of work–family support is increasingly at odds, which promotes greater workforce participation among women as a solution to the forthcoming challenges of population ageing and declining productivity. The pitch is to both ends of the working age spectrum, with young mothers being encouraged to return to work more quickly after childbirth, and matured-aged women to work longer as the old age pension age is raised and they have insufficient to live on in retirement. The two may be incompatible, however, which presents a conundrum for policy makers, parents, and the grandparents who provide the bulk of informal family care.

Our results give new insight as to why in many older women step in to help with childcare so that their adult children can work, rather than being employed themselves. That informal/family care (mostly grandparent care) is an effective way of reducing parenting stress for mothers and fathers, will be subjectively evident to families that choose such arrangements. Of course, grandparent care is not available for all and is not possible unless grandparents have the time and financial security to provide it. If both younger and older women need to devote increasingly more time to market work, pressures to use nonfamilial care will rise. In encouraging this outcome, it is incumbent on governments to acknowledge the stresses involved and ensure that families can access affordable, conveniently located care that fits their needs and values, and that policy regarding labor force participation is



underpinned by a supportive and flexible high-quality care infrastructure.

#### **In formal childcare settings, occupational therapists (OTs) address parental stress by:**

- **Stress Management Techniques:** OTs teach stress management techniques, such as deep breathing exercises, mindfulness, and progressive muscle relaxation, to help parents cope with the challenges of balancing work and family responsibilities.
- **Time Management Skills:** They assist parents in developing effective time management strategies, including prioritizing tasks, setting realistic goals, and creating schedules that accommodate both work and childcare commitments.
- **Communication Strategies:** OTs facilitate communication between parents and childcare providers to ensure that expectations are clear and concerns are addressed promptly, reducing parental anxiety about their child's well-being while in childcare.
- **Parenting Education:** OTs offer parenting education sessions to enhance parental skills and confidence, covering topics such as positive discipline, promoting child development, and fostering healthy attachment relationships.

#### **Childcare arrangements, OTs support parents by:**

- **Home Environment Modifications:** They assess the home environment to identify potential stressors and suggest modifications to promote safety, organization, and functionality, reducing parental stress associated with managing household tasks.
- **Routine Development:** OTs assist parents in establishing daily routines and rituals that support both the child's needs and the parent's schedule, fostering predictability and stability in the home environment.
- **Self-Care Promotion:** They emphasize the importance of self-care practices for parents, encouraging activities that promote relaxation, social connection, and personal fulfilment outside of caregiving responsibilities.
- **Community Resources Referral:** OTs connect parents with community resources and support networks, such as parent groups, counselling services, and respite care options, to provide additional assistance and reduce isolation.
- **Advocacy and Empowerment:** OTs advocate for parents' needs and rights within their communities, empowering them to voice concerns, access services, and make informed decisions regarding their child's care and well-being.

By addressing parental stress in both formal and informal childcare arrangements, occupational therapists play a vital role in supporting families and promoting positive outcomes for children's development and overall family functioning.

## **CONCLUSION**

This study underscores the nuanced relationship between childcare arrangements, family structure, and parental well-being. Parents in joint family settings reported lower stress and better emotional functioning, particularly when using formal or mixed childcare arrangements. In contrast, nuclear families relying solely on formal care experienced greater emotional and physical strain. While informal care offered emotional familiarity, its effectiveness was largely dependent on family support systems. These findings emphasize the moderating role of household composition and social support in shaping parental experiences.

To address these challenges, context-sensitive interventions are essential. Policymakers and occupational therapy professionals should collaborate to design family-centered solutions, such as flexible care policies, intergenerational support systems, and community-based programs. Given the study's limitations—including small sample size, narrow age range, and limited environmental data—future research should use broader, more diverse populations and longitudinal designs to further explore how caregiving contexts influence parental stress and health over time.

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